Delineation of Privileges
Emergency Medicine

Applicant’s Name: ________________________________________________________________

Last   First         M.

Instructions:  
• Place a check-mark where indicated for each core group you are requesting.
• Review education and basic formal training requirements to make sure you meet them.
• Review documentation and experience requirements and be prepared to prove them.
  ✓ Note all renewing applicants are required to provide evidence of their current ability to perform
    the privileges being requested
  ✓ When documentation of cases or procedures is required, attach said case/procedure logs to
    this privileges-request form.
• Provide complete and accurate names and addresses where requested -- it will greatly assist how
  quickly our credentialing-specialist can process your requests.

Overview
Core I – Regions Hospital only - emergency medicine privileges for emergency medicine trained or certified physicians
Core II - Emergency medicine privileges for emergency medicine trained or certified physicians
Core III - Emergency medicine privileges for non-emergency medicine trained or certified physicians
Core IV - Regions Hospital only - toxicology privileges
Moderate Sedation
POCUS
Core procedure list
Signature page
CORE I — Staff physician (emergency medicine-trained and/or certified at Regions Hospital)

Place an X in the appropriate box of the privileges you are requesting at the designated hospital

RH

Privileges

Assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.

Administer and manage moderate and deep sedation with the intent to depress consciousness, often with associated loss of airway reflexes, depressed respiratory and cardiovascular function.

Privileges do not include long-term care of patients on an inpatient basis.

No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. MD, DO, MBBS, or MB BCH
2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved postgraduate training program in emergency medicine.
   Or
   Qualification to sit for board certification via practice tract and subsequent board certification in emergency medicine
3. Current board certification in emergency medicine or active participation in the examination process with achievement of certification within 5 years by the American Board of Medical Specialties, the American Osteopathic Board, or the Royal College of Physicians and Surgeons.
4. New applicants must be able to attest to having held ATLS certification at least once during their years of practice (this requirement is consistent with current American College of Surgeons recommendations for level one trauma centers).

Required documentation and experience

NEW APPLICANTS:
1. Provide contact information for a residency director whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

   Name ___________________________ Phone: ___________________________
   Name of Facility: ______________________ Fax: ___________________________
   Address: ___________________________ Email: ___________________________
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<tr>
<td>Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</td>
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| Name _________________________________ | Phone: _________________________________ |
| Name of Facility: ____________________ | Fax: _________________________________ |
| Address: ______________________________ | Email: ________________________________ |

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation showing the number of patient encounters in the last 24 months;

   Or

   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

| Name _________________________________ | Phone: _________________________________ |
| Name of Facility: ____________________ | Fax: _________________________________ |
| Address: ______________________________ | Email: ________________________________ |
CORE II — Staff physician (emergency medicine-trained and/or certified)

Place an X in the appropriate box of the privileges you are requesting at the designated hospital

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Privileges

Assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.

Administer and manage moderate and deep sedation with the intent to depress consciousness, often with associated loss of airway reflexes, depressed respiratory and cardiovascular function.

Privileges include the ability to write admitting transition orders with the responsibility for patient care transferred to the appropriate on-call or inpatient attending physician when the on-call or inpatient physician is not on site or readily available. Physicians may write orders for patients that they admitted from the emergency department when the on-call physician is not immediately available on site.

Privileges also include the ability to write orders on the inpatient side for emergency situations i.e. rapid response calls and Code Blues outside of the emergency department.

Privileges do not include long-term care of patients on an inpatient basis.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. MD, DO, MBBS, or MB BCH
2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved postgraduate training program in emergency medicine.
   Or
   Qualification to sit for board certification via practice tract and subsequent board certification in emergency medicine
3. Current board certification in emergency medicine or active participation in the examination process with achievement of certification within 5 years by the American Board of Medical Specialties, the American Osteopathic Board, or the Royal College of Physicians and Surgeons.

Required documentation and experience

NEW APPLICANTS:
1. Provide contact information for a residency director whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.
| Name ___________________________ | Phone: __________________________ |
| Name of Facility: __________________ | Fax: __________________________   |
| Address: _________________________ | Email: _________________________ |

**REAPPOINTMENT APPLICANTS:**

1. Provide documentation showing the number of patient encounters in the last 24 months;
   Or
   Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

| Name ___________________________ | Phone: __________________________ |
| Name of Facility: __________________ | Fax: __________________________   |
| Address: _________________________ | Email: _________________________ |
CORE III — Privileges in emergency medicine for non-emergency medicine-trained or certified physicians (not applicable to Regions Hospital)

Place an X in the appropriate box of the privileges you are requesting at the designated hospital

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Privileges

Assess, evaluate, diagnose, and initially treat patients of all ages who present to the Emergency Department with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilized patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary.

Privileges include the ability to write admitting transition orders with the responsibility for patient care transferred to the appropriate on-call or inpatient attending physician when the on-call or inpatient physician is not on site or readily available. Physicians may write orders for patients that they admitted from the emergency department when the on-call physician is not immediately available on site.

Privileges also include the ability to write orders on the inpatient side for emergency situations i.e. rapid response calls and Code Blues outside of the emergency department.

Privileges do not include long-term care of patients on an inpatient basis.

The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. MD, DO, MBBS, or MB BCH
2. Successful completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada approved post graduate training program in family medicine, general surgery, internal medicine, or pediatrics.
3. Current board certification or active participation in the examination process with achievement of certification within 5 years by the American Board of Medical Specialties, the American Osteopathic Board, or the Royal College of Physicians and Surgeons.
4. Current ATLS and ACLS and PALS certification
   OR
   Current CALS certification
   NOTE: New requirement as of January 1, 2015: Physician scheduled to work in the emergency departments as secondary physicians must meet the training requirements of the trauma system.

Required documentation and experience

NEW APPLICANTS:
1. Provide copy of current ATLS and ACLS and PALS certification or current CALS certification
2. Provide documentation of at least 100 patients cared for in emergency department in the past year with activity representative of privileges requested. If activity does not meet threshold proctoring may be required.
3. Provide contact information for a physician peer or residency director (if you have just completed your residency) whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name __________________________ Phone: __________________________

Name of Facility: __________________________ Fax: __________________________

Address: __________________________ Email: __________________________
REAPPOINTMENT APPLICANTS:
1. Provide copy of current ATLS and ACLS and PALS certification or current CALS certification
2. Provide documentation of at least 200 patients cared for in emergency department in the past two years with activity representative of privileges requested. If activity does not meet threshold proctoring may be required.
3. Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency.

Name _______________________________ Phone: _______________________________
Name of Facility: _______________________________ Fax: _______________________________
Address: _______________________________ Email: _______________________________
CORE IV — Toxicology (Regions Hospital only)

Place an X in the appropriate box of the privileges you are requesting at the designated hospital

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<th>Privileges</th>
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<td>General privileges in toxicology and consultation services on issues involving toxicology.</td>
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<thead>
<tr>
<th>Basic education and minimal formal training</th>
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<tr>
<td>1. MD, DO, MBBS, or MB BCH</td>
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<tr>
<td>2. Current certification or active participation in the examination process -- with achievement of certification within 5 years</td>
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<td>– leading to certification in toxicology by the American Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or the American Board of Pediatrics</td>
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<td>3. Successful completion of an accredited fellowship in toxicology</td>
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<td>Completion of a formal training program in toxicology;</td>
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<th>Required documentation and experience</th>
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<tr>
<td>NEW APPLICANTS:</td>
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<tr>
<td>1. Provide documentation from another hospital indicating privileges for toxicology;</td>
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<td>Or</td>
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<tr>
<td>Provide contact information for a fellowship director or physician toxicologist whom the credentialing specialist may contact to provide an evaluation of your clinical competency.</td>
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<tr>
<td>Name: ___________________________ Phone: ___________________________</td>
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<td>Name of Facility: ___________________________ Fax: ___________________________</td>
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| REAPPOINTMENT APPLICANTS: |
| 1. Provide documentation of 25 toxicology consults during the past 24 months; |
| Or |
| Provide contact information for a physician peer whom the credentialing specialist may contact to provide an evaluation of your clinical competency. |
| Name: ___________________________ Phone: ___________________________ |
| Name of Facility: ___________________________ Fax: ___________________________ |
| Address: ___________________________ Email: ___________________________ |
Moderate Sedation
(Is included in Core I and II; all others must request as separate privilege if needed)

Place an X in the appropriate box of the privileges you are requesting at the designated hospital

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Privilege

Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patient airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.

