

Clinical Privileges in Emergency Medicine

DEPARTMENT: MEDICINE

SECTION: Emergency Medicine

Name: _____
 (please print)

Qualifications: EDUCATION / TRAINING / EXPERIENCE

Core privileges in emergency medicine require a MD or DO and current certification in Emergency Medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine; OR Successful completion of an accredited residency training program in Emergency Medicine, Family Medicine, or General Internal Medicine that qualifies for Board Certification. Board certification maybe required within five years of appointment to medical staff based on departmental guidelines. AND Documentation of active practice for at least three (3) years in an emergency department with a census equal to or exceeding three thousand (3,000) patient visits annually (which may include Residency training).

PRIVILEGING

As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below. Applicant: Place a check mark and initial in the (R) column for each privilege requested. Initial applicants must provide documentation of the number and types of hospital cases during the past 24 months.

(R)=Requested (A)=Recommended as Requested (C)= Recommended with Conditions (N)=Not Recommended

Note: If recommendations for clinical privileges includes a condition, modification or not recommended, the specific condition and reason for same must be stated on the last page of this form.

(for office use only) **Initial** _____ **Renewal** _____ Effective ___/___/___ to ___/___/___

(R)	(A)	(C)	(N)	CATEGORY I: EMERGENCY MEDICINE CORE PRIVILEGES	Department Chair Initials
				Privileges to assess, evaluate, diagnose, and provide initial treatment to patients—except as specifically excluded from practice and except for those advance procedure privileges listed below—who present in the emergency department with any symptom, illness, injury, or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary. Privileges include cardioversion, defibrillation, intubation, and cricothyrotomy. Privileges do not include long-term care of patients on an inpatient basis, or admitting or performing scheduled elective procedures, with the exception of procedures performed during routine emergency room follow-up visits.	
				EMERGENCY MEDICINE CORE PRIVILEGES INCLUDE: <ul style="list-style-type: none"> ▪ Abscess incision and drainage, including Bartholin’s cyst ▪ Administration of thrombolytic therapy for myocardial infarction, stroke ▪ Anoscopy ▪ Application of splints and plaster molds ▪ Arterial puncture and cannulations ▪ Arthrocentesis ▪ Anesthesia, intravenous (upper extremity, local and regional) ▪ Bladder decompression and catheterization techniques ▪ Blood component transfusion therapy ▪ Burn management, including escharotomy ▪ Cannulation, artery and vein ▪ Cardiac pacing, including, but not limited to, external, transthoracic and tranvenous ▪ Cardiac massage, open or closed ▪ Cardioversion (synchronized counter shock) ▪ Central venous access (femoral, jugular, peripheral, internal, subclavian, and cutdowns) ▪ Cricothyrotomy ▪ Defibrillation ▪ Delivery of newborn, emergency ▪ Dislocation/fracture reduction/immobilization techniques 	

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				<p>EMERGENCY MEDICINE CORE PRIVILEGES INCLUDE: (continued)</p> <ul style="list-style-type: none"> ▪ Electrocardiography interpretation ▪ Endotracheal intubation techniques ▪ External transcutaneous pacemaker ▪ GI decontamination (emesis, lavage, charcoal) ▪ Hernia reduction ▪ Immobilization techniques ▪ Irrigation and management of caustic exposures ▪ Insertion of emergency transvenous pacemaker ▪ Intracardiac injection ▪ Intraosseous infusion ▪ Laryngoscopy, direct and indirect Lumbar puncture ▪ Management of epistaxis ▪ Moderate Sedation ▪ Nail trephine techniques ▪ Nasal cautery/packing ▪ Nasogastric/orogastric intubation ▪ Ocular tonometry ▪ Oxygen therapy ▪ Paracentesis ▪ Pericardiocentesis, emergency only ▪ Peripheral venous cutdown ▪ Peritoneal lavage ▪ Preliminary interpretation of plain films ▪ Removal of foreign bodies from airway, including nose, eye and ear; soft instrumentation/irrigation, skin, or subcutaneous tissue ▪ Removal of IUD ▪ Repair of lacerations ▪ Respirators, mechanical and manual ▪ Resuscitation, all ages ▪ Slit lamp used for ocular exam, removal of corneal foreign body Splint or cast application after reduction of fracture or dislocation Spine immobilization ▪ Thoracentesis ▪ Thoracostomy, tube insertion ▪ Thoracostomy, open for patients in extremis ▪ Use of manual and mechanical ventilators and resuscitators ▪ Wound debridement and repair 	
				Newborn & infants to 2 years	
				Children 2 years to 14 years	
				Adolescents 14 to 18 years	
				Adults 18 years and greater	

