

FLOYD MEDICAL CENTER

DEPARTMENT OF FAMILY MEDICINE Medical Staff Privilege Checklist

I, _____, MD, DO., do hereby apply for the following privileges in the Department of Family Medicine.

All privileges are recommended by the Department of Family Medicine to the Executive Committee for approval. Final approval is granted by the governing board. **Fill in all blanks on the privileges checklist. For privileges not requested, enter Ø or N/R.**

PRIVILEGE	Requested	Approved
<u>MEDICINE</u>		
Diagnosis and treatment of common adult illness	[]	[]
Hepatic Diseases		
Differential diagnosis	[]	[]
Hepatitis	[]	[]
Differential diagnosis of jaundice	[]	[]
Gastrointestinal Disease		
Differential diagnosis	[]	[]
Bleeding peptic ulcer	[]	[]
Ulcerative colitis	[]	[]
Regional ileitis	[]	[]
Intestinal obstruction	[]	[]
Pancreatitis	[]	[]
Malabsorption	[]	[]
Cholecystitis	[]	[]
Renal Disease		
Differential diagnosis	[]	[]
Nephritis	[]	[]
Pyelonephritis	[]	[]
Nephrosis	[]	[]
Acute insufficiency-conservative	[]	[]
Pulmonary Disease		
Differential diagnosis	[]	[]
Pneumonia – complicated	[]	[]
Pneumonia – uncomplicated	[]	[]
Emphysema w/pulmonary insufficiency	[]	[]
Pulmonary infarction	[]	[]
Pneumothorax, spontaneous	[]	[]
Cardiac Diseases		
Differential diagnosis	[]	[]
Congestive heart failure – acute	[]	[]
Congestive heart failure – chronic & intractable	[]	[]
Coronary heart disease w/angina	[]	[]
Coronary heart disease w/infarction	[]	[]
Coronary heart disease w/coronary insufficiency	[]	[]
Bacterial endocarditis	[]	[]
Cardiac arrhythmias	[]	[]
*Myocardial infarction w/transient shock	[]	[]
Myocardial infarction w/transient arrhythmias	[]	[]

PRIVILEGE	Requested	Approved
Cardiac Diseases, cont.		
*Myocardial infarction w/cardiac arrest	[]	[]
Myocardial infarction w/congestive failure	[]	[]
Myocardial infarction – recurrent	[]	[]
Rheumatic fever	[]	[]
Pericarditis	[]	[]
*Cardioversion – medical	[]	[]
Hypertension		
Differential diagnosis	[]	[]
Essential, unresponsive	[]	[]
*Malignant	[]	[]
Complicated w/cardiac insufficiency	[]	[]
Complicated w/renal insufficiency	[]	[]
Toxemia of pregnancy	[]	[]
Metabolic & Endocrine Diseases		
Differential diagnosis	[]	[]
Diabetes mellitus w/acidosis	[]	[]
Diabetes mellitus w/coma	[]	[]
Collagen Diseases		
Differential diagnosis	[]	[]
Lupus erythematosus	[]	[]
Arthritis		
Differential diagnosis	[]	[]
Rheumatoid	[]	[]
Osteoarthritis	[]	[]
Gouty	[]	[]
Hematological Diseases		
Differential diagnosis	[]	[]
Primary anemia	[]	[]
Neurological Diseases		
Differential diagnosis	[]	[]
Stroke, acute	[]	[]
Stroke, rehabilitation	[]	[]
Meningitis – Encephalitis	[]	[]
Convulsive states	[]	[]
Parkinsonism	[]	[]
Degenerative	[]	[]
Demyelinating	[]	[]
Miscellaneous		
Thrombo phlebitis	[]	[]
Allergy		
Differential diagnosis	[]	[]
Hay fever (desensitization)	[]	[]
Urticaria	[]	[]
Serum sickness	[]	[]
Asthma	[]	[]
Endoscopy		
Proctoscopy	[]	[]
Aspiration Procedures		
Thoracentesis	[]	[]
Paracentesis	[]	[]

PRIVILEGE	Requested	Approved
Aspiration Procedures cont.		
Joint aspiration	[]	[]
Pericardiocentesis – emergent	[]	[]
*Bone marrow	[]	[]
<u>PSYCHIATRY</u>		
Conditions		
Neurosis (functional or other cause)	[]	[]
Child and/or adolescent emotional disorder	[]	[]
Organic brain syndrome (psychotic or non-psychotic)	[]	[]
Alcohol and/or drug dependence or reactions	[]	[]
Personality disorders	[]	[]
Treatment		
Chemotherapy	[]	[]
Group treatment	[]	[]
<u>SURGERY</u>		
Skin and Subcutaneous Tissue		
Incision and drainage of skin or subcutaneous abscess	[]	[]
Debridement, incisional biopsy or excision of superficial and subcutaneous lesions	[]	[]
Debridement and closure of lacerations or skin defects, uncomplicated	[]	[]
Electro-surgical or cryotherapy of skin lesions	[]	[]
Repair of extensive or complicated lacerations	[]	[]
Burn wound debridement	[]	[]
Musculoskeletal System		
Muscle biopsy	[]	[]
Simple removal of foreign body	[]	[]
Injection of tendon sheath, ligaments, trigger points or bursa	[]	[]
Arthrocentesis	[]	[]
Closed reduction of simple fracture of phalanges, clavicle and fibula	[]	[]
Management of simple rib fracture	[]	[]
Respiratory System		
Tracheostomy (emergency)	[]	[]
Peripheral Vascular System		
Insertion of peripheral or central intravenous catheters	[]	[]
Cutdown for insertion of intravenous catheter	[]	[]
Digestive System and Peritoneal Cavity		
I & D of perianal abscess, anal fistulotomy or fissurectomy	[]	[]
Hemi and Lymphatic System		
Biopsy or excision of superficial lymph node	[]	[]
Head and Neck Surgery		
Biopsy of lesion of lips, tongue and oral cavity	[]	[]
Endoscopy		
Anoscopy	[]	[]
Indirect laryngoscopy	[]	[]
Endotracheal	[]	[]

PRIVILEGE	Requested	Approved
Nutrition and Metabolic Support		
Protein sparing therapy	[]	[]
Enteral hyperalimentation	[]	[]
Peripheral parenteral nutrition support	[]	[]
*Total parenteral nutrition	[]	[]
Pediatric Surgery (under 2 years)		
Cutdown on artery or vein	[]	[]
Insertion of umbilical vein catheters	[]	[]
Circumcision, dorsal split of penis	[]	[]
Repair lacerations, simple	[]	[]
I & D abscess, excision of subcutaneous cysts or tumors	[]	[]
Critical Care		
Insertion of central venous catheter, subclavian or internal jugular route	[]	[]
Insertion of arterial catheter	[]	[]
*Management of patient on ventilator	[]	[]
*Management of patient with pulmonary artery catheter	[]	[]
<u>OBSTETRICS AND GYNECOLOGY</u>		
Obstetrics		
Normal spontaneous labor and delivery	[]	[]
Outlet forceps	[]	[]
Episiotomy and repair	[]	[]
Normal prenatal and postpartum care	[]	[]
Management of mild preeclampsia	[]	[]
Repair of cervical laceration	[]	[]
Amniotomy	[]	[]
Repair of 3-4c lacerations	[]	[]
Induction or stimulation of labor	[]	[]
Manual removal of placenta	[]	[]
Postpartum hemorrhage or infection	[]	[]
Fetal distress, fetal monitoring	[]	[]
Gynecology		
I & D of vulvar or perineal abscess	[]	[]
Biopsy of perineum, vulva, cervix, vagina	[]	[]
Excision of vulvar, vaginal or cervical cysts and Bartholin gland cyst or abscess	[]	[]
Pelvic exam under anesthesia	[]	[]
Hymenectomy	[]	[]
Endometrial biopsy	[]	[]
Insertion or removal of intrauterine device	[]	[]
Culdecentesis	[]	[]
Polypectomy	[]	[]
Vaginal, uterine packing	[]	[]
<u>PEDIATRICS</u>		
Medical		
Management of childhood diabetes	[]	[]
Management of drug abuse problems, acute and chronic	[]	[]
Adolescent gynecology	[]	[]

PRIVILEGE	Requested	Approved
Pediatrics Medical Cont.		
*Genetic counseling with consult	[]	[]
Fluid and electrolyte therapy, all ages	[]	[]
Acute poisonings (aspirin, barbiturate, iron, hydrocarbon)	[]	[]
Acute respiratory illnesses with respiratory distress (asthma, bronchitis, croup, pneumonia) not to include respiratory failure	[]	[]
Observe for head injury	[]	[]
Convulsive disorders	[]	[]
Acute glomerulonephritis without hypertensive encephalopathy	[]	[]
*CNS infections with consultation	[]	[]
Hypertension	[]	[]
Rheumatic heart disease without heart failure	[]	[]
Disease of thyroid	[]	[]
Anemia, Fe deficiency	[]	[]
Anemia, other	[]	[]
Collagen disease	[]	[]
Disturbances of growth and development	[]	[]
Newborn		
Jaundice	[]	[]
*Hemolytic disease of the newborn, mild	[]	[]
Attend C-Section	[]	[]
Procedures or Invasive Therapy		
Lumbar puncture	[]	[]
Supra-pubic bladder aspiration	[]	[]
Paracentesis	[]	[]
Thoracentesis	[]	[]
Arterial punctures for blood sampling	[]	[]
Femoral vein punctures	[]	[]
External jugular vein punctures	[]	[]
Saphenous vein cutdown	[]	[]
CVP Line	[]	[]
Endotracheal intubation	[]	[]
Placing of chest tube	[]	[]
Newborn resuscitation	[]	[]
Simple blood transfusion	[]	[]
Needle aspiration of joints	[]	[]
Care of corneal abrasion	[]	[]
Removal of foreign bodies from nose or ear canal	[]	[]
Removal of foreign bodies from cornea	[]	[]
Suture simple lacerations	[]	[]
I & D abscess	[]	[]
<u>ANESTHESIOLOGY</u>		
Injection of trigger points	[]	[]
Respiratory and inhalation therapy including interpretation of pulmonary function test and blood gases	[]	[]

PRIVILEGE	Requested	Approved
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Anesthesiology cont.

Acute care to include the handling of unconscious patients	[]	[]
Acute cardio-pulmonary care	[]	[]
Local anesthesia	[]	[]
Pudendal anesthesia	[]	[]
Paracervical block	[]	[]

*Requires consultation or documentation of areas of special ability.

Additions/Deletions/Conditions/Other Limitations:

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Floyd Medical Center, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. 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.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

Applicant Signature _____ Date: _____

APPROVED:

Department Chairman

Date

EXECUTIVE COMMITTEE RECOMMENDATION

- Concur with Department's recommendation and forward to governing body
 - Return to Department for clarification of the following:
-

Date

GOVERNING BODY APPROVAL

- Yes
- No

Date

09042018