Basic education and minimal formal training

1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS,
2. Successful completion of an ACGME or AOA, Royal College of Physicians and Surgeons of Canada, or Professional Corporation of Physicians of Quebec approved residency training program.

Required documentation and experience

NEW APPLICANTS:
1. Provide documentation of successful completion of the moderate sedation test.
   Or
   Document experience by providing one of the following:
   • Evidence of successful completion of a moderate sedation test with passing score from another hospital;
   • Governing board letter from another hospital indicating the applicant has moderate sedation privileges;
   • Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted;
   • If a recent graduate, attestation of competency from program director.
2. Provide documentation of current ACLS, PALS or ATLS certification.

REAPPOINTMENT APPLICANTS:
1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months;
   Or
   Documentation from Medical Director/Division Head/Section Head that attests to ongoing current competence.
   Name ___________________________________________ Phone: ________________________________
   Name of Facility: _______________________________ Fax: ______________________________________
   Address: _____________________________________ Email: _____________________________________
2. Provide documentation of current ACLS, PALS, or ATLS certification.
# Point of Care Ultrasound (POC US)

Place an X in the appropriate box of the privileges you are requesting at the designated hospital.

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## Privileges

Practitioner agrees to limit the use of ultrasound to exams performed at the bedside for the purpose of a rapid evaluation to help establish a diagnosis in situations which applicant has privileges to practice.

## Basic education and minimal formal training

1. Hold one of the core privileges
2. Have completed residency training in a program that included formal hands on ultrasound instruction and experience;
   Or
   Completed twenty (20) hours of Point of Care Ultrasound CME with at least six (6) hours of hands on ultrasound scanning and has completed five (5) proctored limited cardiac ultrasound cases (as part of CME).

## Required documentation and experience

### NEW APPLICANTS:

| To the applicant: Strike through those procedures you do not wish to request. |
| Provide documentation demonstrating satisfactory completion of training ultrasound technology (as noted in section above). |
1. Cardiac: Provide documentation of having performed 20 cases of limited cardiac ultrasound (includes all five views) within the last 12 months.
2. Invasive procedures: Provide documentation of having performed 5 cases of procedural/invasive ultrasound (can be any combination of procedures) within the last 12 months.
3. Non-invasive procedures: Provide documentation of having performed 5 cases of each type of non-invasive ultrasound for which privileges are requested within the last 12 months.

### REAPPOINTMENT APPLICANTS:

1. Cardiac: Perform 20 cases of limited cardiac ultrasound (tailored to answer clinical question) within the last 24 months and provide documentation upon request.
2. Invasive procedures: Perform 10 cases total of procedural/invasive ultrasound (can be any combination of procedures) within the last 24 months and provide documentation upon request.
3. Non-invasive procedures: Perform 20 cases total of non-invasive ultrasound within the last 24 months and provide documentation upon request.
Core Procedure List — emergency medicine clinical privileges

To the applicant: Strike though those procedures you do not wish to request.

This list is a sampling of procedures included in the core for each hospital. This is not intended to be all-encompassing but rather reflective of the categories/types of procedures included in the core.

