

**LIST OF CLINICAL PRIVILEGES –
REGISTERED NURSE FIRST ASSISTANT**

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, 3, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience).

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT

NAME OF MEDICAL FACILITY

ADDRESS

I Scope		Requested	Verified
P383369	The scope of practice for Registered Nurse First Assistant (RNFA) includes preoperative patient care management, intraoperative surgical first assisting and postoperative patient care management. The RNFA works in collaboration with other health care providers, including, but not limited to: preoperative evaluations, communicating and collaborating regarding the patient plan of care, writing preoperative orders according to established protocols; intraoperative surgical first assisting, including, but not limited to using instruments/medical devices, providing exposure, handing and/or cutting tissues, providing hemostasis, and suturing; postoperative patient management in collaboration with other health care providers in the immediate postoperative period including, but limited to writing postoperative orders/operative notes according to established protocols, participating in postoperative rounds, and assisting with discharge planning.		
P383371	Category I privileges for Registered Nurse First Assistant - Intern (RNFA-Intern) - Completed didactic first assistant education. Assigned to surgeon preceptor until completion of clinical internship.		
P383373	Category II privileges for Registered Nurse First Assistant (RNFA) - Completed clinical internship with minimum of 120 hours clinical preceptorship experience under supervision of surgeon.		
P383375	Category III privileges for Certified Registered Nurse First Assistant (CRNFA) - RNFA with national certification. Meets the requisites of Certification Board of Perioperative Nursing including but not limited to 2000 documented clinical hours first assisting.		
Diagnosis and Management (D&M)		Requested	Verified
P383377	Writes perioperative orders according to established protocols		
P383379	Performs preoperative evaluations and focused nursing assessment and collaborates with other healthcare providers regarding patient plan of care		
Procedures		Requested	Verified
P383381	Provides exposure of the operative site using instruments, retractors, suctioning and sponging techniques		
P383383	Provides hemostasis using non-crushing clamps		
P383385	Provides hemostasis using cautery and local hemostatic agents		
P383387	Provides hemostasis using ligation		
P383389	Prepares ACL graft		
P383391	Harvests and prepares vein graft for cardiovascular procedures		
P383393	Closes incision		
Other (Facility- or provider-specific privileges only):		Requested	Verified

CLINICAL PRIVILEGES – RN FIRST ASSISTANT (CONTINUED)			
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)	<input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below)	
STATEMENT:			
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE	