

**JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL**

**DEPARTMENT OF MEDICINE**  
Delineation of Privileges

PHYSICIAN NAME \_\_\_\_\_

**QUALIFICATIONS:** Licensed physician (DO or MD) as defined in the Department Rules and Regulations.

Privileges within this department are divided into two types, cognitive and procedural. The cognitive privilege list includes those illnesses and problems commonly seen in the specialty. The procedure list includes those procedures commonly performed in treating patients in this department. The list is only representative and is not the entire scope of disease process treated and managed, or skills performed. Privileges granted will allow you to admit and treat patients as delineated, including the prescription of drugs, and including intensive care units, subacute care facility, emergency department and outpatient areas.

\*(REQ=Requested)

**CATEGORY #1**

Physicians with these privileges may admit and render emergency care of the most preliminary nature. Further management must then be performed by an appropriately qualified physician.

**CATEGORY #2**

Physicians with these privileges are expected to request consultation in all cases in which doubt exists as to the diagnosis, where expected improvement is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated.

**CATEGORY #3**

Physicians with these privileges are expected to have training and/or experience competence on a level commensurate with that provided by specialty training, such as in the board field of Internal Medicine, although not necessarily at the level of the sub-specialist. Such physicians may act as consultants to others and may in turn be expected to request consultation when:

- A. Diagnosis and/or management remain in doubt over an unduly long period of time, especially in the presence of life threatening illness.
- B. Unexpected complications arise which are outside this level of competence.
- C. Specialized treatment or procedures are contemplated.

**CATEGORY #4**

Physicians with these privileges have the highest level of competence within a given field and on a par with that considered appropriate for a sub-specialist. They are qualified to act as consultants and should, in turn request consultation whenever needed.

SPECIALTY: \_\_\_\_\_

CATEGORY: #1 #2 #3

SUB-SPECIALTY: \_\_\_\_\_

CATEGORY: #1 #2 #3 #4

**SPECIAL PROCEDURES:**

\*\*\*Physicians requesting to perform the following procedures will be requested to submit documentation of training, experience and current practice utilization.\*\*\*

BIOPSY:			
*REQ	PRIVILEGE REQUESTED	*REQ	PRIVILEGE REQUESTED
	Bone Marrow		Bowel - Small
	Closed Synovial Membrane		Liver
	Lung - Percutaneous		Lung - Transbronchial
	Lung - Pleural		Kidney - Renal
	Medical Acupuncture		Swan-Ganz Insertion
	Other:		

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DIALYSIS:			
*REQ	PRIVILEGE REQUESTED	*REQ	PRIVILEGE REQUESTED
	Peritoneal		Renal Hemodialysis
	Other:		

ENDOSCOPY:			
*REQ	PRIVILEGE REQUESTED	*REQ	PRIVILEGE REQUESTED
	Bronchoscopy		Endobronchial Valve Placement
	Indwelling Pleural Catheter Placement		Medical Thoracoscopy
	Percutaneous Dilational Tracheostomy		Other:
	Biliary Stenting Procedures		Colonoscopy with polypectomy
	Colonoscopy		Esophageal Variceal Sclerosis
	Ductular Cannulation (ERCP)		Flexible Sigmoidoscopy
	Esophageal Dilation		Sigmoidoscopy with biopsy
	PEG		Upper Intestinal Endoscopy (EGD)
	Sphincterotomies		
	Other:		

	<b>MODERATE/CONSCIOUS SEDATION</b> - A drug-induced minimally depressed level of consciousness that retains a patient's ability to maintain a patent airway independently and continuously.
<ul style="list-style-type: none"> <li>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.</li> <li>By my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.</li> </ul>	

<b>Applicant's Signature:</b>	<b>Date</b>
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APPROVALS:			
<b>SIGNATURE:</b> Department Chairman/Designee			<b>Date</b>
<b>Executive Committee</b>	<b>Date</b>	<b>Board of Directors</b>	<b>Date</b>

REVISED: 6/1/06  
REVISED: 12/05  
APPROVED: 9/04

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 acknowledgment that the applicant has reviewed and understands the John C. Lincoln North Mountain Hospital 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**
    - a. 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 acknowledgment that the applicant has reviewed and understands the John C. Lincoln North Mountain Hospital 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 shall meet acceptable standards for performance at John C. Lincoln North Mountain Hospital as determined by the applicable clinical department.