

CARLSBAD MEDICAL CENTER

**EMERGENCY MEDICINE  
CLINICAL PRIVILEGE DELINEATION FORM**

NAME OF APPLICANT: \_\_\_\_\_

BOARD CERTIFICATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Privileges in Emergency Medicine are granted for both clinical cognitive areas and specific procedures. Privileges include assessing, work-up, diagnosis, and initial treatment to patients of all ages who present to the Emergency Department with any illness or injury, condition, or symptom. An emergency department physician is expected to provide services necessary to ameliorate minor illness or injuries, provide stabilizing treatment to patients who present with major illnesses or injuries, and to assess all patients in order to determine whether more definitive services are necessary.

Privileges do not include provision of definitive long-term care for patients on an inpatient basis or to perform scheduled elective procedures (with the exception of procedures performed during routine emergency room follow up visits). May write verbal admitting orders from the admitting/attending physician for patients who are awaiting admission.

All practitioners requesting Emergency Medicine privileges are:

1. Medical Doctor (MD) or Doctor of Osteopathy (DO), **and**
2. Must maintain current ACLS and PALS Certifications, **and**
3. Must have completed the ATLS Certification in the past (current certification preferred but not required), **and**
4. Board certified by the American Board of Emergency Medicine or by the American Osteopathic Board of Emergency Medicine or fully trained in an accredited Emergency Medicine residency program recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), **OR**
5. One year of an ABMS or AOA approved postgraduate training program in an emergency medicine or primary care specialty with board certification in emergency medicine by the ABEM or AOBEM or the BCEM recognized by the American Association of Physician Specialists Board and have practiced emergency medicine on a full time basis within the past two (2) years in emergency medicine, **OR**
6. Board certified in the specialties of Family Practice, Internal Medicine, or General Surgery by an ABMS Board or fully trained in a Family Practice, Internal Medicine or General Surgery residency program recognized by the ABMS or AOA. The applicant must be able to demonstrate that he/she has two (2) years experience in general emergency medicine within the last three (3) years

CHECK EACH AREA FOR WHICH YOU ARE REQUESTING PRIVILEGES:

R = Requested            G = Granted            D = Denied

**GENERAL COGNITIVE PRIVILEGES INCLUDING ALL BELOW:**

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| R                        | G                        | D                        |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medical Diagnosis and Treatment of Emergency Conditions – Inpatient and Outpatient |
|                          | <input type="checkbox"/> |                          | ▪ Adult  |
|                          | <input type="checkbox"/> |                          | ▪ Pediatric  |

PRIVILEGE LEVELS	PROCEDURAL PRIVILEGES
LEVEL 1	<b>USUAL AND CUSTOMARY EMERGENCY MEDICINE PROCEDURAL PRIVILEGES</b> 1. These procedural privileges are usually and customarily performed by physicians who meet the qualifications in (3), (4) or (5) above, and 2. Documentation of specific training, experience, and current competency in Level 1 procedural privileges <b>MAY</b> be required; <b>AND</b> 3. Individual Level 1 privileges <b>MAY</b> be proctored as defined on this privilege delineation form for initial appointment and/or reappointment.
PRIVILEGE LEVELS	PROCEDURAL PRIVILEGES
LEVEL 2	<b>ADVANCED EMERGENCY MEDICINE PROCEDURAL PRIVILEGES</b> 1. These procedural privileges may be performed by physicians, who meet the qualifications in (3), (4) or (5) above, and 2. Level 2 procedural privileges <b>REQUIRE DOCUMENTATION</b> of specific training <del>and</del> experience and current competence; and 3. Individual Level 2 procedural privileges <b>MUST</b> be proctored as defined on this privilege delineation form for initial appointment and reappointment

R=REQUESTED, G=GRANTED, D=DENIED

**NOTE: For asterisked (\*) privileges, enter the # and location performed in the last 2 years.**

R G D  
 [ ] [ ] [ ] **LEVEL 1 CORE PROCEDURAL PRIVILEGES**

The performance of history and physical examinations, including the ordering, general and preliminary interpretation of diagnostic studies including laboratory, diagnostic imaging and electrocardiographic examinations as shall normally be considered part of the practice of emergency medicine.

