## **UPMC**

# For Reference Only

## **OPHTHALMIC TECHNICIAN**

## Summary of Services and Availability (by location)

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as <u>NOT</u> having a privilege/service available, you will <u>NOT</u> be considered for that privilege at that individual facility. Any request made that is identified as <u>not available</u> at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

"x" means Privilege is Available at that location.

"C" means contractual arrangement restricts granting this privilege.

"N/A" means Privilege Not Available at that location.

#### **Facility Codes:**

CHP= Childrens Hospital of Pittsburgh of UPMC

Privilege	СНР
Instill drops of ophthalmic solutions	N/A
Change dressings	N/A
Instruct the patient in pre and post procedural education and counseling	N/A
Examination of visual acuity	N/A
Assist with laser procedure	N/A
Visual field testing	N/A
Obtain histories on short form for laser procedure (to be part of chart)	N/A
Obtain vital signs	N/A

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