

Fort Bayard Medical Center
Delineation of Clinical Privileges

Name: _____

Please clearly mark "Yes" or "No" next to each privilege listed below. Incomplete request forms will not be considered.

ADULT MEDICAL CARE

Yes	No	
		Assesments
		Screening/Admission Evaluation
		Physical Assessment
		Treatment
		Referral

PROCEDURES

		Catheterization of the urinary bladder
		Joint aspiration and injection
		Therapeutic soft tissue injection
		Routine primary care procedures such as, suturing of skin lacerations, care of minor wounds, insertion of nasogastric tubes and drawing of venous and arterial blood samples.
		Emergency medical procedures as needed including cardiorespiratory resuscitation (Basic CPR)
		Starting IV fluids
		Anoscopic Examination
		Interpret Electrocardiogram
		Suture minor and major lacerations
		Treatment of 1st and 2nd degree burns
		Anterior nasal packing for epistaxis
		Incision and drainage of abscess
		Other(s):

TREATMENT

		Evaluation and treatment of connective tissue disorders
		Evaluation and treatment of acute and chronic neuromusculoskeletal pain syndromes
		Treatment of endocrinological disorders as related to musculoskeletal problems or as needed in the course of rehabilitation

		Management of degenerative, metabolic hereditary, traumatic, and miscellaneous types of bone and joint disease
		Evaluation and treatment of degenerative problems of the nervous system, vascular problems, infectious problems when related to the rehabilitation of patients, carcinomatous problems, treatment of congenital problems
		Treatment of diseases and conditions of any body system when related to neuromusculoskeletal complaints or an overall rehabilitation program
		Treatment of contractures of soft tissues and joints
		Prescription of Physical Therapy and Occupational Therapy
		Prescription of orthotic and prosthetic devices
		Treatment of pressure ulcers

REHABILITATION

		Rehabilitation of patient with amputations
		Rehabilitation of patients with spinal cord injuries
		Rehabilitation of patients with hereditary, congenital, infectious, metabolic, traumatic, vascular, and other disabilities of the peripheral and central nervous system
		Rehabilitation of patient with connective tissue disorders of both articular and non--articular types
		Rehabilitation of patient with chronic pain problems
		Rehabilitation of patients with burns
		Rehabilitation of patients with any type of paralysis
		Rehabilitation of patient with myopathic diseases
		Rehabilitation of patients with neuropathic diseases
		Rehabilitation of patients with fractures
		Rehabilitation team direction and supervision

CHEMICAL DEPENDENCY TREATMENT

		Evaluation and treatment of patients with alcohol, opioid, cocaine, benzodiazepine and other drugs, to exclude detoxification
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PSYCHIATRY

		Screening/Admission Evaluation
		Psychiatric Assessment
		Psychiatric Diagnosis
		Formulation of Treatment Plans
		Psychopharmacology
		Discharge of Patients
		Individual and Group Therapy
		Neuropsychiatric Assessment, Diagnosis and Treatment
		Other(s):

Applicant Name: _____

I hereby request those privileges identified above. By signature below, I attest to being physically and mentally capable of performing the requested privileges and to having the requisite training and skills to perform the same.

Applicant's Signature: _____ Date: _____

The members of the FBMC Credentialing Committee have reviewed and investigated this application and hereby recommend that this application be:

Accepted for appointment/reappointment of staff membership and/or continuation of current privileges

Accepted for reappointment of staff membership and modification of privileges as outlined on privilege delineation forms.

Rejected or accepted with restrictions for the following reasons:

