

Privileges for: House Physician / Rounding Physician for Specialist Services

Request

Document Review: MEC February 25, 2010, February 27, 2014; Board May, 2010, June 27, 2013, May 5, 2014, March 24, 2016

ST. ELIZABETH - EDGEWOOD

ST. ELIZABETH - FLORENCE

ST. ELIZABETH - FT. THOMAS

ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature

Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of at least the second post-graduate year of an ACGME or AOA-accredited residency.

Current ACLS (Advanced Cardiac Life Support) certification

PRIVILEGES REQUESTED

I. Core Privileges: Core privileges as House Physician include the care, treatment or services listed immediately below. 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 CORE PRIVILEGES

(DOES NOT APPLY TO HOUSE PHYSICIANS) Performance of histories and physicals, conduct rounds, make chart entries, write orders, patient counseling and patient instruction, prescribe pharmacologic agents, make appropriate referrals to other health professionals and community agencies, order appropriate diagnostic tests and discharge of the patient (This privilege does not require a current ACLS.)

Evaluation and management of patients throughout the hospital for acute issues, with consultation by the patient's attending or consulting physicians when appropriate; Airway insertion of oropharyngeal airway, insertion of nasopharyngeal airway, use of suction apparatus, endotracheal intubation, use of manual and mechanical ventilation; Resuscitation closed chest massage; appropriate volume/ blood product replacement, carotid sinus massage, intravenous puncture and catheterization, central venous catheter placement, intra arterial puncture, NG insertion, foley insertion; Wound - hemorrhage control; laceration repair; surgical debridement; foreign body removal; incision and drainage of abscesses; Anesthesia - local; Neuro C spine immobilization; ENT epistaxis control (nasal chemical cautery/anterior and posterior packing)

Moderate sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonary or Emergency Medicine or (b) current ACLS certification or (c) satisfactory completion of the ASA Moderate Sedation course)

Anesthesia Section Chief

Date

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 meet all "Additional Requirements" listed for each privilege below and 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.

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DESCRIPTION OF ADDITIONAL PRIVILEGES

_____ Lumbar puncture (ADDITIONAL REQUIREMENT: Proof of experience and competency)

_____ Fiberoptic Laryngoscopy (ADDITIONAL REQUIREMENT: Proof of experience and competency)

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____ **Date:** _____