

POLK MEDICAL CENTER
Medical Staff Privileges Checklist

FAMILY MEDICINE

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

All privileges are recommended by the Medical 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>		
Hepatic Diseases		
Differential diagnosis	[]	[]
Hepatitis	[]	[]
Differential diagnosis of jaundice	[]	[]
Gastrointestinal Disease		
Differential diagnosis	[]	[]
Bleeding peptic ulcer	[]	[]
Ulcerative colitis	[]	[]
Regional ileitis	[]	[]
Intestinal obstruction	[]	[]
Pancreatitis	[]	[]
Malabsorption	[]	[]
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	[]	[]
Cardiac arrhythmias	[]	[]
Myocardial infarction w/transient arrhythmias	[]	[]
Myocardial infarction w/congestive failure	[]	[]
Myocardial infarction – recurrent	[]	[]
Pericarditis	[]	[]

PRIVILEGE	Requested	Approved
Hypertension		
Differential diagnosis	[]	[]
Essential, unresponsive	[]	[]
*Malignant	[]	[]
Complicated w/cardiac insufficiency	[]	[]
Complicated w/renal insufficiency	[]	[]
Metabolic & Endocrine Diseases		
Differential diagnosis	[]	[]
Diabetes mellitus w/acidosis	[]	[]
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	[]	[]
Convulsive states	[]	[]
Parkinsonism	[]	[]
Degenerative	[]	[]
Demyelinating	[]	[]
Miscellaneous		
Thrombo phlebitis	[]	[]
Allergy		
Differential diagnosis	[]	[]
Hay fever (desensitization)	[]	[]
Urticaria	[]	[]
Serum sickness	[]	[]
Asthma	[]	[]
Aspiration Procedures		
Thoracentesis	[]	[]
Joint aspiration	[]	[]
Pericardiocentesis – emergent	[]	[]
 <u>PSYCHIATRY</u>		
Conditions		
Neurosis (functional or other cause)	[]	[]
Organic brain syndrome (psychotic or non-psychotic)	[]	[]
Alcohol and/or drug dependence or reactions	[]	[]

PRIVILEGE	Requested	Approved
<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	[]	[]
Repair of extensive or complicated lacerations	[]	[]
Burn wound debridement	[]	[]
Musculoskeletal System		
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	[]	[]
Digestive System and Peritoneal Cavity		
I & D of perianal abscess	[]	[]
Endoscopy		
Anoscopy	[]	[]
Indirect laryngoscopy	[]	[]
Pediatric Surgery (under 2 years)		
Repair lacerations, simple	[]	[]
I & D abscess, excision of subcutaneous cysts or tumors	[]	[]
Critical Care		
Insertion of central venous catheter, subclavian or internal jugular route	[]	[]
<u>GYNECOLOGY</u>		
Gynecology		
I & D of vulvar or perineal abscess	[]	[]
Excision of vulvar, vaginal or cervical cysts and Bartholin gland cyst or abscess	[]	[]
Culdecentesis	[]	[]

PRIVILEGE	Requested	Approved
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PEDIATRICS

Procedures or Invasive Therapy

Lumbar puncture	[]	[]
Paracentesis	[]	[]
Thoracentesis	[]	[]
Arterial punctures for blood sampling	[]	[]
Femoral vein punctures	[]	[]
External jugular vein punctures	[]	[]
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	[]	[]

ANESTHESIOLOGY

Injection of trigger points	[]	[]
Respiratory and inhalation therapy including interpretation of pulmonary function test and blood gases	[]	[]
Acute care to include the handling of unconscious patients	[]	[]
Acute cardio-pulmonary care	[]	[]
Local anesthesia	[]	[]

*Requires consultation or documentation of areas of special ability.

**Requires documentation of training.

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 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