Huntington Memorial Hospital

Delineation Of Privileges
RN First Assistant (RNFA)

Provider Name:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Requested</th>
<th>Deferred</th>
<th>Approved</th>
</tr>
</thead>
</table>

**JOB DESCRIPTION:**
The Registered Nurse First Assistant carries out the functions that will assist the surgeon in performing a safe operation with optimal results for the patient. The RNFA practice perioperative nursing and is therefore responsible for independent nursing behaviors of preoperative assessment and postoperative evaluation of care. The intraoperative practice of the RNFA does not concurrently function as a scrub Nurse.

**QUALIFICATIONS:**
1. Proof of acceptance into an accredited RNFA program or successful completion of a university RNFA program.
2. Current Licensure through the State of California.
3. Current certification or eligible in operating room nursing (CNOR) or board certification or board eligible as an advanced practice nurse (APN).
4. APNs without competence in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. If it is determined that skill and knowledge are deficient they must complete AORN'S Periop 101 course provided through OR educator.
5. ACLS card from the American Heart Association.
7. For Practice: Validation of clinical experience by a qualified physician.
8. For Internship: Validation of qualified physician sponsor

1. Providing exposure.
2. Providing hemostasis.
3. Suturing.
4. Handling of tissue.
5. Use of instrumentation.
6. Patient record keeping.
7. History & Physical:
   Allied Health Professionals may perform part or all of the H&P examination if granted clinical privileges to do so, provided the findings, conclusions and assessment of risk are endorsed by a qualified physician within 24 hours of completion of the H&P.

**ACKNOWLEDGEMENT OF THE ALLIED HEALTH PROFESSIONAL:**
Huntington Memorial Hospital

Delineation Of Privileges
RN First Assistant (RNFA)

Provider Name:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Requested</th>
<th>Deferred</th>
<th>Approved</th>
</tr>
</thead>
</table>

I have requested only those privileges for which I am qualified to perform, based upon my education, training, current experience and demonstrated performance. I understand that in exercising my practice privileges granted, I am constrained by hospital and medical staff policies and rules, including those outlined in the Allied Health Professional Rules and Regulations.

Signature of AHP: _______________________________ Date: ______________ 

Signature of Supervising Physician: _______________________________ Date: ______________

INTERDISCIPLINARY PRACTICE COMMITTEE RECOMMENDATION:

I have reviewed the requested practice privileges and supportive documentation for the above names applicant and recommend action on the privileges as noted above.

Applicant may perform practice privileges as indicated: _______ YES _______ NO

Exceptions/Limitations (Please Specify): __________________________________________________________

________________________________________________________________________________________

APPROVALS

Interdisciplinary Practice Committee: _______________________________ Date: ______________

Medical Executive Committee Date: ______________

Board of Directors Date: __________________________

Printed on Friday, October 12, 2012