

In compliance with statute 17-105-101, a copy of this agreement will be kept on file at all Arkansas practice sites and with the Arkansas State Medical Board. This agreement will go into effect *(list date here)*. It will be updated as necessary to reflect changes in the practice.

Physician Assistant Protocol and Delegation of Services Agreement for *(Name of P.A.)*

Name of Facility
Address of Facility
Phone Number of Facility
Fax Number of Facility

List all locations P.A. will work

Supervising Physician: _____ **License #:** _____

***Back-up Supervising Physician:** _____ **License #:** _____

* Add additional lines if needed

Services to be performed by Physician Assistant in the medical practice of the above-referenced physicians: (be specific in your list as indicated in the example below)

- ◆ Obtain chief complaint
- ◆ Obtain history
- ◆ Perform physical
- ◆ Order lab tests
- ◆ Develop problem list
- ◆ Formulate and institute care plan
- ◆ Patient education
- ◆ Patient follow-up
- ◆ Hospital rounds
- ◆

List ONLY the Services and Procedures that you actually perform

Procedures to be performed by Physician Assistant in the medical practice of the above-referenced physicians: (be specific in your list as indicated in the example below)

- ◆ Start IVs
- ◆ Venipunctures
- ◆ Suture simple wounds (no tendon, vascular, nerve injuries)
- ◆ Medication injections (specify by class - drugs you will not be administering)
- ◆ Application of splints
- ◆ Incision and drainage of superficial abscesses such as infected sebaceous cysts
- ◆ Nasogastric tube placement
- ◆ Placement of urinary catheter
- ◆ Wound debridement and dressing changes
- ◆ Anoscopy
- ◆ Pap smears
- ◆ Joint injections/aspirations (specify location, i.e., elbow, wrist, knee, etc.)

Procedures requiring on-site physician supervision: (be specific in your list)

◆

Medications to be prescribed by the Physician Assistant: (pending DEA and ASMB approval; be specific in your list as indicated in the example below)

- ◆ All non-controlled medications with the following exceptions:
 - Chemotherapeutic agents
 - Immunosuppressive agents with the exception of steroids
 - Thrombolytic agents
- ◆ Controlled medications within Schedules III, IV, V

Type and frequency of supervision by the Supervising Physician:

The Physician Assistant’s delegated scope of practice has the following restrictions: activities in which diagnosis, treatment or management exceeds the Physician Assistant’s level of competence, training or skill or is outside the scope of the physician’s level.

The Supervising Physician or his Back-up Supervising Physician will be on-site or available at all times to the Physician Assistant. One of these physicians will be within a driving radius of 60 minutes of the Physician Assistant and would always be available by phone.

The Physician Assistant will not practice if the Supervising Physician and/or the Back-up Supervising Physician is physically absent, not physically available within 60 minutes, or available by phone.

Process of Evaluation by Supervising Physician and Back-up Supervising Physician:

- ◆ 100% review and countersign the documentation of all Physician Assistant patient encounters within the first 120 days of employment
- ◆ Following the first 120 days of employment, the Supervising Physician will review and countersign a minimum of 10% (or more as specified in the protocol) of all Physician Assistant patient encounters in the clinic setting
- ◆ 100% review and countersign of all inpatient Physician Assistant patient encounters in compliance with the bylaws and rules and regulations of *(name of facility)*
- ◆ 100% review of all procedures performed by the Physician Assistant within the first 120 days of employment

Local ambulance service will be used to transport medical emergencies when Supervising Physician or Back-up Supervising Physician is not on-site. Progress notes written by the Physician Assistant for patients who require hospital admission or transfer to the emergency department of the local hospital will be countersigned by the Supervising Physician within 24 hours.

The Physician Assistant may be allowed to make hospital rounds at *(name of facility)*.

Printed Name of PA: _____

Signature of PA: _____ **Date:** _____

Printed Name of Supervising Physician: _____

Signature of Supervising Physician: _____ **Date:** _____

Printed Name of Back-Up Supervising Physician: _____

Signature of Back-Up Supervising Physician: _____ **Date:** _____

(Add additional lines for additional Back-Up Supervising Physicians)

Arkansas State Medical Board:

Signature: _____ **Date:** _____

Chairman, Physician Assistant Advisory Committee

Board Seal: