



CARLSBAD MEDICAL CENTER -REQUEST FOR PRIVILEGES—Family Practice

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

PRIVILEGE LEVEL	PROCEDURAL PRIVILEGES
Level 1	<b>USUAL AND CUSTOMARY FAMILY PRACTICE PROCEDURAL PRIVILEGES</b> 1) These procedural privileges are usually and customarily performed by board certified or fully trained Family Practitioners; and 2) Documentation of specific training and/or experience in Level 1 procedural privileges may be required; and 3) Level 1 procedural privileges are unasterisked.

PRIVILEGE LEVEL	PROCEDURAL PRIVILEGES
Level 2	<b>ADVANCED FAMILY PRACTICE PROCEDURAL PRIVILEGES</b> 1) These procedural privileges may be performed by board certified, board eligible or fully trained Family Practitioners; and 2) Level 2 procedural privileges require documentation of training and experience; and 3) Individual Level 2 procedural privileges must be proctored as defined on this application for privilege form; and 4) Level 2 procedural privileges are denoted by * (one asterisk).

R = Requested

G = Granted

D = Denied

*NOTE: If applying for an asterisked (\*) privilege, enter the number and location of procedures performed in the last 2 years.*

R	G	D		# Performed	Location Performed
<b>ANESTHESIA PROCEDURES</b>					
			<b>CONSCIOUS SEDATION</b>		
[ ]	[ ]	[ ]	Pediatric (<15 years) Moderate Sedation*	_____	_____
[ ]	[ ]	[ ]	Adult Moderate Sedation*	_____	_____
[ ]	[ ]	[ ]	Pediatric (<15 years) Deep Sedation*	_____	_____
[ ]	[ ]	[ ]	Adult Deep Sedation*	_____	_____
<b>DERMATOLOGY</b>					
[ ]	[ ]	[ ]	Debridements		
[ ]	[ ]	[ ]	Skin Biopsy- Punch Excision		
<b>MEDICAL PROCEDURES</b>					
[ ]	[ ]	[ ]	Arterial Line Placement*	_____	_____
[ ]	[ ]	[ ]	Arterial Puncture		
[ ]	[ ]	[ ]	Aspiration of Joint Effusion		
[ ]	[ ]	[ ]	Bone Marrow Aspiration*	_____	_____
[ ]	[ ]	[ ]	Central Venous Line Placement*	_____	_____
[ ]	[ ]	[ ]	Chest Tube Insertion*	_____	_____
[ ]	[ ]	[ ]	Elective Cardioversion*	_____	_____
[ ]	[ ]	[ ]	EKG (Initial interpretation)		
[ ]	[ ]	[ ]	Exercise Treadmill*	_____	_____
[ ]	[ ]	[ ]	Lumbar Puncture		
[ ]	[ ]	[ ]	Fine Needle Aspiration of Tumors*	_____	_____
[ ]	[ ]	[ ]	Paracentesis, abdominal		
[ ]	[ ]	[ ]	Sigmoidoscopy, flexible (with or without biopsy)*	_____	_____
[ ]	[ ]	[ ]	Thoracentesis*	_____	_____

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

R	G	D		# Performed	Location Performed
[ ]	[ ]	[ ]	Thrombolytic Therapy	_____	_____
[ ]	[ ]	[ ]	Ventilator Management*	_____	_____

**GYNECOLOGY**

[ ]	[ ]	[ ]	Culdocentesis	_____	_____
[ ]	[ ]	[ ]	Dilation and Curettage* (low risk, uterus <12 weeks)	_____	_____
[ ]	[ ]	[ ]	Endometrial Biopsy	_____	_____

**OBSTETRIC PROCEDURES**

[ ]	[ ]	[ ]	Abortion, Therapeutic*	_____	_____
[ ]	[ ]	[ ]	Insertion Intrauterine Pressure Catheter	_____	_____
[ ]	[ ]	[ ]	Interpretation of Fetal Non-Stress and Stress Testing	_____	_____
[ ]	[ ]	[ ]	Management of Uterine Inversion, with Obstetrical Notification	_____	_____
[ ]	[ ]	[ ]	Management of Normal Puerperal Patient	_____	_____
[ ]	[ ]	[ ]	Manual of Removal of Placenta	_____	_____
[ ]	[ ]	[ ]	Repair Cervical/Vaginal Laceration	_____	_____
[ ]	[ ]	[ ]	Ultrasound, Basic	_____	_____
[ ]	[ ]	[ ]	Vaginal Delivery, Normal, or Abnormal $\geq 33$ Weeks* (includes premature labor, amniotomy, use of oxytocin or prostaglandin for cervical ripening and/or induction of labor, vaginal birth after cesarean section, cephalopelvic disproportion, fetal distress)	_____	_____
[ ]	[ ]	[ ]	Vaginal Delivery, Low Forceps Assisted*	_____	_____
[ ]	[ ]	[ ]	Vaginal Delivery, Vacuum Assisted*	_____	_____

