

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL
DEPARTMENT OF MEDICINE
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.

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.

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.

(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 attached 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	HEMODYNAMIC TECHNIQUES		
		Percutaneous transtracheal ventilation			Central venous access/Cannulation
		Limited ventilator management			Peripheral Venous Access/Cannulation
CARDIAC PROCEDURES					Peripheral Venous Cutdown
		Cardiac Massage (Close/Open)			Intraosseous Infusion
		Cardiac Pacing (Transcutaneous/Transvenous)			Arterial Access/Cannulation
		Cardioversion/Defibrillation	ORTHOPEDIC PROCEDURES		
		Cardiopulmonary resuscitation			Fracture/dislocation (Immobilization/closed reduction)
		Interpreting electrocardiogram			Spinal Immobilization Techniques
DIAGNOSTIC PROCEDURES			THORACIC PROCEDURES		
		Arthrocentesis			Needle thoracostomy
		Cystourethrogram			Tube Thoracostomy
		Lumbar Puncture	GENITOURINARY TECHNIQUES		
		Nasogastric/Oral gastric tube			Bladder catheterization (foley catheters/Suprapubic catheterization)
		Pericardiocentesis			Precipitous delivery of newborn
		Peritoneal lavage			Culdocentesis
OTHER TECHNIQUES			OTHER TECHNIQUES		
		Proctoscopy			Foreign body removal
		Thoracentesis			Gastric lavage
		Tonometry			Incision and drainage
		Slit lamp exam			Wound management including local/regional anesthesia
					Extensor tendon repair

 Please Print Name

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					
		Procedural Sedation **(See JCL Credentialing Website for policy and criteria)			

- I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly I am requesting permission to do these procedures.
- By my signature below, I certify that my malpractice insurance meets or exceeds the limits required by the Board of Directors.

Applicant's Signature:	Date
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APPROVALS:

SIGNATURE: Department Chairman/Designee	Date
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Executive Committee	Date	Board of Directors	Date
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EMERGENCY MEDICINE

Criteria for Granting Privileges

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RE-APPLICANTS

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SPECIAL PROCEDURES

CONSCIOUS SEDATION PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Deer Valley Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Successful completion of the attached Conscious Sedation Post Test

REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Deer Valley Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.