

DEPARTMENT OF EMERGENCY MEDICINE

Delineation of Privileges

Please Print Name

QUALIFICATIONS: Licensed physician (MD or DO) as defined in the Emergency Medicine Rules and Regulations with appropriate specialty training.

OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED: Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department and/or Mendy's Place as indicated below.

INITIAL APPLICANTS

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

RE-APPLICANTS

Physician must be able to show current demonstrated competence and adequate volume of experience in Emergency Medicine reflective of the scope of privileges requested for the past 24 months.

(REQ=Requested) (APP=Approved)

REQ	APP	Privilege Requested:
EMERGENCY DEPARTMENT PRIVILEGES		
		EMERGENCY DEPARTMENT: Qualified practitioners shall evaluate and provide stabilizing treatment as circumstances allow to all patients presenting to the Emergency Department, and elsewhere as determined by contractual obligation. Such practitioners will perform history and physical examinations, order and interpret diagnostic studies, administer medications and other emergency treatments in accordance with their ability and training, and request consultation as deemed necessary.

CORE PROCEDURAL PRIVILEGES: All Emergency Medicine physicians are eligible to apply for the following core procedures. Please see above criteria.

REQ	APP	Privilege Requested:	REQ	APP	Privilege Requested:
AIRWAY TECHNIQUES			HEAD/NECK PROCEDURES		
		Cricothyrotomy			Epistaxis control
		Endotracheal Intubation (Nasal/Oral)			Laryngoscopy
		Neuromuscular blockade			Naso/Pharyngeal endoscopy
		Mechanical ventilation (Limited)	HEMODYNAMIC TECHNIQUES		
		Percutaneous transtracheal ventilation			Central venous access/Cannulation
CARDIAC PROCEDURES					Peripheral Venous Access/Cannulation
		Cardiac Massage (Close/Open)			Peripheral Venous Cutdown
		Cardiac Pacing (Transcutaneous/Transvenous)			Intraosseous Infusion
		Cardioversion/Defibrillation			Arterial Access/Cannulation
		Cardiopulmonary resuscitation	ORTHOPEDIC PROCEDURES		
		Interpreting electrocardiogram			Fracture/dislocation (Immobilization/uncomplicated closed reduction)
DIAGNOSTIC PROCEDURES					Spinal Immobilization Techniques
		Arthrocentesis	THORACIC PROCEDURES		
		Cystourethrogram			Needle thoracostomy
		Lumbar Puncture			Tube Thoracostomy
		Nasogastric/Oral gastric tube	GENITOURINARY TECHNIQUES		
		Pericardiocentesis			Bladder catheterization (foley catheters/Suprapubic catheterization)
		Peritoneal lavage			Precipitous delivery of newborn
		Proctoscopy			Culdocentesis
		Thoracentesis	OTHER TECHNIQUES		
		Tonometry			Foreign body removal (Superficial)
		Slit lamp exam			Gastric lavage
					Incision and drainage
					Wound management including local/regional anesthesia
					Extensor tendon repair

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SPECIAL PROCEDURES: Emergency Medicine Physicians with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable).					
REQ	APP	Privilege Requested	REQ	APP	Privilege Requested
ULTRASOUND			ULTRASOUND (Cont.)		
		Trauma (FAST)evaluation			Biliary evaluation
		Gynecologic (transvaginal and transabdominal eval)			Renal evaluation
		Emergency cardiac evaluation			Ultrasound guided procedures
		Abdominal aorta evaluation			

PROCEDURAL SEDATION					
		Conscious Sedation **(See JCL Credentialing Website for policy and criteria)			

I have reviewed the above privileges and requested the procedures to which I am limiting my practice; and have been trained accordingly; I am requesting permission to do these procedures. By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Medical Staff Bylaws, my exercise of the above requested privileges.

Applicant's Signature:	Date:
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DEPARTMENTAL REPORT AND RECOMMENDATION: Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

Signature: Emergency Medicine Department Chairman/Vice Chairman	Date:
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Date: _____
 Credentials approval

Date: _____
 Medical Executive approval

Date: _____
 Board of Directors approval