Purpose:
To delineate the guidelines for practice of Physician Assistants within the scope of services provided by the Alliance.

Policy:
The Alliance requires that all Physician Assistants providing services to Alliance members shall adhere to the guidelines described in this policy.

Definitions:
Physician Assistant: A Physician Assistant shall be currently licensed as a Physician Assistant in the State of California and authorized to do the following patient-related activities within the scope of practice as described in Title 16, Division 13.8, Article 4 of the California Code of Regulations (CCR):
1. Take a patient's medical history and perform a physical examination for any presenting problem.
2. Diagnose and treat common primary care medical problems.
3. Whenever necessary, perform life-sustaining emergency measures.
4. Order specific laboratory studies and x-rays, and other studies as appropriate for that patient.
5. Collect specimens as indicated for additional tests.
6. Perform pertinent laboratory tests.
7. Perform any other procedure for which they have applied for privileges and which have been granted or approved with proctoring.
8. Counsel patients and their families on health promotion, diagnoses and management alternatives.
10. The Physician Assistant does not have direct privileges for furnishing drugs and devices. He/she may transmit in writing a prescription from the supervising physician; the physician must sign each prescription for patients under his/her direct or supervised care. The physician's prescription, transmitted by the Physician Assistant, shall be based on criteria for the use of a specific drug or device and any contraindications. The Physician Assistant may not provide a drug or transmit a prescription without a patient-specific order from the supervising physician or a written protocol. The Physician Assistant may, under the direction of a supervising physician, hand to a patient of the physician a properly labeled prescription drug pre-packaged by the physician, a manufacturer as defined in the Pharmacy Law, or a pharmacist.
Procedures:

Physician Assistant Guidelines

A. The patient must be informed that the provider is a mid-level clinician and be given the opportunity to request care by a physician should the patient desire it.

B. The Physician Assistant will seek physician consultation in a timely manner for the following situations, and any others that he/she deems appropriate:
   1. Any conditions which have failed to respond to appropriate management or do not follow classical diagnostic patterns.
   2. Before performing any invasive procedures.
   3. All emergency situations after initial care has been started.

C. The supervising physician shall be a physician licensed by the State of California. This physician will review the findings of the patient's history and physical examination and supervise the Physician Assistant performing approved tasks or procedures. The Physician Assistant will be responsible to communicate with the supervising physician regarding patient management and seek assistance or additional instructions in patient management. The supervising physician will be available for consultation or assistance at all times, either by physical presence or electronic communications. One supervising physician will be available for every two mid-level practitioners working in an area at the same time.

D. The Physician Assistant will be authorized to diagnose and treat common medical problems according to accepted criteria and management, including, but not limited to the following:

   Health care maintenance and promotion, all ages
   Dermatology
   
   Acne Vulgarize        Wound care
   Atomic dermatitis     1st/2nd degree burns,
   Paronychia            involving <5% of BSA
   Contact dermatitis    Simple laceration
   Dermatophytosis       Herpes zoster/Shingles
   Pediculosis/Scabies   Viral exanthem
   Moniliasis            Milia
   Seborrheic dermatitis Seborrheic keratosis
   Stomatitis/apthous ulcer Impetigo
   Verruca               Pityriasis rosea
   Cellulitis/Folliculitis Cholasma
Insect bites  Pruritis
Drug reactions  Psoriasis

**Eve**
Blepharitis  Conjunctivitis
Hordeolum  Conjunctival hemorrhage
Ptterygia/Pinguecula  Dacarocycstitis
Healing corneal abrasion  Chalazion

**ENT/Respiratory**
Otitis media  Otitis externa
Seous Otitis  Pharyngitis
Dental pain  Laryngitis
URI  Cerumen impaction
Allergic rhinitis  Mononucleosis
Foreign body: ear & nose, easily removable
Anterior epistaxis  Sinusitis
Pneumonia & bronchitis w/o cyanosis or tachypnea
Stable COPD  Acute asthma, mild
Hiccups  +PPD/CXR
TB exposure  Thrush

