

Privileges for: Emergency Medicine

Request

Successful completion of ACGME or AOA approved residency training program in Family Practice or Internal Medicine. Applicants must document sufficient training and experience that allows them to evaluate and initially manage and treat patients who seek emergency care with the back up of a Full Status emergency physician on duty in the Department. Family Practice or Internal Medicine board certification for new applicants, per the "Special Note" above.

Privileges Requested

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in emergency medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

[Legend: * Documentation of training/experience required for Category III applicants
+ Procedures require supervision when performed by Category IV applicants]

DESCRIPTION OF CORE PRIVILEGES

Performance of histories and physicals

Provision of any life saving treatment or procedure for a patient in extremis. Emergency Medicine physicians assess, evaluate, diagnose and initially treat patients who present in the Emergency Department with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries. In addition, they stabilize patients with major illnesses or injuries and assess all patients to determine whether additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. Core privileges do not include privileges to perform scheduled elective procedures, with the exception of procedures performed during routine E.R. follow-up visits. Core privileges include privileges to admit to an observation unit and privileges to write transition admitting orders that will expire during the order reconciliation process at admission, which is to occur within 24 hours by the admitting physician or designee. Care of the patient is transferred to the admitting physician at the time transition admitting orders are written by the E.D. physician.

AIRWAY TECHNIQUES

Airway management and intubation; Use of manual and mechanical ventilators and resuscitators - 31500, 94002, 94799

Cricothyrotomy*+ - 31605

Endotracheal intubation techniques* - 31500

Percutaneous transtracheal ventilation*+ - 31603, 94002

Tracheostomy*+ - 31610, 31603,31605

ANESTHESIA

Anesthesia: intravenous (upper extremity, local, and regional)*

Neuro-muscular blockade* - 64400, 64450

CARDIAC PROCEDURES

Administration of thrombolytic therapy for myocardial infarction, stroke* - 96365, 96366, 96374

Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Defibrillation - 32160, 92950, 92960, 93799

EKG interpretation - 93010

External transcutaneous pacemaker - 95953

Insertion of emergency transvenous pacemaker*+ - 33210, 33211, 33999

Intracardiac injection and Pericardiocentesis*+ - 33010

Resuscitation* - 92950

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DIAGNOSTIC PROCEDURES

_____ Arterial puncture and cannulation; Arthrocentesis; Lumbar puncture; Peritoneal lavage; Preliminary interpretation of imaging studies -
36600, 36620, 20600, 20605, 20610, 62270, 49084,
_____ Slit lamp used for ocular exam, Removal of corneal foreign body* - 65220, 65222

GASTROINTESTINAL

_____ Anoscopy - 46600
_____ Nasogastric/orogastric intubation; GI decontamination (emesis, lavage, and charcoal)
_____ Hernia reduction - 49999
_____ Paracentesis - 49082, 49083

GENTOURINARY TECHNIQUES

_____ Bladder decompression and catheterization techniques; Suprapubic aspiration/catheterization - 51102

HEAD/NECK

_____ Laryngoscopy, direct and indirect*+ - 31505, 31525
_____ Management of epistaxis, including nasal cautery/packing - 30901, 30903, 30905, 30906
_____ Ocular tonometry - 92499

HEMODYNAMIC TECHNIQUES

_____ Blood component transfusion therapy - 36430
_____ Central venous access: femoral, jugular, peripheral, internal, subclavian, and cutdowns - 36555, 36556, 36557, 36558, 36568, 36569
_____ Intraosseous infusion+ - 36681

OBSTETRICAL/GYN PROCEDURES

_____ Delivery of newborn, emergency - 59409

ORTHOPEDIC PROCEDURES

_____ Dislocation/fracture reduction/immobilization techniques; Immobilization techniques; Application of splints and plaster molds; Injection of
bursa or joint; Nail trephine techniques
_____ Repair of extensor tendons*+
_____ Spine immobilization*

THORACIC PROCEDURES

_____ Thoracentesis - 32421, 32422
_____ Thoracostomy tube insertion*+ - 32551
_____ Thoracostomy, open for patient in extremis*+

OTHER TECHNIQUES

_____ Repair of lacerations; Wound debridement and repair; Abscess incision and drainage, including Bartholin's cyst; Removal of foreign bodies
(e.g., airway, nose, eye, ear)
_____ Burn management - 16000, 16020, 16025, 16030
_____ Irrigation and management of caustic exposures

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Ultrasound - (vascular access and superficial foreign body location)

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

DESCRIPTION OF ADDITIONAL PRIVILEGES

Fluoroscopy (ADDITIONAL REQUIREMENT: Radiation Safety certification required.)

MODERATE / DEEP SEDATION PRIVILEGING

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course). - 99144, 99149

Deep Sedation (Board Certification in Emergency Medicine) (addressed in policy 300.302.07) For graduates from an Emergency Medicine residency who are not yet boarded, a letter of recommendation from the Director of their training program that attests to deep sedation as a part of their curriculum is required. This will be accepted in lieu of board certification provided the practitioner completed the program within the last two years.

Anesthesia Section Chairman

Date

EMERGENCY ULTRASONOGRAPHY PRIVILEGING

Successful completion of one of the four pathways identified below:

1. Residency training in emergency ultrasonography with verification from program director. Practitioner must present letter from residency director attesting to training and competency.
2. Fellowship training which included emergency ultrasound and verification from program director. Practitioner must present letter from fellowship director attesting to training and competency
3. For those with previous experience, demonstration of successful performance of at least 25 ultrasounds for each primary application for which privileges are requested
4. Practiced based pathway to credentialing in emergency ultrasonography
 - a. 16 hours of formal education in emergency ultrasonography or an ultrasound course that conforms to ACEP guidelines. Such training should entail lectures, structured reading, and performing practice ultrasound examinations on models.
 - b. Performance of 25 verified ultrasounds per primary indication. These examinations are performed by the physician on patients in the E.D. The ultrasounds must be conducted with a credentialed ultrasonographer (as defined by above), certified ultrasound technician or confirmed by official follow-up study (CT/formal ultrasound). Documentation will be entered in the patient's medical chart that an examination was performed after verbal consent and the results of the ultrasound will be included.

Reappointment:

1. Documentation of ongoing use (25 for each primary application for which privileges are requested annually).

NOTE: The ability to track ultrasounds by type was implemented November 2012. Prior to this time, type was not tracked.

Ultrasonography - Trauma

Ultrasonography - Intra-uterine pregnancy

Ultrasonography - AAA

Ultrasonography - Cardiac

Ultrasonography - Biliary

Ultrasonography - Urinary tract

Ultrasonography - DVT

Ultrasonography - Soft-tissue/musculoskeletal

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- _____ Ultrasonography - Thoracic
- _____ Ultrasonography - Ocular

_____ **Radiology Section Chairman**

_____ **Date**

Applicants Signature: _____ **Date:** _____