NEUROSURGERY SCOPE OF PRACTICE GUIDELINES

Assists in providing preoperative and postoperative care, performs initial evaluations for consultation requests from other department or physicians, and writes appropriate orders for pre- and postoperative care as necessary. Documents patient care orders for admission, transfer and discharge orders during the hospitalization.

Assists when required with life saving procedures and emergency evaluations in cases such as cardiac arrest, respiratory arrest, trauma and other emergency evaluations.

Performs daily rounds independently or with the neurosurgical attending and other members of the neurosurgical team.

Notifies the neurosurgical attending on call or supervising surgeon(s) immediately in unusual or unexpected events requiring direct physician consultation.

Performs, when requested:
- Urinary bladder catheterization/removal,
- Central venous access with proof of competence
- Removal of venous and arterial catheters
- Wound care including dressing changes and simple debridement
- Removal of sutures, staples, and surgical drains
- Perform closure of simple wounds
- Perform ventricular-peritoneal, ventriculo-artrial, and omaya reservoir shunt taps
- Assist the neurosurgeon with cervical traction and Garner-Well Tong application, assists with Halo placement and Intracranial Pressure monitor placement
- The PA will also manage external ventricular drains

**Systems within the scope of practice of the neurosurgery physician-physician assistant team to initiate, continue, modify, or refer care include:**

**Skin and Appendages: (May identify, initiate work-up, and initiate care on referral)**

- Cauterize/ excise / biopsy lesions - obtain second opinion of suspicious lesions
- Common dermatoses
- Nail disorders and release of subungual hematoma
- Soft tissue injuries

**Eye (May identify, initiate work-up, and initiate care on referral)**

- Symptoms of ocular disease
- Disorders of the lids and lacrimal apparatus
- Conjunctivitis
- Ocular trauma
Foreign body removal

**Ear, Nose and Throat: (May identify, initiate work-up, and initiate care on referral)**

- Diseases of the ear
- Diseases of the nose and sinuses
- Diseases of the oral cavity and pharynx
- Diseases presenting as neck masses

**Lung: (May identify, initiate work-up, and initiate care on referral)**

- Ordering of pulmonary function tests
- Disorders of the airways
  
  *Any patient presenting in acute respiratory distress or suspected pulmonary emboli is to be evaluated by a physician.*

**Heart: (May identify, initiate work-up, and initiate care on referral)**

- Valvular heart disease
- Coronary heart disease
- Disturbances of rate and rhythm
- Conduction disturbances
- Cardiac failure
- Hypertension

  *Chest pain suspicious of cardiac disease is to be evaluated by M.D., EKG’s are to be over-read.*

**Blood: (May identify, initiate work-up, and initiate care on referral)**

- Peri-operative anemia
- Hyper-coagulable or hypo-coagulable states
  
  *Peri-operative patients requiring transfusions shall be discussed by M.D.*

**Alimentary Tract: (May identify, initiate work-up, and initiate care on referral)**

- Symptoms and signs of gastrointestinal disease
Diseases of the esophagus
Diseases of the stomach and duodenum
Diseases of the small intestine
Diseases of the colon and rectum
Anorectal diseases

Liver, Biliary Tract, and Pancreas (May identify, initiate work-up, and initiate care on referral)
Diseases of the Liver
Diseases of the Biliary Tract
Diseases of the Pancreas

Gynecology (May identify, initiate work-up, and initiate care on referral)
Premenstrual Syndrome
Dysmenorrhea
Contraception (as it relates to amenorrhea in athletic population)
Menopausal Syndrome

Allergic and Immunologic Disorders (May identify, initiate work-up, and initiate care on referral)
Allergic diseases

Fluid and Electrolyte Disorders (May identify, initiate work-up, and initiate care on referral)
Diagnosis of fluid and electrolyte disorders in the peri-operative patient
Treatment of specific fluid, electrolyte and acid-base disorders in the peri-operative patient
Fluid management in the peri-operative patient

Urology (May identify, initiate work-up, and initiate care on referral)
Uncomplicated genitourinary tract infections in the peri-operative patient
Acute or chronic renal disease in the peri-operative patient

Nervous System (May identify, initiate work-up, and initiate care on referral)
Headache
Head injury- Obtain consultation with SUPERVISING PHYSICIAN if intracranial pathology suspected

Peripheral neuropathies

Psychiatric Disorders (May identify, initiate work-up, and initiate care on referral)

Psychiatric assessment
Common psychiatric disorders
Substance use disorders

Endocrinology (May identify, initiate work-up, and initiate care on referral)

Common presentations in endocrinology

General Problems in Infectious Diseases (May identify, initiate work-up, and initiate care on referral)

Fever of unknown origin (FUO)
Animal and human bite wounds
Wound infections

Disorders Due to Physical Agents (May identify, initiate work-up, and initiate care on referral)

Disorders due to cold
Disorders due to heat
Burns

Cancer: Upon diagnosis- all cancer patients are to be discussed with SUPERVISING PHYSICIAN and appropriate referral made. (May identify, initiate work-up, and initiate care on referral)

Incidence and etiology
Prevention of cancer

CLINICAL SKILLS SPECIFIC TO PHYSICIAN ASSISTANTS IN NEUROLOGICAL SURGERY AND NEUROLOGY

- Ventriculoperitoneal, ventriculopleural, and ventriculoatrial shunt taps
- Shunt opening pressure setting adjustment on the order of the supervising/alternate supervising physician
- Refill and reprogramming of intrathecal pain/spasticity pump systems – Baclofen can be overdosed
- Interrogating, analyzing, and reprogramming of dorsal column stimulators
- Diagnostic and therapeutic external ventricular drain taps to include routine surveillance lab tests
- Lumbar tap and/or insertion of lumbar drain