

MEDICAL AND DENTAL STAFF  
 NATCHITOCHEs PARISH HOSPITAL  
 Delineation of Staff Privileges  
 Obstetrics-Gynecology

DIAGNOSIS AND MANAGEMENT

- |   |                                     |
|---|-------------------------------------|
| _____ Uncomplicated pregnancy                                   | _____ Endometriosis                 |
| _____ Infectious diseases complicating pregnancy                | _____ Pelvic inflammatory disease   |
| _____ Circulatory and cardiovascular complications of pregnancy | _____ Pelvic tuberculosis           |
| _____ Endocrine abnormalities complicating pregnancy            | _____ Benign ovarian neoplasm       |
| _____ Pregnancy complicated with renal disease                  | _____ Malignant ovarian neoplasm    |
| _____ Hyperemesis gravidarum                                    | _____ Hydatid mole, choriocarcinoma |
| _____ Preeclampsia  | _____ Infertility                   |
| _____ Abortion and premature labor                              | _____ Disorders of menstruation     |
| _____ Dystocia  | _____ Menopause                     |
| _____ Hemorrhage in pregnancy & postpartum                      | _____ Family planning               |
| _____ Prolapsed umbilical cord                                  | _____ Sex education                 |
| _____ Ectopic pregnancy   | _____ Other (please list)           |
| _____ Pelvic disease complicating pregnancy                     |                                     |
| _____ Congenital anomalies and hermaphroditism                  |                                     |
| _____ Benign diseases of vulva                                  |                                     |
| _____ Malignancy of vulva                                       |                                     |
| _____ Benign diseases of cervix                                 |                                     |
| _____ Malignancy of cervix                                      |                                     |
| _____ Relaxations, incontinencies, fistulas malpositions        |                                     |
| _____ Benign disease of uterus                                  |                                     |
| _____ Malignancy of uterus                                      |                                     |

PROCEDURES

- |   |   |
|---|---|
| _____ Obstetrical delivery                      | _____ Ultrasound in obstetrics                                |
| _____ Induction of labor                        | _____ Repair of perineal lacerations                          |
| _____ Episiotomy                                | _____ Abdominal hysterectomy                                  |
| _____ Outlet forceps                            | _____ Vaginal hysterectomy                                    |
| _____ Other forceps delivery                    | _____ Modified radical hysterectomy                           |
| _____ Breech delivery                           | _____ Repair of enterocele, urethrocele, cystocele, rectocele |
| _____ Dührssen's incisions                      | _____ Myomectomy  |
| _____ Cervical cerclage procedures              | _____ Salpingectomy   |
| _____ Cesarean section                          | _____ Oophorectomy  |
| _____ Cesarean hysterectomy                     | _____ Colpotomy   |
| _____ Hysterectomy                              | _____ Culdocentesis   |
| _____ Amniocentesis                             | _____ Colposcopy  |
| _____ Version extraction                        | _____ Cystoscopy  |
| _____ Fetal monitoring, internal and external   | _____ Hysteroscopy  |
| _____ Tuboplasty                                | _____ Hysterosalpingogram                                     |
| _____ Surgical procedures for ectopic pregnancy | _____ Hymenotomy  |
| _____ Bartholin gland resection                 |   |

PROCEDURES (Continued)

- |  |   |
|--|---|
| <input type="checkbox"/> Bladder suspension                              | <input type="checkbox"/> Breast Biopsy                                    |
| <input type="checkbox"/> Uterine suspension                              | <input type="checkbox"/> Appendectomy                                     |
| <input type="checkbox"/> Drainage of pelvic abscess                      | <input type="checkbox"/> Pre-sacral neurectomy                            |
| <input type="checkbox"/> Procedures for uterine prolapse                 | <input type="checkbox"/> Construction of artificial vagina                |
| <input type="checkbox"/> Repair of fistula of genito-urinary tract       | <input type="checkbox"/> Bowel injuries complicating pelvic surgery       |
| <input type="checkbox"/> Repair of recto-vaginal fistula                 | <input type="checkbox"/> Ligation of vena cava                            |
| <input type="checkbox"/> Vaginectomy                                     | <input type="checkbox"/> Vascular injuries complicating pelvic surgery    |
| <input type="checkbox"/> Repair of vaginal prolapse                      | <input type="checkbox"/> Hypogastric artery ligation                      |
| <input type="checkbox"/> Cervicectomy                                    | <input type="checkbox"/> Tubal Ligation                                   |
| <input type="checkbox"/> Cervical biopsy                                 | <input type="checkbox"/> Repair of wound dehiscence                       |
| <input type="checkbox"/> Conization of cervix                            | <input type="checkbox"/> Repair of wound evisceration                     |
| <input type="checkbox"/> Dilation and curettage of uterus                | <input type="checkbox"/> Laparoscopy                                      |
| <input type="checkbox"/> Vacuum curettage of endometrium                 | <input type="checkbox"/> Incision and Drainag of intra-abdominal absecess |
| <input type="checkbox"/> Pelvic or inguinal lymphadenoectomy             | <input type="checkbox"/> Excision of breast tumor                         |
| <input type="checkbox"/> Repair of lower urinary tract injuries          | <input type="checkbox"/> Exploratory Laparotomy-abdomen                   |
| <input type="checkbox"/> Vulvar biopsy                                   | <input type="checkbox"/> Other (please list)                              |
| <input type="checkbox"/> Simple vulvectomy                               |   |
| <input type="checkbox"/> Radical vulvectomy                              |   |
| <input type="checkbox"/> Pelvic exenteration, total, anterior, or poster |   |
| <input type="checkbox"/> Newborn Circumcision                            |   |

The Privileges Listed Below Require Documentation of Training and Experience.

Laser

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

Signature of Applicant

Date

APPROVED

NOT APPROVED

Denial of any privileges will be so noted on this form. Absence of this note means privileges were approved

MEDICAL AND DENTAL STAFF  
NATCHITOCHEs PARISH HOSPITAL  
Delineation of Staff Privileges for Family Practice Physicians  
Obstetrics and Gynecology

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

DIAGNOSIS AND MANAGEMENT

Category I - Only

- Uncomplicated pregnancy
- Hyperemesis
- Pelvic inflammatory disease  
without masses
- Menopause
- Family planning
- Sex education
- Other (please list)

Category II - Continued

- All breech presentations
- Abortion
- Twin pregnancy
- Induction of labor
- Other (please list)

Category II - With Consultation Only

- Infectious diseases complicating  
pregnancy
- Circulatory and cardiovascular  
complications of pregnancy
- Endocrine abnormalities  
complicating pregnancy
- Pregnancy complicated with  
renal disease
- Hyperemesis gravidarum  
(moderate to severe)
- Eclampsia
- Premature labor

PROCEDURES

Category III

- Obstetrical delivery
- Episiotomy
- Fetal monitoring, external
- Repair of perineal laceration
- Cervical biopsy
- Hymenotomy
- Other (please list)

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

**Applicant's Signature**

**Date**