Lakeview Surgery Center

PRACTICE AREA: **SURGICAL NURSING – DELINIATION OF CLINICAL ACTIVITIES**

To request clinical activities for surgical nursing, the following minimum threshold criteria must be met:

1. Licensed by the State of Iowa
2. Surgical nursing experience or documentation of a preceptor program / perioperative class
3. Employed and supervised by a medical staff member of Lakeview Surgery Center

SURGICAL NURSING ACTIVITES - I am requesting surgical nursing clinical activities:

Requested	Granted	
□	□	Assess patients, collect vitals, and gather medical history data from patients
□	□	Assist in the preparation of patients for surgery
□	□	Assist physician/dentist with gowning, gloving, prepping, and draping
□	□	Scrub into the surgical case, maintain sterile technique, pass instruments and provide exposure of operative site by retracting tissue and suctioning as necessary
□	□	Assist with closure of wound
□	□	Maintain comfort and safety of patient during the surgical procedure
□	□	Provide instruction to the patients, families and caregivers
□	□	Write progress notes – to be reviewed and countersigned by physician
□	□	Write verbal and written orders from physician on chart – to be countersigned by physician

All of the above activities will be carried out under the supervision of a physician member of the Medical Staff. I understand that in making this request I am bound by the applicable bylaws or policies of the Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for each request.

____ ____________
Applicant's Signature Date

____
Applicant Name (Print)

Acknowledgement of Supervising Physician/Dentist: The above-named practitioner shall be under my direct supervision in the exercise of clinical activities. I acknowledge the practitioner is qualified and competent to perform the requested activities.

____ ____________
Supervising Physician/Dentist Signature Date

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Supervising Physician/Dentist (Print)

Clinical Activities:

Granted ______ **Deferred** _______ ____
MEC Signature **Date**

Granted ______ **Deferred** _______ ____
GB Signature **Date**

Modifications: