

Must be on Facility Letterhead
(Today's Date)

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 THE P.A. WILL WORK

Supervising Physician: _____

License #: _____

*Back-up Supervising Physician(s): _____

License #: _____

*Add additional lines/pages
if needed

License #: _____

License #: _____

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

- Obtain chief complaint
- Obtain history
- Perform physical
- Order diagnostic testing
- Develop problem list
- Formulate and institute care plan
- Patient education
- Patient follow-up
- Hospital Rounds (if PA will be making hospital rounds, specify the name of facility—if not, remove this entry)

**LIST ONLY THE SERVICES
AND PROCEDURES THAT
YOU ACTUALLY PERFORM-
REMOVE THE PROCEDURES
YOU DO NOT 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 IV's
- Venipunctures
- Suture simple wounds (no tendon, vascular, nerve injuries)
- Medical injections (SPECIFY WHERE ADMINISTERED, AND CLASS OF DRUGS- i.e. Intra-articular, Intramuscular or Subcutaneous)
- 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 (if P.A. will NOT be doing, remove from protocol)
- Pap Smears
- Joint injections/aspirations (SPECIFY LOCATION-i.e., elbow, wrist, knee, etc).
- Preliminary interpretation of X-rays, EKG's with final interpretation to be done by Physician

Procedures requiring on-site physician supervision: (BE SPECIFIC IN YOUR LIST)

- List these procedures

Medications to be prescribed by the Physician Assistant: (Pending DEA and ASMB approval)

- 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, and 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/HOSPITAL IF APPLICABLE).
- 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.

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:** _____

Printed Name of Back-Up Supervising Physician: _____

Signature of Back-Up 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 if needed)

EXAMPLE

Arkansas State Medical Board:

Signature: _____ *Date:* _____

Chairman, Physician Assistant Advisory Committee

EXAMPLE

Board Seal