

**REHOBOTH MCKINLEY CHRISTIAN HEALTH CARE SERVICES
CLINICAL PRIVILEGES APPLICATION
EMERGENCY MEDICINE**

APPLICANT NAME: _____

CORE PRIVILEGES:

Privileges include being able to assess, work up, and provide initial treatment to patients who present to the Emergency Room with any illness or injury, condition, or symptom. These services are provided to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients presenting with major illnesses or injuries and to assess all patients in order to determine if more definitive services are necessary.

Privileges do not include provision of definitive care for patients on an inpatient basis; no privileges to admit (but may write admission orders at the discretion of the Emergency Room physician); and none of the procedures listed under Special Privileges.

The following list of procedures or techniques is not to be construed as limiting an emergency physician's ability to practice in the Emergency Room but represents a broad outline of the types of procedures and techniques expected from an ED physician.

Endotracheal intubation, nasal/oral	Precipitous delivery of newborn
Cricothyroidotomy	Epistaxis control
Neuromuscular block	Central venous access
Mechanical ventilation	Intraosseous infusion
Local anesthesia	Arterial cannulation for monitoring
Regional nerve blocks	Fracture/dislocation immobilization
Cardiac massage, open/closed	Closed reduction, fracture/dislocation
Cardioversion/defibrillation	Cervical immobilization
CPR	Nail trephination
EKG interpretation, initial	Injection of bursa or joint
Arthrocentesis	Thoracostomy, tube/needle
Lumbar puncture, adult/pediatric	Foreign body removal
Emergent pericardiocentesis	Gastric lavage
Peritoneal lavage	Incision and drainage, abscess
Thoracentesis	Wound management and repair
Tonometry	Imaging studies interpretation, initial
Slit lamp exam/foreign body removal	
Bladder catheterization	

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

EMERGENCY MEDICINE PRIVILEGES APPLICATION

NAME: _____

QUALIFICATIONS FOR CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

___ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty of emergency medicine, with ATLS, ACLS, and PALS/APLS certification.**

Subspecialty: _____

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses within the subspecialty area.

CLASS III:

___ **Board certification in Emergency Medicine, with ATLS, ACLS, and PALS/APLS certification;**
or

___ **Active board certification application pending in Emergency Medicine, having completed an ACGME- or AOA-approved post graduate training program in emergency medicine, with ATLS, ACLS, and PALS/APLS certification; or**

___ **Completion of an ACGME- or AOA-approved post graduate training program and full time emergency medicine experience for a minimum of the last three (3) years consecutively, with ATLS, ACLS, and PALS/APLS certification.**

Members with these privileges are expected to be physicians with experience, training and competence in their specialty. Such physicians would be expected to request consultation: (1) when hazardous treatment procedures are contemplated; (2) when unexpected complications arise; (3) or in cases in which treatment response seems unduly delayed.

CLASS II:

___ **At least a two year completion of an ACGME- or AOA-approved post graduate training program in Emergency Medicine, with ATLS, ACLS, and PALS/APLS certification.**

Members with these privileges are required to request consultation in all cases in which doubt exists as to the diagnosis, or in cases in which treatment is not too soon apparent. Illness or problems requiring skills usually acquired during post internship specialty training.

Other training, please explain:

SPECIAL PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

YES NO

___ ___ Intravenous conscious sedation.

___ ___

Training/Experience: _____

NOTE: ALL PRACTITIONERS GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63.

EMERGENCY MEDICINE PRIVILEGES APPLICATION

NAME: _____

PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

PRIVILEGES

YES NO

___ ___ Ultrasound, emergent screening.

___ ___

Training/Experience: _____

ADDITIONAL PRIVILEGES (Specify, stated with training/experience):

___ ___
___ ___

APPLICANT SIGNATURE: _____

DATE: _____

DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____
Department Chairperson

Date of Review

EMERGENCY MEDICINE DEPARTMENT.
Medical Staff Department

MSS: REVISED 09/99.