

CARDIOLOGY SCOPE OF PRACTICE GUIDELINES

To be discussed by the supervising physician and physician assistant. Including but not limited to:

Abdominal Aortic Aneurysm	Diabetes
<i>Alcohol Withdrawal</i>	Diabetic Foot Ulcers
Allergic Reaction	<i>Diarrhea</i>
Angina	<i>Diastolic Dysfunction</i>
Amurosis Fugax	<i>Diverticulosis/Diverticulits</i>
Anemia	<i>Dizziness</i>
<i>Angina Pectoris (stable & unstable)</i>	<i>Dyspnea</i>
Aortic Dissection Type I and II	<i>Electrolyte Disturbances</i>
Aortic Valve Disease	Empyema
Arterial Occlusive Disease	Endocarditis
Ascending Aortic Aneurysm	<i>Erectile Dysfunction</i>
<i>Arthritis</i>	Failure To Thrive
<i>Asthma</i>	<i>Fatigue</i>
<i>Atrial Fibrillation</i>	Fever Of Unknown Origin
<i>Atrial Flutter</i>	Fluid Management
Atrial Myxoma	<i>Flu</i>
Atrial Septal Defect	<i>Fungal Infections</i>
<i>Bacteremia</i>	<i>Gastroenteritis</i>
<i>Bacterial Infections</i>	Gastroesophageal Reflux Disease
<i>Benign Prostatic Hypertrophy</i>	<i>Genitourinary Tract Infections</i>
<i>Biventricular Pacemakers</i>	<i>GI bleeding</i>
<i>Bronchitis</i>	Gout
Cardiac Arrest	<i>Headaches</i>
Cardiac Dysrhythmias	<i>Heart Block (1st, 2nd and 3rd degree)</i>
Cardiac Pacemakers	Heart Murmurs
Carotid Artery Stenosis	<i>Hematoma</i>
<i>Cancer</i>	<i>Hemoptysis</i>
Candidiasis	<i>Hemorrhoids</i>
Cardiac Shock	<i>Hematuria</i>
Cardiac Tamponade	<i>Hepatitis</i>
Cardiomyopathy	<i>Hiatal Hernia</i>
<i>Cellulitis</i>	Hypercoagulable States
<i>Cholecystitis</i>	Hyperkalemia
<i>Cholelithiasis</i>	Hyperlipidemia
Chronic Obstructive Pulmonary Disease	Hypernatremia
<i>Common Dermatoses</i>	Hypertension
<i>Common Psychiatric Disorders</i>	<i>Hypertriglyceridemia</i>
<i>Conduction Disturbances</i>	Hypoglycemia
<i>Congenital Heart Disease</i>	Hypokalemia
Congestive Heart Failure	Hyponatremia
Constipation	<i>Hypotension</i>
Coronary Artery Disease	<i>Hypoxia</i>
<i>Cor Pulmonale</i>	Idiopathic Hypertrophic Subaortic Stenosis
<i>Cough</i>	<i>Irritable Bowel Syndrome</i>
Decubitus Ulcers	Indeterminate Lung Nodules or Masses
Deep Venous Thrombosis	<i>Implantable Cardiodefibrillators</i>
<i>Dehydration</i>	Lung Malignancies
<i>Dementia</i>	Management Of Prosthetic Heart Valves

Medication Reactions

Mitral Valve Disease
Musculoskeletal Pain
Myocardial Infarction
Myocardial Ischemia
Myocarditis
Nephrotic Syndrome
Non Healing Wounds
Obesity
Orthostatic Hypotension
Osteoarthritis
Palpitations
Pancreatitis
Pain
Peptic Ulcer Disease
Pericardial Disease
Pericarditis
Peripheral Neuropathy
Peripheral Vascular Disease
Pleural Effusion
Pleurisy
Pneumonia
Pneumothorax
Postcardiotomy Syndrome
Pre/Post Operative Management
Pulmonary Edema
Pulmonary Embolus
Pulmonary Hypertension
Pulmonary Infections
Renal Artery Stenosis
Renal Failure
Renal Insufficiency
Rheumatic Heart Disease
Rhythm Disturbances
Septic Shock
Sinusitis
Sleep Apnea
Soft Tissue Injuries
Stroke
Subclavian Steal

Subdural Hematoma

Substance Abuse

Syncope

Tobacco Abuse

Thoracic Aneurysm
Tricuspid Valve Disease
Thrombocytopenia
Thrombophlebitis
Thyroid Disorders
Transient Ischemic Attack
Urinary Retention
Valvular Heart Disease
Ventricular Septal Defect
Venous Insufficiency
Venous Stasis Ulcers
Vertigo
Viral Infections
Wound Infections
Weakness
Weight Loss

Specific Job Description

The physician assistant's job duties to include but are not limited to taking patient history and performing a complete physical examination and make an assessment and diagnosis therefrom. Conduct and record daily rounds in the hospital setting including admissions, referrals and discharge summaries. Initiate review and revise treatment and therapy plans and record/present data in a manner meaningful to the supervising physician. Explain cardiology procedures and perform site checks after placement of catheters or pacemakers.

The physician assistant will also see patients in the office setting for interval follow up for possible revision of initial treatment as outlined by the supervising physician (or alternate).

Coordinate and manage the development of a Lipid Management Center. Enhance the identification and optimal treatment of lipid disorders and other risk parameters related to the development of vascular disease. Direct the ongoing management of patients in conjunction with a physician supervisor. Emphasize patient education in the areas of pathophysiology of vascular disease, how various risk markers affect atherosclerosis and provide understanding of how various treatment modalities affect long term outcomes. Initiate, compile and analyze computer database for the evaluation of treatment modalities.

Coordinate and manage an established Coumadin Clinic. Identify and outline therapeutic goals regarding various cardiac entities whereby Coumadin is warranted (ie. chronic atrial fibrillation, mechanical valves, etc.) and structure a course of therapy to achieve and maintain these goals. This is to include initial prescribing amounts and serial follow up appointments for medication adjustments.

Administration and interpretation of maximal graded exercise tests for normal and cardiac impaired populations. Administration of maximal graded exercise echocardiography tests. Administration of maximal graded exercise nuclear tests and persantine/adenosine resting nuclear tests.

Interrogate and program cardiac devices including permanent pacemakers and implantable cardioverter defibrillators

Coordinate and manage an established Congestive Heart Failure Clinic. Identify and monitor parameters to measure patient volume status. Structure a course of therapy to achieve and maintain a euvolemic state.