**ORTHOPEDIC PROCEDURES**

[ ]	[ ]	[ ]	Reduction of fracture, simple, closed	_____	_____
[ ]	[ ]	[ ]	Casting of fracture, simple non-displaced, closed	_____	_____

**PEDIATRIC PROCEDURES**

[ ]	[ ]	[ ]	Bladder Aspiration	_____	_____
[ ]	[ ]	[ ]	Circumcision, Infant*	_____	_____
[ ]	[ ]	[ ]	Newborn Resuscitation*	_____	_____

**SURGICAL PROCEDURES**

[ ]	[ ]	[ ]	Abscess I&D	_____	_____
[ ]	[ ]	[ ]	Aspiration, Breast Cyst	_____	_____
[ ]	[ ]	[ ]	Assisting at Surgery*	_____	_____
[ ]	[ ]	[ ]	Evacuation of Thrombosed Hemorrhoid	_____	_____
[ ]	[ ]	[ ]	Excisional Biopsy and/or Excision, includes Skin Lesions, Cysts, Lipoma, Superficial Breast	_____	_____
[ ]	[ ]	[ ]	Foreign Body Removal	_____	_____
[ ]	[ ]	[ ]	Laceration Repair (not involving nerve, flexor tendon or significant vessel damage and not requiring skin flaps or grafts)	_____	_____



**FAMILY PRACTICE  
 CRITERIA 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 represent minimal number of documented procedures to be submitted for consideration of the advanced privilege request. 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 Executive Committee for any privilege requested.

PROCEDURE	TRAINING/EXPERIENCE	NUMBER OF DOCUMENTED PROCEDURES FOR INITIAL APPOINTMENT	NUMBER OF PROCEDURES EVERY 2 YEARS	NUMBER OF PROCEDURES TO BE PROCTORED INITIALLY
<b>GENERAL COGNITIVE</b>				
Critical Care Admission and Management	Documentation of Successful Performance	5	3	1
<b>ANESTHESIA</b>				
Conscious Sedation – Pediatric (<15 years) Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Adult Moderate Sedation or Analgesia	See Attachment C	2	1	N/A
Conscious Sedation – Pediatric (<15 years) Deep Sedation or Analgesia	See Attachment C	2	1	4
Conscious Sedation – Adult Deep Sedation or analgesia	See Attachment C	2	1	4
<b>MEDICAL PROCEDURES</b>				
Arterial Line Placement	Documentation of Successful Performance	10	2	1
Bone Marrow Aspiration	Documentation of Successful Performance	2	1	1
Central Venous Line Placement	Documentation of Successful Performance	2	1	1
Chest Tube Placement	Documentation of Successful Performance	2	1	1
Elective Cardioversion	Documentation of Successful Performance	2	N/A	1
Exercise Treadmill	Documentation of Successful Performance	10	2	1
Fine Needle Aspiration of Tumors	Documentation of Successful Performance	2	N/A	1
Paracentesis, abdominal	Documentation of Successful Performance	1	N/A	N/A
Sigmoidoscopy	Documentation of Successful Performance	25	2	1
Thoracentesis	Documentation of Successful Performance	2	1	1
Ventilator Management	Documentation of Successful Performance	5	1	1
<b>GYNECOLOGY PROCEDURES</b>				
Dilation and Curettage	Documentation of Successful Performance	3	2	1

PROCEDURE	TRAINING/EXPERIENCE	NUMBER OF DOCUMENTED PROCEDURES FOR INITIAL APPOINTMENT	NUMBER OF PROCEDURES EVERY 2 YEARS	NUMBER OF PROCEDURES TO BE PROCTORED INITIALLY
<b>OBSTETRIC PROCEDURES</b>				
Abortion, therapeutic	Documentation of Successful Performance	10	1	1
Vaginal Delivery, normal/abnormal $\geq 33$ weeks	Documentation of Successful Performance	10	5	2
Vaginal delivery, low forceps assisted	Documentation of Successful Performance	2	1	1
Vaginal delivery, vacuum assisted	Documentation of Successful Performance	2	1	1
PROCEDURE	TRAINING/EXPERIENCE	NUMBER OF DOCUMENTED PROCEDURES FOR INITIAL APPOINTMENT	NUMBER OF PROCEDURES EVERY 2 YEARS	NUMBER OF PROCEDURES TO BE PROCTORED INITIALLY
<b>PEDIATRIC PROCEDURES</b>				
Circumcision	Documentation of Successful Performance	2	1	
Newborn Resuscitation	Current PALS/NRP Certification of Documentation of Successful Performance	PALS or 5	Recert or 2	1
<b>SURGICAL PROCEDURES</b>				
Assisting in Surgery	Documentation of Successful Performance	3	2	N/A
Vasectomy	Documentation of Successful Performance	15	2	1
Venous Cutdown	Documentation of Successful Performance	2	1	1

### 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.



### **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