

Procedure	Requested	Approved	Not Approved Approved w/ Restrictions
* Initial Criteria			
Wound Care Core			
Provide services to patients with wound and skin disorders on a non-emergent basis. Privileges include: Evaluation and management of wound care patients, minor surgical debridement of wounds; transcutaneous oximetry interpretation; complicated wound management; local and regional anesthesia; wound biopsy; simple laceration repair; major surgical debridement of wounds; pinch grafts; Cellutome and Biologic products split thickness grafts, and initial HBO evaluation/consultation.			
Special Procedures			
Provide Hyperbaric Management without Consultation (Decompression illness, Carbon Monoxide Poisoning/Smoke Inhalation, Gas Embolism, Gas Gangrene, Diabetic Foot Ulcer, Necrotizing Soft Tissue Infections, Crush Injury/Compartment Syndrome/Traumatic Ischemia, Radiation Tissue Damage, Compromised Grafts and Flaps, Problem/Compromised Wounds, Osteomyelitis Thermal Burns, Brain Abscess) Treat HBOT Complications			
Barotrauma to include ear squeeze, sinus squeeze and pulmonary over-pressurization with or without pneumothorax, subcutaneous emphysema, pneumomediastinum			
Oxygen Toxicity to include seizures, pulmonary and central nervous system, visual changes, and sound injury to ears			
Hypoglycemia			
Chest pain			
Confinement anxiety			

* Must provide documentation of successful completion of an Undersea and Hyperbaric Medical Society (UHMS)-approved Hyperbaric Medicine training course or a course in Hyperbaric Medicine approved by National

Healing and the Executive Committee. At reappointment, an adequate volume of patients needs to be seen to maintain SPECIAL PROCEDURES competence.

I hereby request the additional clinical privileges listed above.

Applicant Signature: _____

Date: ____ / ____ / ____

DEPARTMENT CHAIRMAN APPROVAL

NOTE: Any request indicated as "Not Approved / Approved with Restrictions" must be explained here, including listing any restrictions:
