

NAME: _____

DATE: _____

SIERRA VISTA HOSPITAL
800 East Ninth Street
Truth or Consequences, New Mexico
87901

DELINEATION OF INTERNAL MEDICINE/FAMILY PRACTICE PRIVILEGES

I am qualified for and request the following privileges:

_____ Category I: Illness or problem requiring skills acquired through post-graduate training in medicine or as a consequence of experience. Consultation must be obtained when the patient is seriously or critically ill and the diagnosis is in doubt, improvement with therapy is not soon apparent (except in irreversible or terminal illness) or when specialized therapy or diagnostic procedures are to be used.

_____ Category II: Complex or severe illness or problems and those with immediate or serious threat to life require skills achieved by training or practice to obtain those skills comparable to a Board Certified Internist or Family Practitioner. Physicians in this category may act as consultants to others, and, in turn, should request consultation when diagnosis or management is in doubt, when unexpected complications arise or when hazardous procedure or treatment are contemplated.

_____ Category III: Illness or a problem requiring an unusual degree of expertise or competence in a subspecialty area acquired through subspecialty training. The physician in this category is expected to act as a consultant in his field and, in turn, to obtain consultation whenever other subspecialty skills are needed.

SPECIAL SELECTED PROCEDURES

- | | |
|---|------------------------------|
| _____ ARTHROCENTESIS | _____ CENTRAL LINES |
| _____ PARACENTESIS | _____ CARDIOVERSION |
| _____ THOROCENTESIS | _____ EXTENSOR TENDON REPAIR |
| _____ LP | _____ PROTOSCOPY |
| _____ CHEST TUBE | _____ SIMPLE SUTURES |
| _____ EMERGENCY CRICOTHYROCOTOMY | _____ LAYERED SUTURES |
| _____ CLOSED REDUCTION OF SIMPLE FRACTURE | _____ ACLS PROCEDURES |
| _____ CLOSED REDUCTION OF DISLOCATION | _____ RESPIRATOR MANAGEMENT |
| _____ FOREIGN BODY REMOVAL | _____ EKG INTERPRETATION |
| _____ INTUBATIONS | _____ ANESTHESIA |
| | _____ DIGITAL |
| | _____ IV REGIONAL |

Chief of Staff Date

Chairman of the Board Date

Administrator Date