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(R)	(A)	(C)	(N)	CATEGORY II: EMERGENCY MEDICINE SPECIAL PRIVILEGES			Department Chair Initials
				<i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			
				<i>Privilege Requested</i>	<i>Required Previous Experience</i>	<i>Reappointment Criteria</i>	
				CONFIRMATION OF INTRAUTERINE PREGNANCY BY PELVIC ULTRASOUND	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 50 procedures (to include first, second and third trimester obstetric ultrasound and gynecologic ultrasound) or ▪ evidence of special certification 		
				(FAST) CONFIRMATION OF TRAUMATIC FREE INTRAPERITONEAL AND INTRATHORACIC FLUID BY FOCUSED ASSESSMENT WITH SONOGRAPHY FOR TRAUMA (FAST) EXAM	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 75 procedures or ▪ evidence of special certification 		
				(AAA) CONFIRMATION OF PRESENCE OF ABDOMINAL AORTIC ANEURYSM BY FOCUSED ABDOMINAL SONOGRAPHY	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 30 procedures or ▪ evidence of special certification 		
				EMERGENCY ULTRASOUND-CARDIAC (ECHO)	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 25 procedures or ▪ evidence of special certification 		
				EMERGENCY OCULAR ULTRASOUND FOR USE IN EVALUATION OF INTRAOCULAR PATHOLOGY EXCLUDING OPTIC NERVE MEASUREMENTS	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 25 procedures or ▪ evidence of special certification 		
				EMERGENCY SOFT-TISSUE INFECTION ULTRASOUND	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 25 procedures or ▪ evidence of special certification 		
				EMERGENCY MUSCULOSKELETAL ULTRASOUND	<ul style="list-style-type: none"> ▪ qualifications for emergency medicine, plus ▪ documentation of current training and/or experience with documented 25 procedures or ▪ evidence of special certification 		

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PRIVILEGE CRITERION

Provisional Privileges: *Provisional privileges, during the first 6 months of practice of the procedure at Presbyterian Hospital of Rockwall, are conferred to facilitate the pursuit of full emergency medicine privileges at Presbyterian Hospital of Rockwall. With this classification, it is appropriate for the physician to assist in cases and complete any proctoring requirements to meet full privilege requirements for Presbyterian Hospital of Rockwall.*

Special procedures: *Unless otherwise set out in this document, successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience; and documentation of competence to obtain and retain clinical privileges as set forth in medical staff policies governing the exercise of specific privileges.*

Use of Laser: *Completion of an approved 6 hour minimum CME course which includes training in laser principles of safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty field and hands-on experience with lasers. A letter outlining the content and successful completion of course must be submitted, or documentation of successful completion of an approved residency in a specialty or subspecialty which included training in laser principles and safety, basic laser physics, laser tissue interaction, discussions of the clinical specialty fields and a minimum of 4 hours didactic and 2 hours hands-on experience with lasers.*

Moderate Sedation: *For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.*

Observation / Proctoring Requirements: *Guidelines, scheduling, payment and approval process for the proctoring programs are defined in the Medical Staff policy.*

Reappointment Requirements: *Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months based on results of quality assessment/improvement activities and outcomes. Practice will be monitored for the first 12 months as per Joint Commission guidelines.*

Continuing Medical Education: *In compliance with Joint Commission standard, the physician must participate in continuing medical education (CME) as per state licensure regulations, outlined by the medical staff by-laws rules and regulations.*

Participation in Societies: *Active participation in societies related to this field is also strongly recommended.*

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training and experience.

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Presbyterian Hospital of Rockwall, and

- 1) I understand that:
 - a) In exercising any clinical privileges granted, I am constrained by any Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation and agree to be proctored.
 - b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- 2) I do attest that I have participated in continuing medical education activities related to the privileges I have requested.

Applicant Name – Printed

Signature

____/____/____
Date

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DEPARTMENT CHAIRMAN RECOMMENDATION

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Conditions	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Deferred for Committee Discussion
Comments:			

 Department Chairman Signature

___/___/___
 Date

ACCEPTANCE AND APPROVAL

 Credentials Chairman Signature

___/___/___
 Date

 President of Medical Staff Signature

___/___/___
 Date