



Desoto Memorial Hospital

ALLIED HEALTH PROFESSIONAL BYLAWS

Comprehensive Revision: January, 2020

**DESOTO MEMORIAL HOSPITAL
ALLIED HEALTH PROFESSIONAL BYLAWS
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1.0 DEFINITION:

- 1.1** Allied health encompasses a broad group of health professionals who use scientific principles and evidence-based practice for the evaluation and treatment of acute and chronic diseases; promote disease prevention and wellness for optimum health, and apply administration and management skills to support health care systems in a variety of settings.
- 1.2** The following categories of Allied Health Professionals have been approved by the MEC and Board for appointment to the Allied Health Professional Staff at DeSoto Memorial Hospital (“Hospital”):
 - 1.2.1** Certified Registered Nurse Anesthetists (“CRNA”);
 - 1.2.2** Other Allied Health employee of a practitioner member of the Medical Staff (e.g. surgical first assists, surgical techs and such other individuals as recommended by the MEC and approved by the DeSoto County Hospital District Board (“the Board”);
 - 1.2.3** Advance Practice Registered Nurses (“APRN”);
 - 1.2.4** Physician Assistants (“PA”); and
 - 1.2.5** Doctor of Pharmacy (“Pharm D”) employed by the Hospital.

2.0 QUALIFICATIONS

- 2.1** Only Allied Health Professionals (“AHPs”) holding a license, certificate or other credentials as required under Florida law, who are employed by The Hospital or are under contract with a practitioner member in good standing of the Hospital’s Medical Staff, and who:
 - 2.1.1** Document their experience, background, training, demonstrated ability and physical and mental health status with sufficient adequacy to demonstrate that any patient treated by them will receive care of the generally recognized professional level of quality and efficiency;
 - 2.1.2** Are determined to meet the criteria set forth in this Chapter which is applicable to the specific type of AHP making such application;
 - 2.1.3** Are determined, on the basis of documented references, to adhere strictly to generally recognized standards of professional ethics; and
 - 2.1.4** Have demonstrated, through documented references, the capability to work cooperatively with others shall be eligible to provide specified services in the Hospital.

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3.0 PROCEDURE FOR SPECIFICATION OF SERVICES

3.1 Evaluation of Individual AHP Applications

3.1.1 An application for specified services, recommended by the MEC and approved by the Board, as defined by practice protocol for an AHP shall be submitted and processed in the same manner as provided in the Medical Staff Bylaws, Article V for clinical privileges. An AHP shall be individually assigned to the Clinical Section appropriate to his/her professional training and shall be subject in general to the same terms and conditions specified in the Medical Staff Bylaws Sections 2.1 through 2.9

3.1.2 Position Evaluations and Descriptions

The MEC and the Chief Executive Officer (“CEO”) shall develop Guidelines for the performance of specified services by AHPs in the Hospital. Such guidelines shall include, without limitation, for each category of AHPs:

3.1.2.1 Definition and classification of the service and procedures to be performed, including the equipment and specific tasks involved; and

3.1.2.2 Definition of the degrees of assistance that may be provided to a practitioner in the treating of patients on the degree of practitioner supervision required.

3.1.2.3 The MEC shall review the practice protocol for each AHP and recommend approval or disapprove of each practice privilege contained in the protocol for use in the Hospital and any of its entities.

4.0 PREROGATIVES

4.1 The prerogatives of an AHP shall be to:

4.1.1 Provide specified patient care services under the supervision or direction of a practitioner member of the Medical Staff (except as otherwise expressly provided by resolution of the MEC and approved by the Board) and within the limits established by the practice protocol with the supervising practitioner and as recommended by the MEC and approved by the Board, and consistent with the limitations stated in the Medical Staff Bylaws;

4.1.1.1 Each clinical privilege stated in the practice protocol and requested to be practiced in the Hospital, shall be specifically recommended by the MEC and approved by the Board prior to being exercised in the Hospital or any of its entities.

