



Delineation Of Privileges

Emergency Medicine Privileges

Provider Name:

Privilege	Requested	Tabled	Approved
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EMERGENCY MEDICINE PRIVILEGES

Criteria:

- A. 1) Board Certification by the American Board of Emergency Medicine;
- 2) Documented evidence of having received Advanced Trauma Life Support (ATLS) certification from the American College of Surgeons (ACS) at least once.

OR

- B. 1) Board eligibility by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine
- 2) Current ACLS and PALS certification from the American Heart Association (AHA)
- 3) Documented evidence of having received Advanced Trauma Life Support (ATLS) certification from the American College of Surgeons (ACS) at least once.

OR

- C. 1) Successful completion of an ACGME or AOA approved postgraduate training program in the appropriate primary care specialty with demonstrated recent experience in emergency medicine.
- 2) Documentation of active practice of at least 1,000 hours per year for at least three years in an emergency department (which may include residency training)
- 3) Current ACLS and PALS certification from the American Heart Association (AHA)
- 4) Documented evidence of having received Advanced Trauma Life Support (ATLS) certification from the American College of Surgeons (ACS) at least once.

Category C providers are not eligible to treat Code Trauma patients.

For reappointment: performance improvement assessment by the Section Chair of Emergency Medicine and the Chair of the Department of Medicine demonstrating that the standard of care has been met.

Proctoring Requirements: A minimum of ten cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Sedation Analgesia

Criteria: Requires successful completion of the Sedation Assessment Test

Additional criteria effective April 1, 2015: a) Evidence of completion of an Airway Management Course

(Physicians Board Certified in Emergency Medicine are exempt from the additional criteria requirement)

a) Adult Sedation	_____	_____	_____
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b) Pediatric Sedation (17 years and under)	_____	_____	_____
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Restraint and Seclusion

Criteria: Requires successful completion of the Restraint and Seclusion Assessment Test

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CORE EMERGENCY MEDICINE PRIVILEGES:

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations and prescribing medications according to DEA Certificate.

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AIRWAY TECHNIQUES:

a) Cricothyrotomy

— — —

b) Nasal endotracheal airway

— — —

c) Oral endotracheal airway

— — —

d) Neuromuscular blockade

— — —

e) Mechanical ventilator

— — —

f) Percutaneous transtracheal ventilation

— — —

ANESTHESIA:

a) Local anesthesia

— — —

b) Regional nerve block

— — —

c) Short term general anesthesia

— — —

CARDIAC PROCEDURES:

a) Closed cardiac massage

— — —

b) Open cardiac massage

— — —

c) External/cutaneous cardiac pacing

— — —

d) Transthoracic cardiac pacing

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e) Transverse cardiac pacing	___	___	___
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f) Cardioversion	___	___	___
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g) Defibrillation	___	___	___
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DIAGNOSTIC PROCEDURES:

a) Arthrocentesis	___	___	___
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b) Cystourethrogram	___	___	___
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c) IVP contrast	___	___	___
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d) Lumbar puncture	___	___	___
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e) Nasogastric/oral gastric tube	___	___	___
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f) Pericardiocentesis	___	___	___
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g) Peritoneal lavage	___	___	___
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h) Proctoscopy	___	___	___
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i) Thoracentesis	___	___	___
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j) Tonometry	___	___	___
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k) Slit lamp examination	___	___	___
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GENITOURINARY TECHNIQUES:

a) Bladder catheterization/foley catheter	___	___	___
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b) Suprapubic bladder catheterization	___	___	___
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c) Precipitous delivery of newborn	___	___	___
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d) Culdocentesis	___	___	___
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e) IUD removal	—	—	—
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f) Examination of rape victim	—	—	—
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<u>HEAD/NECK PROCEDURES:</u>	—	—	—
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a) Epistaxis control	—	—	—
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b) Laryngoscopy	—	—	—
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c) Naso/pharyngeal endoscopy	—	—	—
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<u>HEMODYNAMIC TECHNIQUES:</u>	—	—	—
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a) Jugular central venous access	—	—	—
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b) Subclavian central venous access	—	—	—
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c) Peripheral central venous access including venous cutdown	—	—	—
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d) Intraosseus infusion	—	—	—
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e) Arterial cannulation	—	—	—
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f) Arterial blood gases	—	—	—
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<u>ORTHOPEDIC PROCEDURES:</u>	—	—	—
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a) Immobilization of fracture/dislocation	—	—	—
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b) Closed reduction of fracture/dislocation	—	—	—
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c) Cervical spine traction techniques	—	—	—
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d) Cervical spine immobilization	—	—	—
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e) Trigger point therapy	—	—	—
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<u>THORACIC PROCEDURES:</u>	—	—	—
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a) Needle Thoracostomy	—	—	—
b) Tube Thoracostomy	—	—	—
c) Emergency Thoracostomy	—	—	—
d) Pericardiocentesis	—	—	—

OTHER PROCEDURES:

a) Foreign body removal	—	—	—
b) Gastric lavage	—	—	—
c) Incision and drainage	—	—	—
d) Wound management/suture techniques	—	—	—
e) Hernia reduction	—	—	—
f) Hemorrhoid treatment	—	—	—
g) G-tube replacement	—	—	—

EMERGENCY MEDICINE SUBSPECIALTY PRIVILEGES

TOXICOLOGY

Criteria:

- a) Board Certification by the American Board of Emergency Medicine or American Osteopathic Board; and,
- b) Successful completion of an ACGME or AOA approved Medical Toxicology training program requiring certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: A minimum of eight cases.

Inpatient Toxicology Consultations	—	—	—
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ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in



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exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ **Date:** _____

Department Chair: _____ **Date:** _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____