Physician Assistant Core Duties and Scope of Practice

- 1. The P. A. may work in any setting consistent with the supervising physician's scope of practice and are customary to the Supervising Physician's scope of practice and are customary to the practice of the Physician. The P. A. scope of practice shall be defined as those functions and procedures for which the P. A. is qualified by formal education, clinical training, area of certification and experience.
- 2. The following skills and functions are the core duties which may be performed by the P. A.
 - a. Arrange inpatient hospital admissions, transfers, and discharges in accordance with established guidelines/standards developed within the practice of the supervising physician and P. A.; perform rounds and record appropriate patient progress notes; compile detailed narrative and case summaries; complete forms pertinent to patients' medical records.
 - b. Perform detailed and accurate health histories, review patient records, develop comprehensive medical status reports, and order laboratory, radiological, therapeutic and diagnostic studies or treatment appropriate for the complaint, age, race, sex and physical condition of the patient.
 - c. Perform comprehensive physical exams and assessments. Formulate medical diagnoses, including the interpretation and evaluation of patient data to determine patient management and treatment, including the institution of therapy and ordering of medical devices or referral of patients to appropriate care facilities and/or agencies and other resources of the community or other physicians.
 - d. Prescribe legend drugs authorized by the supervising physician and included on the formulary approved by the guidelines established by the Alabama Board of Medical Examiners for P.A.s.
 - e. Institute emergency measures and emergency treatment or appropriate stabilization measures in situations such as cardiac arrest, shock, hemorrhage, convulsions, poisoning and emergency obstetric delivery where indicated.
 - f. Provide instructions, education and guidance regarding healthcare and healthcare promotion to patients, family and caregivers.
 - g. Skills and functions that are taught in usual and standard PA academic education and do not require additional training or course documentation. The supervising physician and PA may document and validate that the PA has received education, training and competency to perform the core duty or skill.
 - h. The Board of medical Examiners recognizes the following as examples of usual and customary core duties and skills that a Physician Assistant can perform, including, but not limited to, the following:

	Standard skill	Physician Initials indicate Skill and formulary protocols allowed at practice site		Education and Competency Validation √ or Date= Previous Validation N/A = Not applicable		
		Permitted (Yes)	Not Allowed (NO)	Basic PA Education	Previous Validation	Instruction to be scheduled
1.	Administering local anesthetic agents					
2.	Arterial line insertion: Radial					
3.	Audiometry/Audiogram, Interpretation of					
4.	Baclofen Intrathecal Pump, Refill					

	Standard skill	and form	itials indicate Skill ulary protocols at practice site	,	nd Competend Date= Previous N/A = Not ap	Validation
		Permitted (Yes)	Not Allowed (NO)	Basic PA Education	Previous Validation	Instruction to be scheduled
5.	Bartholin Gland, I & D cyst;					
	placement of Word Catheter					
6.	Bimanual pelvic exam					
7.	Biopsies (Skin) Shave/Punch:					
	Allowed to perform shave					
	excisions/biopsies not to exceed					
	5 mm in diameter and not					
	below the level of the full					
	dermis. If on anatomically					
	sensitive areas such as, eyes and					
	ears, must be evaluated by a					
	physician prior to treatment. On					
	other areas of the body, limited					
	to a depth which can be closed					
	with a simple single layer					
	closure. Shave biopsy of the					
	ears is approved.					
8.	Bone marrow aspiration/biopsy					
	(Iliac Crest)					
9.	Cardiac Stress Testing					
10.	Cast application and removal					
11.	Chest Tube/Pleural Cath					
	removal					
12.	Cryotherapy of non-pigmented					
	superficial lesions- allowed to					
	perform on the face, only on					
	skin lesions not to exceed 5 mm					
	in diameter and not below the					
	dermis. Cryotherapy on					
	anatomically sensitive areas,					
	such as eyes, must be evaluated					
	by the physician prior to					
4.5	treatment.					
13.	Digital Nerve Block proximal and distal phalangeal					
14.	Echocardiography, technical					
	component					
15.	EKG 12 Lead Interpretation with					
	subsequent physician					
	interpretation					