1. Abscess incision and drainage, including Bartholin’s cyst
2. Airway management and intubation
3. Administration of sedation and analgesia per hospital policy
4. Administration of thrombolytic therapy of myocardial infarction and stroke
5. Anoscopy
6. Arthrocentesis
7. Anesthesia: intravenous (upper extremity, local, and regional)
8. Bladder decompression and catheterization techniques
9. Blood component transfusion therapy
10. Burn management, including escharotomy
11. Cardiac pacing to include but not limited to external, intra thoracic, transvenous
12. Cardiac massage, open or closed
13. Cardioversion (synchronized counter-shock)
14. Central venous access (femoral, jugular, peripheral, internal, subclavian)
15. Chemical restraint of agitated patient
16. Cricothyrotomy
17. Defibrillation
18. Delivery of newborn, emergency (including emergent peri-mortem c-section)
19. Dental anesthesia block
20. Dislocation/fracture reduction/immobilization techniques, including splint and cast applications
21. Electrocardiography interpretation
22. Emergency ultrasound as an adjunct to privileged procedure
23. GI decontamination(lavage, charcoal)
24. Hemorrhoidectomy with clot removal
25. Hernia reduction
26. Irrigation and management of caustic exposures
27. Insertion of emergency transvenous pacemaker
28. Intracardiac injection
29. Intraosseous insertion and infusion
30. Laryngoscopy, direct, indirect
31. Lumbar puncture
32. Management of epistaxis
33. Nail removal
34. Nail trephine techniques
35. Nasogastric/orogastric intubation
36. Ocular pH determination
37. Ocular tonometry
38. Oxygen therapy
39. Paracentesis
40. Pericardial hematoma incision and drainage
41. Pericardiocentesis
42. Perform history and physical exam
43. Peripheral venous cutdown
44. Peritoneal lavage
45. Preliminary interpretation of imaging studies
46. Puncture cannulation, artery and vein
47. Dental Reduction
48. Removal of foreign bodies, airway including nose, eye, ear, soft instrument/irrigation, skin or subcutaneous tissue
49. Removal of IUD
50. Resuscitation
51. Skull trephination
52. Slit lamp used for ocular exam, removal of corneal foreign body
53. Spine immobilization
54. Thoracentesis
55. Thoracotomy tube insertion
56. Thoracotomy
57. Tracheostomy
58. Variceal/nonvariceal hemostasis
59. Wound debridement and repair
60. Non-invasive ventilation (CPAP,BiPAP)
ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which – by education training, current experience and demonstrated performance – I am qualified to perform and that I wish to exercise at the designated hospitals. I understand that:

1. In exercising any clinical privilege granted, I am governed by the designated hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply all the information that has been requested of me for the privileges for which I have applied. I also understand that my application for privileges will not proceed until the information is received.

__________________________________________________________________________
Signature                                            Date
Amery Hospital and Clinic Emergency Medicine Privileges Recommendation

Applicant Name: ________________________________

Credentialing Chairperson

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

__________________________________________________ ___________________________________
Signature Date
Hudson Hospital and Clinic Emergency Medicine Privileges Approval

Applicant Name:______________________________

MEDICAL DIRECTOR RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

☐ Recommend approval of clinical privileges as requested.
☐ Recommend with the following exceptions: ______________________________________
☐ Recommend Deferral: Reason: _________________________________________________
☐ Recommend Denial: Reason: __________________________________________________

COMMENTS:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

_______________________________________________               ____________________________
Signature                                               Date
Lakeview Hospital Emergency Medicine Privileges Approval

Applicant Name:__________________________________________

☐ As Department/Committee Chair, I have reviewed the privileges requested above and I approve without exception.

☐ Approved with the following exception/recommendation:____________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

___________________________________________________ ___________________________________                     
Department/Committee Chair Approval                          Date

____________________________________________________ ___________________________________                     
Executive Committee Approval                                Date

____________________________________________________                     
Board Approval                                              Date
Regions Hospital Emergency Medicine Privileges Recommendation

Applicant Name: ________________________________

DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

☐ Recommend all requested privileges

☐ Recommend privileges with the following conditions/modifications

☐ Do not recommend the following requested privileges

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<th>Condition / Modification / Explanation</th>
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Notes:

__________________________________________________ ___________________________________
Signature       Date
Westfields Hospital & Clinic Emergency Medicine Privileges Approval

Applicant Name: ____________________________

WESTFIELDS HOSPITAL CHIEF OF STAFF REVIEW AND APPROVAL:
I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant’s training and experience. I recommend this application proceed.

__________________________________________________ ___________________________________
Signature       Date