

CIBOLA GENERAL HOSPITAL

1016 ROOSEVELT • GRANTS, NM 87020 • (505) 287-4446 • FAX (505) 287-5309

APPLICATION FOR APPOINTMENT/REAPPOINTMENT TO MEDICAL STAFF DELINEATION OF PRIVILEGES FOR THE EMERGENCY PHYSICIAN

Basic Emergency Skills

As a physician who will work in the emergency department, please review the following privileges and acknowledge with a check mark those that you believe you are qualified and adequately trained to perform.

Basic Emergency Privileges	<input type="checkbox"/> Perform complete history <input type="checkbox"/> Perform complete physical examination <input type="checkbox"/> Basic evaluation/stabilization of trauma patient	<input type="checkbox"/> Routine emergency eye care <input type="checkbox"/> Routine dental trauma care <input type="checkbox"/> Routine mechanical ventilatory control <input type="checkbox"/> Routine pain care	<input type="checkbox"/> Routine burn care <input type="checkbox"/> Routine care of emergency overdose/toxic agent exposure/withdrawal syndromes
Emergency Airway Control	<input type="checkbox"/> Basic airway clearing maneuvers <input type="checkbox"/> Insertion oropharyngeal and nasopharyngeal airways	<input type="checkbox"/> Endotracheal intubation (oral, nasal)	<input type="checkbox"/> Cricothyrotomy (needle or surgical)
Anesthesia	<input type="checkbox"/> Local anesthesia	<input type="checkbox"/> Procedural Sedation	
Cardiac Care	<input type="checkbox"/> ACLS protocol knowledge/certification <input type="checkbox"/> Administration of all ACLS pharmacologic agents	<input type="checkbox"/> Cardiopulmonary resuscitation <input type="checkbox"/> External cardiac pacemaker use <input type="checkbox"/> Defibrillation/synchronized cardioversion	<input type="checkbox"/> Initiation thrombolytic therapy
Disaster Management	<input type="checkbox"/> Follow hospital protocols		
Diagnostic Procedures	<input type="checkbox"/> Interpretation of routine emergency laboratory data <input type="checkbox"/> Interpretation of routine emergency electrocardiograms (ECGs)/rhythm strips	<input type="checkbox"/> Interpretation of routine emergency x-rays	<input type="checkbox"/> Arthrocentesis <input type="checkbox"/> Peritoneal lavage <input type="checkbox"/> Lumbar puncture
Genito- urinary/ OB/GYN	<input type="checkbox"/> Routine gynecologic evaluation (including rape evaluation) <input type="checkbox"/> Emergency newborn delivery (uncomplicated)	<input type="checkbox"/> Routine bladder catheterization	
Head/Neck	<input type="checkbox"/> Routine epistaxis control		
Hemo- dynamics	<input type="checkbox"/> Venous, arterial puncture <input type="checkbox"/> Peripheral intravenous insertion	<input type="checkbox"/> Central venous catheter insertion	<input type="checkbox"/> Emergency use of blood products
Infectious Disease	<input type="checkbox"/> Knowledge of infectious disease isolation techniques	<input type="checkbox"/> Knowledge of universal precautions	
Orthopedic	<input type="checkbox"/> Cervical spine immobilization/stabilization <input type="checkbox"/> Routine emergency fracture care and stabilization (basic splinting, not circular casting)	Routine dislocation care (including reductions) <input type="checkbox"/> shoulder <input type="checkbox"/> elbow/radial head <input type="checkbox"/> finger	

Basic Emergency Skills (continued)

Pediatrics	<input type="checkbox"/> Initial emergency pediatric resuscitation		
Psychiatric	<input type="checkbox"/> Management of emergency psychiatric cases		
Thoracic	<input type="checkbox"/> Emergency chest tube insertion	<input type="checkbox"/> Emergency thoracentesis	
Other Procedures	<input type="checkbox"/> Medical control of prehospital EMS (including paramedics)	<input type="checkbox"/> Routine abscess incision and drainage	<input type="checkbox"/> Decompression subungual hematoma
	<input type="checkbox"/> Routine emergency wound care and laceration repair	<input type="checkbox"/> Routine foreign body removal	<input type="checkbox"/> Tonometry
		<input type="checkbox"/> Gastric lavage	<input type="checkbox"/> Trephination nail
Medical/ Legal Emergency Care	Physician has clinical skills to initiate emergency treatment in the following medical-legal cases. Care then to be provided consistent with hospital policies and statutory mandates.		
	<input type="checkbox"/> Patient leaving against medical advice	<input type="checkbox"/> Management intoxicated patient	<input type="checkbox"/> Suicide cases
	<input type="checkbox"/> Commitment procedures	<input type="checkbox"/> Rape cases	<input type="checkbox"/> Coroner's cases
	<input type="checkbox"/> Child, spouse, elderly abuse	<input type="checkbox"/> Psychiatric emergencies	
	<input type="checkbox"/> Consent issues	<input type="checkbox"/> Custody cases	