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- 4.1.2 Write orders only to the extent recommended by the MEC and approved by the Board, but not beyond the scope of the AHP's license, certificate, practice protocol or other credentials, if required;
- 4.1.3 Serve on Hospital and/or Medical Staff committees, if so, appointed by the CEO or the Chief of Staff in consultation with the MEC; and
- 4.1.4 Attend Hospital education programs.

5.0 RESPONSIBILITIES

- 5.1 Each AHP shall:
 - 5.1.1 Meet the same basic responsibilities as required by Section 2.8 of the Medical Staff Bylaws;
 - 5.1.2 Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the Hospital for whom he/she is providing services, or notify the attending practitioner of the need to arrange a suitable alternative for such care and supervision;
 - 5.1.3 Participate, as appropriate, in the patient care monitoring and other quality review, evaluation and monitoring activities required for the Staff, in supervising initial appointees of his same profession during the observation period, and in discharging such other staff functions as may be required from time to time; and
 - 5.1.4 Satisfy the requirements set forth in Medical Staff Bylaws Article IX for attendance at meetings of committees of which he/she is member.

6.0 CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA):

- 6.1 Qualified CRNA's may apply for Allied Health Professional ("AHP") status All CRNA's granted AHP status must comply with all applicable Medical Staff Bylaws and Rules and Regulations, including the procedures governing qualifications, method of selection, and clinical functions. All requests by CRNA's to render services to patients in the Hospital shall be processed through the same mechanism provided by the Medical Staff Bylaws for processing requests by practitioners for clinical privileges, with final approval by the Board upon recommendation by the MEC. In addition, the following Rules and Regulations shall apply to CRNAs rendering services to patients at the Hospital.
- 6.2 In order to be eligible for AHP status, CRNAs must fulfill the minimum requirements outlined below

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- 6.2.1** Current licensure as an Advanced Registered Nurse Practitioner with qualifications listed for Certified Registered Nurse Anesthetist;
 - 6.2.2** Successful completion of and graduation from a Nurse Anesthetist training program approved by the American Association of Nurse Anesthetists:
 - 6.2.3** Current certification by the American Association of Nurse Anesthetists;
 - 6.2.4** Member, in good standing, of the American Association of Nurse Anesthetists; and
 - 6.2.5** Be under the supervision of a practitioner who is a member in good standing of the Hospital's Medical Staff.
- 6.3** No practitioner may supervise more than two (2) CRNAs simultaneously, except in cases of extreme emergency or local disaster.
- 6.4** The CRNA may, to the extent authorized by established protocol recommended by the Hospital's Medical Staff and approved by the Board, perform any or all of the following:
- 6.4.1** Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions;
 - 6.4.2** Based on history, physical assessment, and supplemental laboratory results, and with the consent of the responsible practitioner member of Medical Staff, determine the appropriate type of anesthesia, within the framework of the protocol;
 - 6.4.3** Order pre-anesthetic medication under the protocol;
 - 6.4.4** Perform procedures commonly used to render the patient insensible to pain during the performance of surgical, therapeutic, or diagnostic clinical procedures under the protocol, including ordering and administering local regional, spinal and general anesthesia, sedation/analgesia, inhalation agents and techniques, and intravenous agents and techniques;
 - 6.4.5** Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient;
 - 6.4.6** Support life functions during anesthesia health including induction and intubation procedures, the use of appropriate mechanical supportive devices and the management of fluid, electrolyte, and blood component balances;

