

**POLK MEDICAL CENTER**

*Medical Staff Privilege Checklist*

**Emergency Medicine**

I \_\_\_\_\_, M.D., D.O. do hereby apply for the following privileges in Emergency Medicine.

Please check all categories and privileges desired. All privileges are first approved by the Credentialing Committee and the Executive Committee. Final approval is granted by the governing board.

**Fill in all blanks on the privileges checklist. For Privileges not requested enter Ø.**

<i><b>Class I</b></i>	<b>Requested</b>	<b>Approved</b>
<b>Management of minor:</b>		
Wound care		
Respiratory illness		
Gastrointestinal illness		
Burns		
Musculoskeletal trauma		
Dermatologic illness		
ENT problems		
Eye problems		
Pediatric problems		
Urological problems		
<b>Minor Procedures:</b>		
Local infiltration anesthesia		
Incision and drainage		
Simple laceration repair		
Nail trephination		
Electrocoagulation		
Nasal cautery		
Ocular tonometry		
Gastric lavage		
Bladder catheterization		
Peripheral venous lines		
Spinal immobilization		
<i><b>Class II</b></i>		
<b>Principles of Emergency Care:</b>		
Recognition of life/limb threat		
Resuscitation and stabilization		
Triage		
Diagnosis		
Disposition		
<b>Evaluation and initial treatment of emergent abdominal and gastrointestinal disorders (including trauma) of:</b>		
Esophagus		
Stomach		
Small bowel and colon		
Rectum and anus		

	Requested	Approved
Liver and biliary tree		
Pancreas		
<b>Evaluation and initial treatment of emergency cardiovascular disorder (including trauma):</b>		
Advanced cardiac life support certification		
Cardiac failure		
Differential diagnosis of chest pain		
Cardiac structural disorders		
Cardiac rhythm and conduction defects		
Pericardial disorders		
Disease of peripheral arteries and veins		
Shock		
Evaluation and initial treatment of cutaneous disorders		
<b>Evaluation and initial treatment of emergent disorders caused by antigens, organisms and other foreign substances:</b>		
Reactions of hypersensitivity		
Reactions from venoms, bites, and stings		
Reactions caused by infective agents		
Disorders due to chemical, drug, and physical agents		
<b>Disorders caused by the environment:</b>		
Barotrauma		
Near drowning		
Electrical injury		
Hyperthermia		
Hypothermia		
Radiation injury		
<b>Evaluation and initial treatment of emergent disorders of hematopoietic system:</b>		
Anemia		
Coagulopathy		
Neoplastic		
<b>Evaluation and initial treatment or referral of emergent disorders of endocrine, metabolic and nutritional nature:</b>		
Acid-base disturbances		
Adrenal		
Parathyroid		
Thyroid		
<b>Evaluation and initial treatment of emergent disorders of the head and neck (including trauma):</b>		
Ears		
Nose		
Oral cavity		
Larynx/Trachea		

	Requested	Approved
Face		
Vestibular system		
<b>Evaluation and initial treatment of emergent disorders of the eye (includes trauma):</b>		
Lids and lacrimal apparatus		
Conjunctiva		
Cornea		
Sclera		
Internal aspects of the globe		
Orbit		
<b>Evaluation and initial treatment of emergent disorders of infancy and childhood:</b>		
Trauma		
Cardiac arrest/resuscitation		
Behavioral problems		
Child abuse		
Infectious, metabolic, and neurological disorders		
<b>Evaluation and initial treatment of emergent disorders of the musculo-skeletal system (includes trauma):</b>		
Shoulder girdle		
Upper extremity and hand		
Lower extremity and foot		
Thorax and vertebrae		
Arthropathies		
<b>Evaluation and initial treatment of emergent disorders of the nervous system (includes trauma):</b>		
Cerebral edema		
Coma		
Cranial nerve disease		
Cerebrovascular disease		
Infection		
<b>Evaluation and initial treatment of emergent disorders of psychiatric origin:</b>		
Depression		
Anxiety reactions		
Suicide		
Psychosis		
<b>Evaluation and initial management of emergent respiratory disorders:</b>		
Pulmonary		
Infection		
Trauma		
Neoplasia		
Metabolic		
Complications of cardiovascular disease		

	Requested	Approved
<b>Evaluation and initial treatment of emergent renal and urologic disorders:</b>		
Acute/chronic renal failure		
Infections		
Obstructive uropathy and hematuria		
Trauma		
<b>Evaluation and initial treatment of emergent OB/GYN disorders</b>		
Trauma		
Infection		
Pregnancy (ectopic and intra-uterine)		
<b>Major procedures in the Emergency Department</b>		
Central venous line placement		
Arterial catheter placement		
Chest tube thoracostomy		
Peritoneal lavage		
Endotracheal intubation		
Lumbar puncture		
Proctoscopy/anoscopy		
Pericardiocentesis		
Simple closed fracture and dislocation reduction		
Arthrocentesis		
<b>Class III</b>		
Cardiac electrical pacing (external)		
Synchronized cardioversion		
Cricothyroidotomy		
<b>Class IV</b>		
Management experience in triage supervision of mass casualty situations		
<b>OTHER</b>		
Emergency Airway Management		
Conscious Sedation (please request Conscious Sedation credentialing packet from the Floyd Medical Staff Office)		

Additions/Deletions/Conditions/Other Limitations:

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**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 Polk 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's Signature \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
Credentials Committee Chairman Date

*MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION*

\_\_\_\_\_ Concur with Credential Committee's recommendation and forward to governing body

\_\_\_\_\_ Return to Credentials Committee for clarification of the following:

\_\_\_\_\_

\_\_\_\_\_  
Date

BOARD APPROVAL: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Date