Additional Emergency Skills

Please review the following additional privileges and acknowledge with a check mark those which you believe you are qualified and adequately trained to perform until such time as the patient is stabilized and, when required, appropriate referral can be made.

Cardiac/ Hemo- dynamics	<input type="checkbox"/> Open cardiac massage	<input type="checkbox"/> Pericardiocentesis	<input type="checkbox"/> Venous cutdown techniques
	<input type="checkbox"/> Transvenous cardiac pacing		
Anesthesia	<input type="checkbox"/> Use of neuromuscular blockade agents as adjunct to intubation	<input type="checkbox"/> Regional nerve blocks	
Genito- urinary/ OB/GYN	<input type="checkbox"/> Cystourethrogram (emergency)	<input type="checkbox"/> Proctoscopy	<input type="checkbox"/> Culdocentesis
	<input type="checkbox"/> IVP contrast use (emergency)	<input type="checkbox"/> Suprapubic catheterization	
Head/Neck	<input type="checkbox"/> Laryngoscopy	<input type="checkbox"/> Naso/pharyngeal endoscopy	<input type="checkbox"/> Fiberoptic bronchoscopy
	<input type="checkbox"/> Posterior nasal packing		
Orthopedic	<input type="checkbox"/> Plaster splinting techniques	<input type="checkbox"/> Relocation of hip	
Pediatrics	<input type="checkbox"/> Advanced pediatric resuscitation/ neonatal care	<input type="checkbox"/> Intraosseous infusion	
Thoracic	<input type="checkbox"/> Emergency thoracotomy		
Other Privileges	<input type="checkbox"/> Portable ultrasound (in ED)	<input type="checkbox"/> Caesarean section (perimortem)	<input type="checkbox"/> Complex laceration repair
	<input type="checkbox"/> Tooth reimplantation	<input type="checkbox"/> Skin grafting techniques	<input type="checkbox"/> Slit lamp use

Name (please print)

Signature

Date

Appointment Recommended **Appointment Not Recommended** **Appointment Deferred**

Date

Chairman, Executive Committee

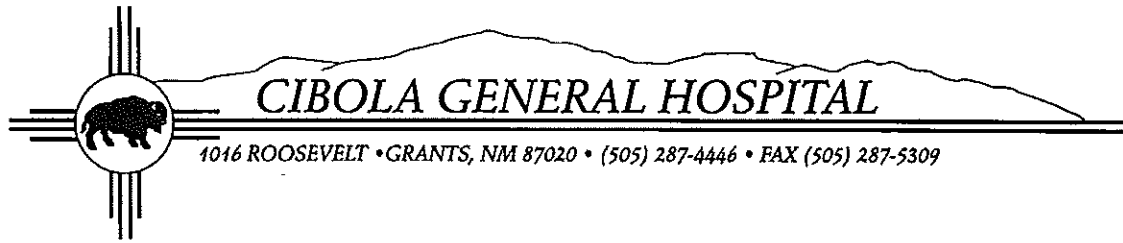
Appointed

Disapproved

Deferred

Date

Chairman, Board of Directors



HEALTH STATEMENT

Do you presently have a physical or mental health condition which would affect or is likely to affect your ability to perform professional or medical staff duties as a physician/allied health professional?:

_____ Yes _____ No

If yes, please explain: _____

During the last two years, have you been hospitalized or received any other type of institutional care for a health problem?:

_____ Yes _____ No

Significant finding: _____

Signature Date

*******IMPORTANT – MUST BE SIGNED BY VERIFYING PHYSICIAN*******

I affirm to the best of my knowledge that the above mentioned physician has no physical or psychological impairments that would impede his/her ability to perform quality health care services.

(Signature of verifying physician)

Date: _____