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- 6.4.7** Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy;
- 6.4.8** Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care;
- 6.4.9** Participate in management of the patient while in the post-anesthesia recovery room, including ordering the administration of fluids and drugs, as prescribed by protocol.
- 6.4.10** Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- 6.4.11** The overall responsibility for supervision of the CRNA rests with the Chairman of Surgery; however, direct supervision rests solely with the surgeon performing the procedure in question.
- 6.5** The CRNA must record appropriate patient information in the medical record. All entries must be signed and include his/her title, the date, and the time.
- 6.6** The practitioner must review and countersign the patient's Anesthesia Plan of Care (pre-anesthesia notes) entered by the CRNA(s) under his/her supervision within twenty-four (24) hours.
- 6.7** The CRNA will report any routine examinations disclosing abnormalities or indicating further tests to his/her supervising practitioner for joint decision on further actions.
- 6.8** No practitioner may delegate the ultimate responsibility for diagnosis or therapy to a CRNA. Medical services rendered to a patient by a CRNA shall be, with respect to the obligation of the practitioner, the same as if such services had been rendered directly by the practitioner to the patient.
- 6.9** CRNAs must be certified in ACLS in order to maintain AHP status.
- 6.10** CRNAs shall abide by the principles of ethics of the American Nurses Association and the American Association of Nurse Anesthetists.
- 6.11** If functioning as independent practitioners, CRNAs must maintain in force at all times professional liability insurance in the minimum amounts as established by the Board for members of the Medical Staff.
- 6.12** When on duty at the Hospital and/or any of its entities, the CRNA shall wear a Hospital issued identification badge with his/her name and the title "CRNA".

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7.0 ALLIED HEALTH PROFESSIONAL EMPLOYEES OF THE MEDICAL STAFF:

Qualified employees of a practitioner member in good standing of the Hospital's Medical Staff may apply for Allied Health Professional (AHP) status (see Article 1.2.4 above). Any such individual granted AHP status must comply with all applicable Medical Staff Bylaws, Rules and Regulations, including the procedures governing qualifications, method of selection, and clinical functions. All requests by employees of a member of the Medical Staff to render services to patients at the Hospital shall be processed through the same mechanism as stated above and as provided by the Medical Staff Bylaws for processing requests by practitioners for clinical privileges, with final approval by the Board upon recommendation of the MEC. Unless given AHP status (i.e. CRNA), the following Rules and Regulations will apply to special AHP employees of practitioner members of the Medical Staff rendering services to patients at the Hospital or any of its entities.

- 7.1** In order to be eligible for AHP status, an employee of a member of the Medical Staff must meet the definition of an AHP as stated at the beginning of these Bylaws and be employed by or under contract to a practitioner who is a member, in good standing, of the Medical Staff.
- 7.2** Employees of practitioner members of the Medical Staff may be granted privileges to render services to patients in the Hospital so long as these privileges do not exceed those of their license and their practice protocol and as recommended by the MEC and approved by the Board, and/or the job description of a similarly qualified and licensed Hospital employee.
- 7.3** The overall responsibility for supervision of an employee of a staff practitioner rests with the Chief of the Clinical Department to which his/her practitioner supervisor is assigned; however, the direct supervision rests solely with the practitioner supervisor by whom he/she is employed.
- 7.4** The AHP shall record all services he/she provides to a patient in the appropriate section of the patient's medical record and shall be signed with his/her name, title, and the date and time of the entry.
- 7.5** The practitioner employer must review and countersign all entries made in the medical records of patients (as outlined in 7.4) above) within twenty-four (24) hours of said entry.
- 7.6** Employees of staff practitioners requesting AHP status must maintain professional liability insurance in full force and effective at all times in the amount established by the Board of Directors for members of the Medical Staff.
- 7.7** When on duty at the Hospital or any of its entities, the employee of a practitioner member of the Medical Staff shall wear a Hospital issued identification badge with his/her name and title.

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8.0 ADVANCED PRACTICE REGISTERED NURSE (APRN):

Qualified APRNs may apply for Allied Health Professional (AHP) status. All APRN's granted AHP status must comply with all applicable Medical Staff Bylaws and Rules and Regulations, including the procedures governing qualifications, method of selection, and clinical functions. All requests by APRN's to render services to patients in the Hospital shall be processed through the same mechanism provided by the Medical Staff Bylaws for processing practitioners' requests for clinical privileges. The privileges granted will be as defined in the APRN's practice protocol upon recommendation by the MEC and as approved by the Board. In addition, the following Rules and Regulations will apply to APRN's rendering services to patients at the Hospital:

