

MEDICAL AND DENTAL STAFF  
NATCHITOCHEs REGIONAL MEDICAL CENTER  
Medicine  
Delineation of Staff Privileges for General/Family Practice Physicians

I HEREBY REQUEST PRIVILEGES IN THE DEPARTMENT OF MEDICINE TO TREAT THE FOLLOWING:

- Admission of patients to inpatient services
- Performance of medical History and Physical

The general field of Family Medicine, or one or several of the following areas:

- Allergic Diseases
- Arthritic Diseases
- Cardiac Diseases
- Dermatologic Disorders
- Gastrointestinal Disorders
- Hematological Diseases
- Metabolic and Endocrine Diseases
- Neurological Diseases
- Pulmonary Disorders
- Renal Diseases

I request privileges to perform and interpret:

- Electrocardiograms
- Pulmonary Function Studies

I request privileges to perform:

- Thoracentesis
- Joint Injection and Aspiration
- Lumbar Puncture
- Skin Biopsy and Minor Surgical Procedures of Skin Only
- Sigmoidoscopy
- Other (Please List):

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

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

\_\_\_\_\_  
Date

MEDICAL AND DENTAL STAFF  
NATCHITOCHEs PARISH HOSPITAL

Surgery

Delineation of Staff Privileges for General/Family Practice Physicians

- Admission of patients to inpatient services  
 Performance of medical History and Physical

Procedures:

- |   |  |
|---|--|
| <input type="checkbox"/> Excision of skin tumors  | <input type="checkbox"/> Incision and drainage of simple abscesses |
| <input type="checkbox"/> Skin lacerations, repair | <input type="checkbox"/> Incision and drainage of foreign body     |
| <input type="checkbox"/> Paracentesis             | <input type="checkbox"/> Other (please list)                       |
| <input type="checkbox"/> Thoracentesis            |  |
| <input type="checkbox"/> First assist on surgery  |  |
| <input type="checkbox"/> Circumcision             |  |

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

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**Applicant's Signature**

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**Date**

**MEDICAL AND DENTAL STAFF  
NATCHITOCHEs REGIONAL MEDICAL CENTER  
Pediatrics**

**Delineation of Staff Privileges for General/Family Practice Physicians**

- \_\_\_ Admission of patients to inpatient services
- \_\_\_ Performance of medical History and Physical

**PEDIATRIC CARE**

**Minor Surgical Privileges**

- \_\_\_ Removal of foreign body in  
nose or ear
- \_\_\_ Suture lacerations
- \_\_\_ I & D abscess
- \_\_\_ Circumcision
- \_\_\_ Spinal Tap
- \_\_\_ Cut down

**Medical Pediatric Care**

Uncomplicated infections of:

- \_\_\_ Respiratory tract
- \_\_\_ Gastrointestinal tract
- \_\_\_ Genito-urinary
- \_\_\_ Skin
- \_\_\_ Peripheral nervous system
- \_\_\_ Fever of undetermined origin

**Nursery Privileges**

- \_\_\_ Routine newborn care
- \_\_\_ Premature infant care only  
with consultation by Pediatrician

**Full Term Infant Care with  
Complications**

- (with Consult when appropriate)
- \_\_\_ Non-life threatening: Surgical
- \_\_\_ Non-life threatening: Medical

**Endocrine Metabolic Disorders**

- \_\_\_ Diabetes, uncomplicated
- \_\_\_ Diseases of thyroid
- \_\_\_ Diseases of adrenal gland
- \_\_\_ Diseases of gonads
- \_\_\_ Diseases of pituitary gland
- \_\_\_ Diseases of parathyroid gland

**Erythroblastosis**

- \_\_\_ Mild

**Disturbance of Water and  
Electrolyte Balance**

- \_\_\_ Mild
- \_\_\_ Severe with consult when  
appropriate

**Cardiovascular Diseases**

- \_\_\_ Only with consultation

**Miscellaneous**

- \_\_\_ Nephritis and nephrosis, with  
consult when appropriate
- \_\_\_ Emotional disorders, with  
appropriate consult
- \_\_\_ Poisoning by any agent, with  
consult when appropriate
- \_\_\_ Malnutrition
- \_\_\_ Learning disabilities
- \_\_\_ Mental disabilities
- \_\_\_ Convulsive disorders
- \_\_\_ Myopathies, with consult when  
appropriate

**Allergic Disorders**

- \_\_\_ Uncomplicated asthma
- \_\_\_ Serum sickness
- \_\_\_ G-I allergy
- \_\_\_ Urticaria
- \_\_\_ Eczema

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

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

\_\_\_\_\_  
**Date**