

MEDICAL AND DENTAL STAFF  
 NATCHITOCHE PARISH HOSPITAL  
 Delineation of Staff Privileges  
Colon and Rectal Surgery

DIAGNOSIS AND MANAGEMENT:

- |  |   |
|--|---|
| <input type="checkbox"/> Nutritional problems in surgical patients           | <input type="checkbox"/> Intestinal obstruction                     |
| <input type="checkbox"/> Electrolyte, acid-base, and fluid balance disorders | <input type="checkbox"/> Gastrointestinal hemorrhage                |
| <input type="checkbox"/> Infected wounds                                     | <input type="checkbox"/> Hernias                                    |
| <input type="checkbox"/> Shock   | <input type="checkbox"/> Pediatric surgical problems                |
| <input type="checkbox"/> Surgical diseases of great vessels                  | <input type="checkbox"/> Congenital deformities                     |
| <input type="checkbox"/> Surgical diseases of the liver                      | <input type="checkbox"/> Infections in surgery patients             |
| <input type="checkbox"/> Surgical diseases of the gallbladder and bile ducts | <input type="checkbox"/> Metabolic disturbances in surgery patients |
| <input type="checkbox"/> Surgical diseases of the spleen                     | <input type="checkbox"/> Endocrine disorders in surgery patients    |
| <input type="checkbox"/> Surgical diseases of the stomach and duodenum       | <input type="checkbox"/> Problems associated with anesthesia        |
| <input type="checkbox"/> Surgical diseases of the small intestine            | <input type="checkbox"/> Cancer                                     |
| <input type="checkbox"/> Surgical diseases of the large intestine            |   |
| <input type="checkbox"/> Surgical diseases of the anus and rectum            |   |

PROCEDURES:

- |   |   |
|---|---|
| <input type="checkbox"/> Excision of skin tumors                            | <input type="checkbox"/> Thoracentesis and closed drainage          |
| <input type="checkbox"/> Split thickness grafts                             | <input type="checkbox"/> Traumatic laparotomy                       |
| <input type="checkbox"/> Skin lacerations, repair                           | <input type="checkbox"/> Inguinal hernia repair                     |
| <input type="checkbox"/> Surgery of the diaphragm                           | <input type="checkbox"/> Repair of strangulated or recurrent hernia |
| <input type="checkbox"/> Paracentesis                                       | <input type="checkbox"/> Pilonidal cyst excision                    |
| <input type="checkbox"/> Other gastric surgery                              | <input type="checkbox"/> Hemorrhoidectomy                           |
| <input type="checkbox"/> Gallbladder and common duct surgery                | <input type="checkbox"/> Excision of fistula                        |
| <input type="checkbox"/> Small and large intestine surgery                  | <input type="checkbox"/> Local blocks                               |
| <input type="checkbox"/> Appendectomy                                       | <input type="checkbox"/> General anesthesia                         |
| <input type="checkbox"/> Abdomino-perineal resection                        | <input type="checkbox"/> Chemotherapy for cancer                    |
| <input type="checkbox"/> Abdominal exploratory laparotomy                   | <input type="checkbox"/> Other (please list)                        |
| <input type="checkbox"/> Incision and drainage of intra-abdominal abscesses |   |

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The Privileges Listed Below Require Documentation of Training and Experience.

Laser

ENDOSCOPIC PROCEDURES:

Esophagoscopy                       Gastroscopy                       Colonoscopy

I am mentally and physically capable of performing the privileges in which I am requesting:

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date