- 8.1** In order to be eligible for AHP status, APRNs must fulfill the minimum requirements outlined below:
 - 8.1.1** Current unrestricted licensure as a Registered Nurse in the State of Florida;
 - 8.1.2** Current unrestricted licensure as an Advanced Registered Nurse Practitioner in Florida;
 - 8.1.3** Successful completion of and graduation from a formal post-basic educational program of at least one (1) academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
 - 8.1.4** Current certification by an appropriate specialty board and Member, in good standing, of said specialty board;
 - 8.1.5** Have a current formal arrangement for employment and/or supervision by a practitioner in good standing of the Medical Staff of the Hospital who has an appropriate level of clinical privileges in the pertinent clinical area.
- 8.2** APRNs may be granted the privilege to render services to patients in the Hospital or any of its entities only under the supervision of a practitioner who is a member in good standing of the Medical Staff, and who has an appropriate level of clinical privileges in the pertinent clinical area.
- 8.3** APRNs may see only those patients of Medical Staff practitioners with whom the APRN has a documented affiliation, as described above.
- 8.4** Duties or acts specified for an APRN may not exceed the clinical privileges granted at this hospital to his/her supervising practitioner. APRN may not provide professional services to patients whose problem or condition is outside the scope of privileges granted to the supervising practitioner.

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- 8.5** No practitioner may supervise more than two (2) full-time equivalent APRNs simultaneously without approval of the MEC, except in cases of extreme emergency or local disaster.

- 8.6** The APRN may, to the extent authorized by established protocol and privileges specifically recommended by the MEC and approved by the Board, and under appropriate practitioner supervision, perform any or all of the following:
 - 8.6.1** Monitor and alter drug therapies;
 - 8.6.2** Initiate appropriate therapies for certain conditions;
 - 8.6.3** Manage selected medical problems;
 - 8.6.4** Order treatments, laboratory work, diagnostic tests, physical and occupational therapy;
 - 8.6.5** Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses;
 - 8.6.6** Monitor and manage patients with stable chronic diseases;
 - 8.6.7** Identify and establish behavioral problems and diagnoses and make treatment recommendations;
 - 8.6.8** May make rounds on patients, but such rounds do not satisfy or change the supervising practitioner's responsibility to make daily rounds and record daily progress notes.

- 8.7** The overall responsibility for supervision for the APRN rests with the Chief of the Clinical Department to which his/her practitioner employer/supervisor is assigned; however, direct supervision rests solely with the practitioner employer/supervisor of the APRN.

- 8.8** The APRN must record appropriate patient information in the medical record. All entries must be signed and include his/her title, the date and the time.

- 8.9** The practitioner employer/supervisor must review and countersign all entries made in the patient's medical record by the APRN(s) under his/her supervision within twenty-four (24) hours.

- 8.10** Any routine examinations disclosing abnormalities or indicating further tests shall be reported to the practitioner employer/supervisor for joint decision on further actions.

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- 8.11** APRNs may not independently prescribe or dispense medications without first having met all criteria set forth in Florida Statute 464 "Nurse Practice Act" in this regard. For prescribing of Controlled Substances, APRN's shall follow and comply with FS 464.012, 456.44 and HB 21 and the DMH Policy of APRN's and PA's Prescribing of Controlled Substances, found in the Medical Staff Cabinet.
- 8.12** APRNs may not admit patients to the Hospital, except to the service of his/her practitioner employer(s)/supervisor(s).
- 8.13** No practitioner may delegate the ultimate responsibility for diagnosis or therapy to an APRN. Medical services rendered to a patient by an APRN shall be, with respect to the obligation of the practitioner the same as if such services had been rendered directly by the practitioner to the patient.
- 8.14** APRNs must be certified in basic cardiopulmonary resuscitation, unless otherwise required to be ACLS certified by the MEC at the time of privileging, in order to maintain AHP status.
- 8.15** APRNs shall abide by the principles of ethics of the American Nurses Association.
- 8.16** APRNs must maintain in force at all times professional liability insurance in the minimum amounts as established by the Board of Directors for members of the Medical Staff. Hospital employed APRNs are covered under the hospital's policy.
- 8.17** When on duty at the Hospital or any of its entities he/she shall wear a Hospital issued identification badge with his/her name and the title "APRN".

