

Lady of the Sea General Hospital		
Emergency Medicine		
Practitioner Name:		
Please indicate in the "Requested" section, those privileges which you are requesting.		
Requested	Recommen	Approved
Delineation of Privileges		
		Facial laceration
		Debridement/suture of superficial
		Laceration of trunk and extremities
		Closed reduction fracture or dislocation, with casting of extremities requiring only analgesia or local anesthesia
		Closed reduction of nasal fracture
		Incision and drainage, superficial
		Endotracheal intubation
		Tracheostomy
		Cricothyrotomy
		Thoracentesis
		Tube thoracostomy
		Thoracentesis, abdominal
		Lumbar puncture
		Pericardiocentesis
		Central venous pressure line insertion
		Removal of superficial foreign body
		Proctosigmoidoscopy
		Laryngoscopy, direct
		Laryngoscopy, indirect
		Anterior nasal pack for control of epistaxis
		Posterior nasal pack for control of epistaxis
		Initial treatment of burns
		Defibrillation
		Cardiopulmonary resuscitation
		Insertion of transvenous pacemaker
		Initial treatment of cardiac arrhythmia
		RX overdose
		Extensor tendon repair
		Foreign body of eye
		Cystomy, pediatric

I am qualified and competent to perform those privileges as requested in my application.

Signature: _____ Date: _____

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Please indicate in the "Requested" section, those privileges which you are requesting.			
Requested	Recommen	Approved	Delineation of Privileges
			Myringotomy
			Culpoentesis
			Local anesthesia (infiltration)
			Venous cut down
			Emergency childbirth
			Insertion of arterial lines
			IV conscious sedation
			Other:

I am qualified and competent to perform those privileges as requested in my application.

Signature: _____ Date: _____