

# TEXAS SPINE & JOINT HOSPITAL

## DELINEATION OF PRIVILEGES OPERATING ROOM TECHNICIAN

NAME: \_\_\_\_\_

INITIAL APPOINTMENT/REAPPOINTMENT  
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	<b>ASSIST IN SURGERY</b>		
	Provide exposure, hold retractor		
	Cut sutures (may not cut, clamp or suture tissues or close skin)		
	Drape patients, independently		
	Prep patients, independently		
	Assist surgeon in positioning		
	<b>PERFORM PATIENT CARE TASKS</b>		
	Change and apply dressings		
	Change and apply casts		
	Change and apply splints		

\_\_\_\_\_  
Signature of Allied Health Professional

\_\_\_\_\_  
Date

I agree to accept total responsibility for all actions of this Allied Health Professional while he/she is in my employ. I also attest to the fact that an adequate investigation of his/her qualifications and character has been performed and that the individual, in my opinion, is capable of performing the requested activities. I also agree to notify the Hospital if this person should leave my employment.

\_\_\_\_\_  
Sponsoring Physician's Signature

\_\_\_\_\_  
Date

**The application for the allied health professional, including references/evaluations, and requested clinical privileges have been reviewed by:**

\_\_\_\_\_  
Section Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairman

\_\_\_\_\_  
Date

**Recommendation:**

Approved    Denied    Deferred

\_\_\_\_\_

Approved    Denied    Deferred

\_\_\_\_\_