9.0 PHYSICIAN ASSISTANT (PA):

- 9.1** Qualified PAs may apply for Allied Health Professional (AHP) status. All PA's granted AHP status must comply with all applicable Medical Staff Rules and Regulations, including the procedures governing qualifications, method of selection, and clinical functions. All requests by PAs to render services to patients in the Hospital or in any of its entities shall be processed through the same mechanism provided by the Medical Staff Bylaws for processing requests by physicians for clinical privileges. In addition, the following Rules and Regulations will apply to PAs rendering services to patients at the Hospital or any of its entities:
- 9.2** In order to be eligible for AHP status, PAs must fulfill the minimum requirements outlined below:
 - 9.2.1** Be at least 18 years of age.

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- 9.2.2** Must have passed a proficiency examination and be certified by the National Commission on Certification of Physician Assistants.
- 9.2.3** Hold a certificate of completion of a physician assistant training program approved by the Florida Board of Medicine and accredited by the American Medical Association's Committee on Allied Health, Education, and Accreditation.
- 9.2.4** Licensed as a Physician Assistant by the Florida Department of Professional Regulation.
- 9.2.5** Have a current formal arrangement for employment and/or supervision by a current member in good standing of the Medical Staff of the Hospital, who has an appropriate level of clinical privileges in the pertinent clinical area
- 9.2.6.** Maintain one hundred (100) CMEs every two (2) years.
- 9.3** PAs may be granted the privilege to render services to patients in the Hospital only under the supervision of a practitioner member in good standing of the Medical Staff and who has an appropriate level of clinical privileges in the pertinent clinical area.
- 9.4** PAs may see only those patients of Medical Staff members with whom the PA has a documented affiliation, as described above.
- 9.5** Duties or acts specified for a PA may not exceed the clinical privileges granted at this Hospital to his/her supervising practitioner. A PA may not provide professional services to a patient whose problem or condition is outside the scope of privileges granted to the supervising practitioner.
- 9.6** No practitioner may supervise more than two (2) PAs simultaneously, except in cases of extreme emergency or local disaster.
- 9.7** The PA may, to the extent authorized by established protocol recommended by the Medical Executive Committee, and approved by the Board under appropriate practitioner supervision, perform any or all of the following:
 - 9.7.1** Manage selected medical problems;
 - 9.7.2** Order treatments, laboratory work, diagnostic tests, physical and occupational therapy;
 - 9.7.3** Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses, as established by the supervising physician; and

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- 9.7.4** Make rounds on patients, but such rounds do not satisfy or change the supervising practitioner's responsibility to make daily rounds and record daily progress notes.
- 9.8** The overall responsibility for supervision for the PA rests with the Chief of the Clinical Section to which his/her practitioner employer/supervisor is assigned; however, direct supervision rests solely with the practitioner employer/supervisor of the PA.
- 9.9** The PA must record appropriate patient information in the medical record. All entries must be signed and include his/her title, the date and the time.
- 9.10** The practitioner employer/supervisor must review and countersign all entries made in the medical records of patients (as outlined in F above) by the PA(s) under his/her supervision within twenty-four (24) hours for inpatient and seven (7) days on outpatients.
- 9.11** Any routine examinations disclosing abnormalities or indicating further tests shall be reported to the practitioner employer/supervisor for joint decision on further actions.
- 9.12** PAs may not independently prescribe or dispense medications without first having met all criteria set forth in Florida Statute 458.347 "Physician Assistant" in this regard.
- 9.13** A PA may *not* admit patients to the Hospital, except to the service of his/her practitioner employer(s)/supervisor(s).
- 9.14** No practitioner may delegate the ultimate responsibility for diagnosis or therapy to a PA. Medical services rendered to a patient by a PA shall be, with respect to the obligation of the practitioner the same as if such services had been rendered directly by the practitioner to the patient.
- 9.15** PAs must be certified in basic cardiopulmonary resuscitation in order to maintain AHP status.
- 9.16** PAs not employed by the Hospital must maintain in force at all times professional liability insurance in the minimum amounts as established by the Board of Directors for members of the Medical Staff. Hospital employed PAs are covered under the Hospital's policy.
- 9.17** When on duty at the Hospital or any of its entities, the PA shall wear a Hospital issued identification badge with his/her name and the title "Physician Assistant."
- 10.0 DOCTOR OF PHARMACY ("Pharm. D"):**

