TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
EXAMPLE OF PRACTICE PRIVILEGES AND WRITTEN PROTOCOL

The Physician Assistant or Advanced Practice Nurse will be granted privileges for Department Name, Address of Site or Sites.

General Practice Privileges:

1. Providing direct care to a selected patient population through the following activities as defined in specific practice protocols:
   a. Assessment of patients by taking health histories, performing physical examination and ongoing data collection.
   b. Performing approved diagnostic and therapeutic procedures.

2. Initiating referrals to other health care providers and/or consulting the delegating physician for further definitive therapy.

3. Ordering diagnostic tests (lab tests, routine x-rays, EKG or any tests indicated after consultation with the delegating physician).

4. Providing health education and referral to appropriate community agencies and support groups.

5. Prescribing medications and dispensing sample medications as outlined in the Physician Delegation of Prescriptive Authority, Policy Number 4.11 under the following guidelines:
   a. In the case of refill of a prescription for controlled substances III-V, the refill is authorized after consultation with the delegating physician and is noted in the patient’s medical record.
   b. In the case of a prescription for controlled substances III-V for a child less than two (2) years of age, the prescription is made after consultation with the delegating physician and the consultation is noted in the patient’s medical record.
   c. Prescriptive Authority

   [INSERT PRESCRIPTIVE AUTHORITY GUIDELINES, PARAMETERS, LIMITS IN THIS SECTION, USE ADDITIONAL SHEETS, IF NECESSARY – it does not need to describe the exact steps that the APN or PA must take with respect to each specific condition, disease or symptom. Published, nationally recognized protocols may serve generally as the source guidelines, parameters or limits. It may contain a list of the types or categories of medications that may or may not be prescribed, limitations on the number of dosage units and refills permitted, and instructions to be given the patient for follow-up monitoring or contain a list of the types or categories of medications that cannot be prescribed. If the APN or PA is to receive, possess, or distribute prescriptive drug samples, this expectation must be included here.]

Agreed:

__________________________________________________________________________   _________________________
Physician Assistant or Advanced Practice Nurse  Date

__________________________________________________________________________   _________________________
Identification Number

__________________________________________________________________________   _________________________
Delegating Physician  Date