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SURGICAL ASSISTANT

Summary of Services and Availability (by location)

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.

Key

"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:

EAST=UPMC East

Privilege	EAST
CORE SCOPE OF PRACTICE	X
Start intravenous lines	X
Insertion of Foley catheters	X
Pass nasogastric tubes	X
Control external hemorrhage	X
Venipuncture	X
Administer local infiltrative anesthesia and/or IV therapy under direct supervision of the responsible physician	X
Administer IM subcutaneous and intradermal injections	X
Removal of monitoring lines, sutures, clips, drains, and intestinal tubes	X

Revised: 05/22/2012

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Origin: 01/28/12