The following is a list of procedures and techniques that are not intended to limit an emergency department physician's ability but to provide a broad outline of Medical Staff members' expectations for an emergency department physician.

# Performed      Location Performed

**Anesthesia**

Adult Moderate Sedation\* \_\_\_\_\_

Local Infiltration Block – Digital/Hand, Ear/Nose/Throat, Regional \_\_\_\_\_

**Cardiac**

Cardiopulmonary Resuscitation, Adult and Pediatric

ECG Interpretation (preliminary)

Cardioversion/Defibrillation

Pacemaker, External

Thrombolytic Therapy

**Ear, Nose, Throat**

Foreign Body Removal – Ear (External Canal), Nose, Throat

Nasal Packing – Anterior and Posterior

Laryngoscopy – Indirect/Direct

Retropharyngeal Abscess Drainage

**Eye**

Foreign Body Removal – Conjunctive, Cornea

Rusting Ring Removal with Corneal Burr

Laceration Repair

Tonometry, Schiottz

Slit Lamp Examination with or without foreign body removal

Name of Applicant: \_\_\_\_\_

**Gastroenterology**

Foreign Body Removal – Anal/Rectal  
Paracentesis  
Gastrostomy Tube Replacement  
Gastric Lavage  
Diagnostic Peritoneal Lavage

**Gynecology/Obstetrics**

Removal IUD  
Incision and Drainage, Bartholin Gland Abscess

**Musculoskeletal**

Arthrocentesis  
Injection Bursa or Trigger Point  
Splint Application  
Cast Application and Removal  
Dislocation Reduction  
Tendon Repair, Extensor  
Simple Fracture Reduction and Immobilization

**Neurological**

Spinal Puncture, Lumbar – Adult, Pediatric, Neonate

**Radiologic**

Initial Radiographic Interpretation  
Contrast Injection for Imaging

**Respiratory**

Cricothyrotomy  
Needle Cricothyrotomy  
Thoracostomy – Needle, Tube  
Tracheal Intubation – Nasal, Oral  
Thoracentesis  
Ventilator Care – Initial

**Skin and Subcutaneous**

Laceration Repair  
Nail Removal, Repair, Trephination  
Foreign Body Removal  
Incision and Drainage, Abscess  
Skin Debridement  
Removal of Skin Lesion – Excision, Desiccation

**Urinary**

Bladder, Suprapubic Tap  
Bladder, Catherization  
Cystourethrogram

**Vascular**

Central Venous Line Placement – Jugular, Subclavian, Femoral  
Venous Cut Down  
Intraosseous Infusion  
Artery Cannulation

R=REQUESTED, G=GRANTED, D=DENIED

**NOTE: For asterisked (\*) privileges, enter the # and location performed in the last 2 years.**

**LEVEL 2 ADVANCED PROCEDURAL PRIVILEGES**

R    G    D		# Performed	Location Performed
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pacemaker, Transvenous*	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Umbilical Artery/Vein Catherization*	_____	_____

**OTHER (Submit documentation of training/experience)**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Specify: _____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Specify: _____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Specify: _____	_____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Specify: _____	_____	_____

I understand that in making these requests I am bound by the Medical Staff Bylaws, Rules and Regulations and policies of the hospital and certify that I have had the necessary training and experience to perform the procedures that I have requested.

\_\_\_\_\_  
 NAME OF APPLICANT (Please Print)                      SIGNATURE                      DATE

**APPROVALS**

All privilege delineations have been individually considered and have been recommended based upon the practitioner's specialty, licensure, specific training, experience, health status, current competence and peer recommendations.

APPLICANT MAY PERFORM PRIVILEGES AND PROCEDURES AS INDICATED:

EXCEPTIONS/LIMITATIONS:

\_\_\_\_\_  
 (specify)

\_\_\_\_\_  
 Medicine Department Chairperson                      Date

\_\_\_\_\_  
 Medical Executive Committee                      Date

\_\_\_\_\_  
 Board of Trustees                      Date

**EMERGENCY MEDICINE**

**REQUEST FOR CLINICAL PRIVILEGES**

Privileges followed by an asterisk (\*) are identified in this table. Please submit required documentation when applicable at the time of appointment or reappointment. The numbers indicated in this table represents the minimal number of documented procedures required to be submitted for consideration of the advanced privilege requested. Additional documentation of training, experience and/or current competence may be requested and additional proctoring may be requested at any time by the Department Chairperson, or the Medical Staff Executive Committee for any privilege requested.

