

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR HYPERBARIC MEDICINE

Minimum Threshold Criteria

To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* Completion of an accredited program in an appropriate specialty (e.g., pulmonary medicine, emergency medicine, trauma surgery).
3. *Required previous experience:* The successful applicant must submit documentation of 40 hours training in HBOT approved by the UHMS. This training must have been completed in the past 12 months, or the applicant must have experience in hyperbaric medicine at another institution since the completion of a certified course and provide documentation of the same, or the applicant must have completed a one-year military air force fellowship in aerospace/hyperbaric medicine.
4. *References:* Letters of reference must come from the practitioner's residency director or chief of department.
5. *Reappointment:* A minimum of 10 continuing medical education (CME) credit hours in HBOT is required every two years.

Privileges include being able to admit and treat patients for the diagnosis and therapeutic management of the following conditions utilizing HBOT:

HBOT is currently indicated as a primary mode of therapy for: Carbon monoxide poisoning, acute – smoke inhalation; cerebral arterial gas embolism, acute – decompression, iatrogenically induced; cyanide poisoning – ingestion, inhalation; decompression sickness/disorders – high altitude activities, scuba diving

HBOT is currently indicated as an important adjunctive therapy for: anemia – exceptional blood loss, patient refusal of blood, cross matching difficulties; compromised skin grafts and flaps; intracranial abscesses; narcotizing soft tissue infections, including subcutaneous, muscle, and fascia – clostridial myonecrosis (gas gangrene), mixed aerobic and anaerobic organisms, necrotizing fasciitis; osteomyelitis, chronic – refractory to bone cultured antibiotics and surgical debridements; osteoradionecrosis; problem wounds – hypoxic, diabetic; soft tissue radiation injury – proctitis (bowel and rectum), cystitis (bladder); thermal burns; traumatic ischemia, acute - crush injury, compartment syndrome

I understand that in making this request, I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Physician's signature

Typed or printed name

Date

In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted.

Approved: 11/01