

Psychiatry and Behavioral Health Scope of Practice Guidelines

The purpose of this document is to establish and maintain a practice model in which the PA will provide health care services under the supervision of the Primary Supervising Physician and Alternate Supervising Physician(s). This practice shall encompass assessment of patients' medical history and general medical needs in the context of psychiatric hospitalization, and shall focus on health screening and supervision, wellness and health education and counseling, the treatment of common health problems, and referral to appropriate providers, which may include transfer to an acute medical/surgical hospital when indicated. The following is a list of common conditions a PA in a Psychiatric Hospital may encounter. Care of the patients shall include, but may not be limited to the diagnosis of:

Skin and Appendages: Common Dermatoses Baldness
Nail Disorders

*Obtain second opinion of suspicious lesions

Eye:

Symptoms of Ocular Disease

Ocular Examination

Disorders of the Lids and Lacrimal Apparatus Conjunctivitis

Ocular Trauma

Foreign Body Removal Ear, Nose and Throat: Diseases of the Ear Diseases of the Nose

Diseases of the Paranasal Sinuses Diseases of the Oral Cavity Diseases of the Pharynx

Diseases presenting as Neck Masses

Lung:

Pulmonary Function Tests

Disorders of the Airways

Pulmonary Infections

Pulmonary Nodules, Masses, and Tumors

Pleural diseases

*Any patient presenting in respiratory distress or suspected pulmonary emboli is to be evaluated by a physician.

Heart:

Valvular Heart Disease Coronary Heart Disease
Disturbances of Rate and Rhythm Conduction Disturbances
Cardiac Failure

*Chest pain suspicious of cardiac disease is to be evaluated by a physician.

Systemic Hypertension Management of Hypertension Blood:
Anemias Neutropenia
Leukemias and Other Myeloproliferative Disorders Lymphomas
Hypercoagulable States

*Patients requiring transfusions are to be evaluated by a physician.

Alimentary Tract

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

Diseases of the Liver Diseases of the Biliary Tract
Diseases of the Pancreas

Breast

Benign Breast Disorders Carcinoma of the Breast **Gynecology**
Postmenopausal Vaginal Bleeding

Premenstrual Syndrome (Premenstrual Tension) Dysmenorrhea
Vaginitis

Cyst and Abscess of Bartholin's Duct Endometriosis
Pelvic Inflammatory Disease Contraception
Menopausal Syndrome

Allergic and Immunologic Disorders

Allergic Diseases Immunologic disorders

Arthritis and Musculoskeletal Disorders Degenerative and Crystal-Induced Arthritis Muscle strains and spasms
Pain Syndromes

Soft tissue injuries

Other Rheumatic Disorders

Sports-related injuries
Fluid and Electrolyte Disorders

Diagnosis of Fluid and Electrolyte Disorders

Treatment of Specific Fluid, Electrolyte and AcidBase Disorders Fluid Management
Urology

Urological Evaluation Evaluation of Hematuria Genitourinary Tract Infections Urinary Stone Disease
Urinary Incontinence

Male Erectile Dysfunction and Sexual Dysfunction Benign Prostatic Hyperplasia
Chronic Renal Disease Nervous System Headache
Epilepsy

Weakness and Paralysis Movement Disorders Dementia
Multiple Sclerosis Stupor and Coma Peripheral Neuropathies
*Head Injury· Obtain consultation with physician if intracranial pathology suspected.

*Spinal Trauma- Obtain consultation >vith physician.

*Transient Ischemic Attacks- Obtain consultation with physician.

*Stroke· Obtain consultation with physician

Psychiatric Disorders [please see attached addendum]

Psychiatric Assessment Common Psychiatric Disorders Substance Use Disorders Endocrinology
Common Presentations in Endocrinology Diseases of the Thyroid Gland
Metabolic Bone Disease

Diabetes Mellitus and Hypoglycemia

Diabetes Mellitus

The Hypoglycemic States Lipid Abnormalities Lipids and Lipoproteins
Lipoproteins and Atherogenesis

Lipid Fractions and the Risk of Coronary Heart Disease Therapeutic Effects of Lowering Cholesterol

General problems in Infectious Diseases

Fever of Unknown Origin (FUO) Animal and Human Bite Wounds Sexually Transmitted Diseases Acute Infectious Diarrhea
Viral Diseases

Viruses and Gastroenteritis Spotted Fevers

Other Rickettsial And Rickettsial-Like Diseases

Infections caused by Bacteria

Infections Caused by Mycobacteria Infections Caused by Chlamydiae Syphilis
Lyme Disease Helminthic Infections Candidiasis Histoplasmosis Coccidioidomycosis Pneumocystosis Antifungal Therapy
Disorders Due to Physical Agents

Disorders due to Cold and Heat, Burns, Electric Shock, Drowning, Other Disorders due to physical agents Poisoning

General Approach to the Patient; Health Maintenance and Disease Prevention:

Health Maintenance and Disease Prevention Substance Abuse
Common Symptoms

Pain

Fever and Hypothermia Weight Loss
Fatigue

Geriatric Medicine

General Principles of Geriatric Medicine Evaluation of the Elderly
Cancer:

Incidence and Etiology

Prevention of Cancer

*Upon diagnosis- all cancer patients are to be discussed with a physician and appropriate referrals made.

Addendum: Psychiatry and Behavioral Health Scope of Practice for Facility-Based Care

The Physician Assistant (PA) may under the supervision of the Primary or Alternative Supervising Physician, complete psychiatric evaluations and formulate psychotherapy and/or psychopharmacology treatment plans.

The PA may complete follow-up psychiatric evaluations and may continue or modify established psychotherapy and/or psychopharmacology treatment plans under the supervision of the Primary or Alternative Supervising Physician

The PA may, under the supervision of Primary or Alternative Supervising Physician, prescribe treatment appropriate psychotropic medications to exclude those medications excluded from the PA's prescriptive authority formulary/scope of practice.

The PA may under the supervision of the Primary or Alternative Supervising Physician Primary order appropriate ancillary studies (including laboratory tests, X-rays, electrocardiograms, and diagnostic imaging/ultrasounds).

The PA may, with backup by Primary or Alternative Supervising Physician, serve as an afterhours on call service provider during weeknight, weekend, and holiday periods.

The PA may under the supervision of the Primary or Alternative Supervising Physician Primary diagnose and treat psychiatric conditions as listed in current edition of the Diagnostic and Statistics Manual (DSM) of the American Psychiatric Association.

The PA will immediately and directly consult with the Primary and/or Alternative Supervising Physician in situations where a patient is deemed an immediate danger to his or herself and/or others when patient care cannot be safely managed within the scope of practice of the PA.

The Supervising Physician and the PA will review and update this scope annually.