<b>PROCEDURES</b>	<b>TRAINING/EXPERIENCE</b>	<b>Number of Documented Procedures for Initial Appointment</b>	<b>Number of Procedures Every 2 Years</b>	<b>Number of Procedures to be Initially Proctored</b>
<b>ANESTHESIA</b>				
Conscious Sedation – Adult Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
<b>CARDIAC</b>				
Pacemaker- Transvenous	Documentation of Successful Performance	2	1	1
<b>VASCULAR</b>				
Umbilical Artery/Vein Catherization	Documentation of Successful Performance	2	1	1

**Attachment C**

**MEDICAL STAFF CREDENTIALING CRITERIA FOR CONSCIOUS SEDATION**

**Moderate Sedation or Analgesia**

Separate privileges are granted for the categories of adult and pediatric (< 15 years) moderate sedation or analgesia, based on documentation of current competency.

**All** medical staff requesting any conscious sedation privilege must complete and document a review of the current medical staff conscious sedation policy. In addition to the required review of the conscious sedation policy, practitioners requesting privileges in conscious sedation must meet requirements of either #1 **or** #2 listed below:

1. Documentation of training, experience and current competence related to the use of moderate sedation or analgesia, **and** successful performance of at least (1) moderate sedation/analgesia case in the last (2) years for each category of moderate sedation or analgesia applied for and (2) sedation/analgesia cases at initial appointment **OR**
2. Documentation of relevant training and experience **AND**
  - a. Attendance at a Carlsbad Medical Center sponsored CME program on moderate sedation/analgesia **or** review of the videotape of such conference **and** achievement of a score of 85% or higher on the moderate sedation/analgesia post-test, **AND** provisional privileges will be granted pending outcome review.

**Deep Sedation or Analgesia**

Separate privileges to be granted for the categories of adult and pediatric (< 15 years) deep sedation or analgesia based on documentation of current competency. **All** medical staff requesting any conscious sedation privilege, must complete and document a review of the current medical staff conscious sedation policy **AND** maintain current ACLS certification (*PALS or NALS as appropriate*); **OR** be Board Certified or fully trained in a Carlsbad Medical Center approved residency training program in Emergency Medicine, Anesthesiology or Critical Care Medicine.

In addition to the required review of the conscious sedation policy, ACLS and board certification or residency requirements above, practitioners requesting privileges in conscious sedation must meet requirements of either #1 **or** #2 listed below:

1. Documentation of training, experience and current competence related to use of deep sedation/analgesia, **and** successful performance of at least (1) deep sedation/analgesia cases in the last (2) years for each category of deep sedation or analgesia applied for **OR**
2. Documentation of relevant training and experience, **AND ALL** of the following:
  - a. Attendance at a Carlsbad Medical Center-sponsored CME program on deep sedation/analgesia or review of the videotape of such conference and achievement of the score of 85% or higher on the deep sedation/analgesia post-test, **AND**
  - b. Provide documentation of successful completion of four (4) deep sedation/analgesia cases, in each category applied for, under the direct supervision of a Carlsbad Medical Center practitioner holding appropriate clinical privileges in deep sedation. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement **AND**
  - c. Successful completion of four (4) intubations in the Operating Room under the direct supervision of a Carlsbad Medical Center credentialed anesthesiologist. If applying for both categories of deep sedation/analgesia, a total of six (6) cases will satisfy this requirement.

**Attachment C**



### **AUTHORIZATION FOR BACKGROUND CHECK**

By signing below, I grant permission to the Hospital, its medical staff and representatives ("Hospital") to obtain an investigative report, to include state and federal criminal records and driving arrest records, for purposes of processing my medical staff application. I understand that I may request the Hospital to disclose the nature and scope of the investigation requested within five (5) days of my written request made within a reasonable time after the Hospital obtains the information. I also understand that I am entitled to request a summary of my rights with respect to consumer reporting agencies.

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Print Name

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Signature

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Date