Huntington Hospital

Delineation Of Privileges

Emergency Medicine Privileges

Provider Name:

Privilege	Requested	Tabled	Approved

EMERGENCY MEDICINE PRIVILEGES

Criteria:

A. 1) Board Certification by the American Board of Emergency Medicine;
2) Documented evidence of having received Advanced Trauma Life Support (ATLS) certification from the American College of Surgeons (ACS) at least once.

OR

B. 1) Board eligibilty by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine
2) Current ACLS and PALS certification from the American Heart Association (AHA)
3) Documented evidence of having received Advanced Trauma Life Support (ATLS) certification from the American College of Surgeons (ACS) at least once.

OR

C. 1) Successful completion of an ACGME or AOA approved postgraduated training program in the appropriate primary care specialty with demonstrated recent experience in emergency medicine.
2) Documentation of active practice of at least 1,000 hours per year for at least three years in an emergency department (which may include residency training)
3) Current ACLS and PALS certification from the American Heart Association (AHA)
4) Documented evidence of having received Advanced Trauma Life Support (ATLS) certification from the American College of Surgeons (ACS) at least once.

Category C providers are not eligible to treat Code Trauma patients.

For reappointment: performance improvement assessment by the Section Chair of Emergency Medicine and the Chair of the Department of Meidicne demonstrating that the standard of care has been met.

Proctoring Requirements: A minimum of ten cases, in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES:

Sedation Analgesia

Criteria: Requires successful completion of the Sedation Assessment Test

Additional criteria effective April 1, 2015: a) Evidence of completion of an Airway Management Course

(Physicians Board Certified in Emergency Medicine are exempt from the additional criteria requirement)

a) Adult Sedation ___ ___ ___

b) Pediatric Sedation (17 years and under) ___ ___ ___

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Restraint and Seclusion ***Criteria:*** Requires successful completion of the Restraint and Seclusion Assessment Test	___	___	___
CORE EMERGENCY MEDICINE PRIVILEGES: Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations and prescribing medications according to DEA Certificate.	___	___	___
AIRWAY TECHNIQUES:	___	___	___
a) Cricothyrotomy	___	___	___
b) Nasal endotracheal airway	___	___	___
c) Oral endotracheal airway	___	___	___
d) Neuromuscular blockade	___	___	___
e) Mechanical ventilator	___	___	___
f) Percutaneous transtracheal ventilation	___	___	___
ANESTHESIA:	___	___	___
a) Local anesthesia	___	___	___
b) Regional nerve block	___	___	___
c) Short term general anesthesia	___	___	___
CARDIAC PROCEDURES:	___	___	___
a) Closed cardiac massage	___	___	___
b) Open cardiac massage	___	___	___
c) External/cutaneous cardiac pacing	___	___	___
d) Transthoracic cardiac pacing	___	___	___

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Privilege	Requested	Tabled	Approved
e) Transverse cardiac pacing	___	___	___
f) Cardioversion	___	___	___
g) Defibrillation	___	___	___
DIAGNOSTIC PROCEDURES:	___	___	___
a) Arthrocentesis	___	___	___
b) Cystourethrogram	___	___	___
c) IVP contrast	___	___	___
d) Lumbar puncture	___	___	___
e) Nasogastric/oral gastric tube	___	___	___
f) Pericardiocentesis	___	___	___
g) Peritoneal lavage	___	___	___
h) Proctoscopy	___	___	___
i) Thoracentesis	___	___	___
j) Tonometry	___	___	___
k) Slit lamp examination	___	___	___
GENITOURINARY TECHNIQUES:	___	___	___
a) Bladder catheterization/foley catheter	___	___	___
b) Suprapublic bladder catheterization	___	___	___
c) Precipitous delivery of newborn	___	___	___
d) Culdocentesis	___	___	___

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Provider Name:

Privilege	Requested	Tabled	Approved
e) IUD removal	___	___	___
f) Examination of rape victim	___	___	___
HEAD/NECK PROCEDURES:	___	___	___
a) Epistaxis control	___	___	___
b) Laryngoscopy	___	___	___
c) Naso/pharyngeal endoscopy	___	___	___
HEMODYNAMIC TECHNIQUES:	___	___	___
a) Jugular central venous access	___	___	___
b) Subclavian central venous access	___	___	___
c) Peripheral central venous access including venous cutdown	___	___	___
d) Intraosseus infusion	___	___	___
e) Arterial cannulation	___	___	___
f) Arterial blood gases	___	___	___
ORTHOPEDIC PROCEDURES:	___	___	___
a) Immobilization of fracture/dislocation	___	___	___
b) Closed reduction of fracture/dislocation	___	___	___
c) Cervical spine traction techniques	___	___	___
d) Cervical spine immobilization	___	___	___
e) Trigger point therapy	___	___	___
THORACIC PROCEDURES:	___	___	___

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Emergency Medicine Privileges

Provider Name:

Privilege	Requested	Tabled	Approved
a) Needle Thoracostomy	___	___	___
b) Tube Thoracostomy	___	___	___
c) Emergency Thoracostomy	___	___	___
d) Pericardiocentesis	___	___	___
OTHER PROCEDURES:			
a) Foreign body removal	___	___	___
b) Gastric lavage	___	___	___
c) Incision and drainage	___	___	___
d) Wound management/suture techniques	___	___	___
e) Hernia reduction	___	___	___
f) Hemorrhoid treatment	___	___	___
g) G-tube replacement	___	___	___

EMERGENCY MEDICINE SUBSPECIALTY PRIVILEGES

TOXICOLOGY

Criteria:

a) Board Certification by the American Board of Emergency Medicine or American Osteopathic Board; and,

b) Successful completion of an ACGME or AOA approved Medical Toxicology training program requiring certification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.

Proctoring Requirements: A minimum of eight cases.

Inpatient Toxicology Consultations	___	___	___

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in

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Emergency Medicine Privileges

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Privilege	Requested	Tabled	Approved

exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ Date:_____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____