**Cardiovascular**
Hypertension - other than malignant
Non-invasive management of varicose veins
Functional heart murmurs
Stable, non-incapacitating angina
Stable, controlled arrhythmia
Stable, controlled congestive heart failure
Hyperlipidemia
Peripheral vascular disease without significant distal ischemia

**Gastrointestinal**
Gastritis or PUD, without significant hemorrhage
Dyspepsia  Esophageal reflux
Esophagitis  Esophageal spasm
Hiatal hernia  Parasites
Viral hepatitis  Diverticulosis
Gastroenteritis/acute diarrhea w/o fever or needing IV hydration
Functional bowel syndrome
Constipation (organic lesion ruled out)
Medical management of anal fissure and hemorrhoids

**Genitourinary**
- All uncomplicated STDs/exposure
- Cystitis/UTI
- Herpes Genitalis (non-pregnant)
- Condyloma
- Pyelonephritis, mild

**Urethritis**
- Prostatitis
- Impotence
- Benign Prostatic Hypertrophy

**Gynecology**
- Amenorrhea
- PMS
- Contraception
- Cervicitis
- Hirsuitism
- Dysmenorrhea, simple
- Evaluation of cystocele/rectocele, mild
- Dysfunctional uterine bleeding, without orthostasis or significant anemia
- Fibrocystic breast disease, without isolated mass
- Pregnancy: Routine prenatal care

**Musculoskeletal**
- Osteoarthritis
- Low back pain, chronic or acute
- Splint application to sprain
- Bursitis
- Stable or responsive inflammatory (non-infectious) arthritis

**Sprain, stable, simple**
- Gout
- Tendinitis
- Muscle spasm

**Hematology**
- Iron deficiency anemia, nutritional
- Thalassemia minor

**Pernicious anemia, stable**
**Folate deficiency, stable**

**Endocrine/Metabolic**
- Diabetes, stable, controlled
- Hyper/hypothyroid states, stable, controlled
Exogenous obesity
Menopausal symptoms

**Neurology**
- Headaches, tension
- Seizure disorder, stable, controlled

**Migraines**
- Peripheral neuropathy

**Pediatrics**
- Well child care
- Enuresis

**Feeding problems**
- Minor illness

**Psychiatry**
- Simple anxiety
- Adjustment reaction, brief, uncomplicated

**Emergency Care**
Whenever necessary, the Mid-Level Practitioner may perform life-sustaining measures.
This includes, but is not limited to:

- Establishing and maintaining airway
- Cardiopulmonary resuscitation
- Control of hemorrhage by external pressure or tourniquet
- Start IV line
- Suture wound
- Injection of adrenaline for asthma, anaphylactic shock or laryngeal edema
- Injection of Atropine for severe bradycardia
- Administration of oxygen for acute dyspnea
- Administration of Narcan for suspected narcotic overdose
- Administration of IV glucose for suspected insulin reaction
- Splint skeletal emergencies

**Inpatient Care** *(Mid-Level will need hospital privileges)*
- Perform history and physical examination
- Develop treatment plan in consultation with supervising physician
- Assist with surgical procedures
- Develop discharge plan in consultation with supervising physician
POLICIES AND PROCEDURES

Policy #: 401-1516
Lead Department: Quality Improvement

Title: Physician Assistant Guidelines

Original Date: 05/01/1996
Last Revision Date: 03/01/2012

Approved by: Barbara Flynn, RN
Effective Date: 03/01/2012

References:
Alliance Policies:
Regulatory: CCR Title 16, Division 13.8, Article 4
Contractual:
Legislative:
MMCD Policy Letter:

Lines of Business This Policy Applies To:
- Medi-Cal
- Healthy Families
- Healthy Kids Santa Cruz
- Healthy Kids Merced
- Alliance Care IHSS
- Access for Infants and Mothers
- Individual Conversion
- Santa Cruz County LIHP Program
- Monterey County LIHP Program
- Merced County LIHP Program

Revision History:
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