

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL**

Delineation of Privileges  
**OPHTHALMOLOGY**

Name \_\_\_\_\_

**OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED:** Privileges granted herein permit the surgeon to treat patients without limitations, for all inpatient and outpatient areas, intensive care units, Emergency Department, and nursing floors.

<b>COGNITIVE</b>
<b>ADMIT PATIENTS</b> with problems related to ophthalmology, <b>provide consultation</b> for ophthalmic problems, <b>order diagnostic tests and procedures</b> for problems related to ophthalmology, and <b>treat patients</b> with ophthalmic problems.

<b>EXTERNAL PROCEDURES</b>	<b>MISCELLANEOUS PROCEDURES</b>
Lids (ptosis, Entropion, Ectropion, etc.)	Strabismus procedures
Blepharoplasty and lid reconstruction	
Lacrimal	
Orbital (Exploratory and simple repairs)	
Enucleation	
Exenteration	
	<b>LASER</b> – If residence was completed prior to 1975, documentation of appropriate training/expertise must be submitted.
<b>ANTERIOR SEGMENT PROCEDURES</b>	
Glaucoma	<input type="checkbox"/> Argon <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> Holmium
Vitrectomy	<input type="checkbox"/> KTP <input type="checkbox"/> YAG
Pterygium	
Cataract extraction with or without lens i implantations	
Corneal transplant	
Iridectomy, trabeculoplasty, etc.	
	<b>SPECIAL PROCEDURES</b> Requires documentation of appropriate training/expertise
	Conscious Sedation
<b>VITREO RETINAL PROCEDURES</b>	
Retinal detachment repair	
Cryopexy	
Vitrectomy	
Photocoagulations	

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been training accordingly, I am requesting permission to do these procedures. 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.

<b>SIGNATURE OF REQUESTING PHYSICIAN</b>	<b>DATE</b>

<b>APPROVED BY:</b>	
Signature of Department Chairman or Vice Chairman	Date

Date: \_\_\_\_\_  
Medical Executive Committee

Date: \_\_\_\_\_  
Board of Directors

JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

CRITERIAL FOR GRANTING PRIVILEGES  
**OPHTHALMOLOGY**

**CRITERIA FOR GRANTING PRIVILEGES**

1. All new applicants for surgical privileges as members in the Department of Surgery shall be reviewed with respect to the performance of their clinical abilities. All new applicants in this specialty shall be considered only if they are **certified or an active candidate as recognized by the American Board of Ophthalmology, the American Osteopathic Board, or the Royal College of Surgeons (Canada)**.
2. Staff members within the Department of Surgery requesting an increase in, or wider scope of surgical privileges, must do so in writing to the Committee stating and including documentation of additional training or experience which shall justify such privileges as required by established criteria.

**OBSERVATION REQUIREMENTS – North Mountain**

1. The practice of concurrent observation and/or retrospective review of newly appointed members of the Department of Surgery has been eliminated.
2. Observation/retrospective review may be required if determined necessary for new procedures under development.
3. The Department of Surgery reserves the right to require concurrent observation or retrospective review if circumstances warrant such action.

**CRITERIA FOR PRIVILEGES TO ORDER / ADMINISTER IV CONSCIOUS SEDATION**

Refer to attached criteria.

Ophthalmology Criteria: 9/02; 8/07

# JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

## Criteria for Granting Privileges **CONSCIOUS SEDATION**

### **PURPOSE and DEFINITION**

To provide guidelines to Medical Staff members who apply for privileges to administer conscious sedation.

Conscious sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation.

Members of the Medical Staff shall be privileged to administer conscious sedation.

### **INITIAL REQUEST – CRITERIA FOR GRANTING PRIVILEGES**

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment to the Medical Staff include:

1. ADULT Patients
  - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation. **AND**
  - B. 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. Documentation of at least five (5) procedures performed during the past two years in which patients have received conscious sedation.
  
2. PEDIATRIC Patients
  - A. Signed acknowledgement that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation.; **AND**
  - B. Current Basic Life Support, or equivalent certification or training; **AND**
  - C. Training and education during residency, fellowship or continuing medical education courses that include:
    - i. Evaluation and care of pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
    - ii. Documentation of at least five (5) procedures performed during the past two years in which pediatric patients have received conscious sedation.

### **MAINTENANCE OF PROFICIENCY TO RENEW CONSCIOUS SEDATION PRIVILEGES**

Practice meets acceptable standards for performance at John C. Lincoln Hospitals as determined by the applicable clinical department.