Qualified Pharm. D's may apply for Allied Health Professional (AHP) Status. All Pharm. D's granted AHP status must comply with all applicable Medical Staff

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Bylaws and Rules and Regulations, including the procedures governing qualifications, method of selection, and clinical functions. All requests by Pharm.D's to render services to patients in the Hospital shall be processed through the same mechanism provided by the Medical Staff Bylaws for processing practitioners' requests for clinical privileges. The practice prerogatives granted will be defined in the Pharm.D's practice protocol upon recommendation by the MEC and approval by the Board. In addition, the following Rules and Regulations will apply to Pharm.D's rendering services to patients at the Hospital:

- 10.1** In order to be eligible for AHP status, a Pharm.D must fulfill the minimum requirements outlined below:
 - 10.1.1** Be a full-time employee in good standing of the Hospital;
 - 10.1.2** Hold a current, unrestricted Registered Pharmacist license in the State of Florida;
 - 10.1.3** Successful completion of and graduation from a Doctor of Pharmacy Program accredited by the Accreditation Council for Pharmacy Education (ACPE);
 - 10.1.4** Document his/her background, relevant training, education, experience, demonstrated current clinical competence, judgment, character, and physical and mental health status, with sufficient adequacy to demonstrate that patient care services will be provided by the Pharm.D at the professional level of quality and efficiency established by the Medical Staff and the Hospital; and
 - 10.1.5** Document his/her strict adherence to the ethics of the Medical Staff and the AHP's respective profession, his/her willingness to work cooperatively with others in the Hospital setting and his/her willingness to commit to and regularly assist the Hospital in fulfilling its obligations related to patient care, within the areas of the Pharm. D's professional competence and credentials.
- 10.2** The Registered Pharmacist (RPh) may, to the extent authorized by established protocol approved by the Medical Staff or on request of a licensed practitioner with Medical Staff privileges at the Hospital, perform any or all of the following:
 - 10.2.1** Order and interpret laboratory data;
 - 10.2.2** Assess patient's medication regimen pursuant to quantitative evaluation of Pharmaco-therapeutic agents;
 - 10.2.3** Pharmacokinetic dosing for antibiotics;
 - 10.2.4** Monitoring and adjusting of anticoagulants;

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- 10.2.5** Renal dose adjustments for formulary medications;
 - 10.2.6** Conduct patient and family education;
 - 10.2.7** Convert selected medications from IV to PO;
 - 10.2.8** Assess Emergency Department cultures and document/report required changes for appropriate medication therapy; and
 - 10.2.9** Document care rendered in the patient/s medical record.
- 10.3** When on duty at the Hospital or any of its entities, the Pharm. D shall wear a Hospital issued identification badge with his/her name and title.

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The foregoing Allied Health Professional Staff Bylaws have been ADOPTED, as amended, by the Active Medical Staff of DeSoto Memorial Hospital on this 16th day of January, 2020

Gregory Arov, D.O.
President, Medical Staff

Ana Hernandez, M.D.
Secretary, Medical Staff

These Allied Health Professional Staff Bylaws, as amended, and as adopted by the Medical Staff, have been APPROVED by the District Board of Directors of DeSoto Memorial Hospital on this 23rd day of January, 2020.

Robert Heine, Jr., Chairman, District Board of Directors