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16.	Enteric tube exchange					
17.	Escharotomy					
18.	External Cardiac Pacing					
19.	Femoral Venipuncture for blood sample					
20.	Flexible Sigmoidoscopy					
21.	Foreign Body removal					
22.	Groshong catheter removal					
23.	Hemapheresis, stem cell					
	collection and leukapheresis					
24.	Incision and drainage of					
	superficial skin infections or					
	abscesses.					
25.	Infusaport (portacath) removal					
26.	Initial x-ray interpretation with					
	subsequent physician					
27.	Insert and removal of drains					
27.	(excluding paracentesis,					
	thoracentesis, thoracostomy					
	tube insertion, ventriculostomy					
	insertion, and placement of any					
	percutaneous drain into body					
	cavity)					
28.	Intrathecal admin of					
	chemotherapy via ommaya					
	reservoir					
29.	Intubation					
30.	Laser Protocols for Non-Ablative					
	treatment *Training according					
	to 540-X-11 Guidelines for the					
	Use of Lasers and other					
	Modalities Affecting Living					
21	Tissue					
31.	Lumbar Puncture for adult					
22	patients only					
32.	Nasal Cautery with Silver Nitrate					
33.	Applicator for Epistaxis Nasal Packing, anterior for					
33.	control of epistaxis					
	control of chistaxis					

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34.	Needle Decompression, Tension Pneumothorax					
35.	Pelvic Floor Rehab with Electrical Stimulation and Biofeedback					
36.	PICC line placement					
37.	Post pyloric feeding tube placement					
38.	Pulmonary Spirometry, Interpretation of					
39.	Removal of Benign Lesions after Physician Evaluation					
40.	Removal of pacing wires					
41.	Removal of skin tags					
42.	Removal of superficial foreign					
	body of eyeball					
43.	Removal of toenails					
44.	Sclerotherapy of telangiectasis					
	with FDA approval solutions					
45.	Sclerotherapy with Sotradecol					
	as foam or liquid, concentration					
	not to exceed 0.5%; cannot be					
	used at a remote site; must					
	have written documentation of					
	adequate training					
46.	Surgical Assisting					
47.	Surgical wound closure- may					
	close the outermost layer of the					
	fascia, subcutaneous tissue,					
	dermis, and epidermis on					
	extremities; over thoracic or					
	abdominal cavities- approval to					
	close subcutaneous, dermis, or					
48.	epidermis only Suturing of superficial					
46.	lacerations					
49.	Suturing-single layer closure of the face					
50.	Total Parenteral Nutrition (TPN)					
	Initiation not to include writing					
	the formula					

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51.	Thoracostomy tube removal					
52.	Tracheostomy tube change					
53.	Tympanogram with Interpretation and Treatment					
54.	Vagal Nerve Stimulator, Interrogation with and without voltage adjustment					
55.	Vein harvesting					
56.	Vein or artery cut down for access					
57.	Wet mount microscopy and interpretation of vaginal swab and microscopic urinalysis					
58.	Wound debridement, suturing and care of superficial wounds					

- i. Signature Authority Delegation Standard Delegation, which includes:
 - (1) Certification of patient disability for disabled parking tags/placards.
 - (2) Physicals for bus drivers using State of Alabama forms.
 - (3) Authorizations for durable medical equipment.
 - (4) Authorizations for diabetic testing supplies.
 - (5) Authorization for diabetic shoes.
 - (6) Within the State Medicaid system, forms for:
 - (a) ordering medications, nutritional supplements, infant formulas,
 - (b) referrals to medical specialist,
 - (c) referrals for home health services,
 - (d) referrals for physical or occupation therapy.
 - (7) Within the Department of Mental Health, forms for:
 - (a) physical examination,
 - (b) certifications in residential or inpatient dwellings.

Signature Authority Delegation

Optional Delegations

Please uncheck any optional delegations NOT to approve.

Absenteeism forms for employment or school purposes, including documents associated with the Federal Fami and Medical Leave Act.
Home health care recertification orders.

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btain a driver's license.
A. A. by the supervising physician (i.e. diagnostic ervising physician must provide documentation . The training for the additional duty/skill shall al skills, submit a skill request protocol.
ational emergency or natural disaster in
onic signature that has the same legal effect as a written regoing information has been provided by me and is true
rvising Physician Date
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