

Licensed Surgical Assistants (LSA)

Name: _____

Please indicate with a check mark the privileges requested.

Qualifications:

To be eligible for privileges as a LSA, the applicant must meet the following qualifications:

- Graduate of a surgical assistant training program accredited by the Committee on Allied Health Education and Accreditation Council on Medical Education or equivalent (see Texas State Medical Board rules for equivalent); **and**
- Licensed as a Surgical Assistant by the Texas State Board of Medical Examiners; **and**
- Maintain Certification by one of the following Board:
 - The American Board of Surgical Assistants;
 - National Board of Surgical Technology and Surgical Assisting (NBSTSA); or
 - The National Surgical Assistant Association; **and**
- Documentation of an employer/employee relationship with an approved supervising physician who is a member of the Harris Methodist Southlake Medical Staff. (Approved is defined as recognized by the Texas State Board of Medical Examiners as the applicants' supervising physician.) This documentation shall be submitted for each physician the surgical assistant wishes to work for in this facility.

Please check all privileges requested:

General Surgical Assistant Privileges:

- Position and drape patient;
- Set up surgical back, table and mayo
- Select, place and hold retractors;
- Pass surgical instrumentation;
- Cut suture;
- Assist surgeon in utilizing specialized equipment;
- Dressing changes;
- Remove and/or apply dressing and/or packing
- Apply post-operative dressings;
- Suture
- Drain insertion
- Lap Band Port Access and adjustment
- Taking cultures;
- Removal of drains
- Apply electro-cautery to instrument held by physician
- Assist in placement and removal of skin staples
- Handle suction and/or sponge in surgical field;
- Remove sutures and/or skin staples;
- Apply hemostatic devices;

- Sutures skin; sutures sub-Q;
- Sutures facia:
 - For major pedicles
 - On Clamped bleeders
 - For surgeon-placed stitches;
 - For fascial stitches
 - For sub-Q stitches
 - For skin stitches
- Surgical Assistants may not document in the medical record
- Provide patient education

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and

For fascial stitches

Signed: _____

Date: _____

Credentials Committee Recommendations: ____ Recommend ____ Deny

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

Signed: _____

Date: _____

Recommended/Not recommended with the following modification(s) and reason(s):

As the supervising physician, by my signature I attest that this applicant has been trained and is currently competent to perform the privileges requested above.

 Supervising Physician Date

Printed name of Supervising Physician Date

 Supervising Physician Date

Printed Name of Supervising Physician Date

 Supervising Physician Date

Printed name of Supervising Physician Date

 Supervising Physician Date

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