

# SCOTLAND MEMORIAL HOSPITAL

## Clinical Privilege Delineation Form

Specialty: EMERGENCY MEDICINE

Physician Name: \_\_\_\_\_

### I. General Requirements

All physicians requesting privileges in Emergency Medicine must be Board Certified in one of four specialties: Emergency Medicine; Family Practice; Internal Medicine (General); or General Surgery. Physicians not board certified in Emergency Medicine must also have current ACLS, ATLS, and PALS certifications, or achieve such within 6 months of application.

### II. Graduate Training or Clinical Experience

Please indicate which of the following indicates your level of graduate training:

Board Certification by the:

- American Board/American Osteopathic Board of Emergency Medicine
- American Board of Family Practice/American Osteopathic Board of Family Physicians
- American Board/American Osteopathic Board of Surgery
- American Board/American Osteopathic Board of Internal Medicine

- Successful completion of an accredited residency in Emergency Medicine and awaiting certification by the American Board/American Osteopathic Board of Emergency Medicine.

### III. General Privileges

By virtue of being granted clinical privileges in Emergency Medicine, a physician is automatically granted the following clinical privileges:

Performing physical examinations and ordering and interpreting diagnostic studies that are normally considered part of the practice of Emergency Medicine including, but not limited to, laboratory, diagnostic imaging, and electrocardiographic studies (EXCEPTION: Those diagnostic studies that must be specifically requested through the attached privilege delineation request form are not included in this automatic granting).

Prescribing and administering medications normally considered part of the practice of Emergency Medicine.

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions	Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
Endotracheal Intubation, Oral				Suprapubic Bladder Catheterization			
Endotracheal Intubation, Nasal				Delivery of Emergent Newborn			
Cricothyroidotomy				Culdocentesis			
Emergency Tracheostomy				Nasal Packing			
Oxygen Therapy				Nasal Cautery			
Manual Ventilation with Ambu Bag				Direct and Indirect Laryngoscopy			
Local Anesthesia				Central Venous Access			
Regional Nerve Blocks				Jugular			
Cardiac Defibrillation				Peripheral			
Cardioversion				Subclavian			
Closed Cardiac Massage				Arterial Puncture			
Open Cardiac Massage				Cannulation of Artery			
External Cardiac Pacing				Cannulation of Vein			
Transvenous Cardiac Pacing				Arterial and Venous Cut-Down			
Transthoracic Cardiac Pacing				Fracture/Dislocation Reduction			
Intracardiac Injection				Fracture/Dislocation Immobilization			
Cardiorraphy				Cervical Immobilization			
Swan-Ganz Catheter Insertion				Cervical Traction Technique			
Arthrocentesis				Nail Trephination			
Cystourethrogram				Pericardiocentesis			
Emergency IVP Contrast				Thoracocentesis			
Conscious Sedation				Needle Thoracostomy			
Lumbar Puncture				Tube Thoracostomy			
Naso/Orogastric Intubat.				Thoracotomy			
Tonometry				Foreign Body Removal			
Paracentesis				Gastric Lavage			
Pericardiocentesis							

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions	Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
Slit Lamp Examination				Incision and Drainage			
Peritoneal Lavage				Repair of Lacerations			
Emerg. Diag. Ultrasound				Wound Management/ Suture Techniques			
Insertion of Foley Catheter				Treatment of 1 <sup>st</sup> and 2 <sup>nd</sup> Degree Burns			
Transurethral Bladder Catheterization				MAST Trousers, Application and Uses			

I hereby request the 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:

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\_\_\_\_\_

I have reviewed this application and recommend clinical privileges as indicated above.

\_\_\_\_\_  
Chairman, Department of Emergency Medicine

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date