SCOTLAND MEMORIAL HOSPITAL Clinical Privilege Delineation Form Specialty: <u>FAMILY MEDICINE</u>

PHYSICIAN NAME:

I. General Privileges

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

Performing physical examinations and ordering and interpreting of diagnostic studies that are normally considered part of the practice of family medicine, including, but not limited to, laboratory, diagnostic imaging, and electrocardiographic studies.

Prescribing and administering medications normally considered part of the practice of family medicine.

Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

II. Specific Privileges: Clinical

Three categories of clinical privileges may be granted for each clinical area listed on the following page. The category of privileges being requested, if any, must be indicated next to the specific clinical area being addressed.

<u>Category 1</u>: Uncomplicated illnesses or problems that present no serious threat to life, and which are expected to require only a short period of hospitalization. When doubt exists as to the diagnosis, or in cases in which improvement from treatment is not apparent, consultation must be obtained.

<u>Category 2</u>: Major illnesses, injuries, or conditions, but with no significant risk to life. When doubt exists as to the diagnosis, or in cases in which improvement from treatment is not apparent, consultation must be obtained.

<u>Category 3</u>: Major illnesses, injuries, or conditions that carry substantial threat to life. When doubt exists as to the diagnosis, or in cases in which improvement from treatment is not apparent, consultation must be obtained.

<u>CLINICAL AREAS</u>: In the area marked "Level of Privileges Requested" <u>circle</u> the number indicating the level of privileges that you wish to be granted in each of the areas listed.

GENERAL MEDICAL PRIVILEGES "REQUESTED LEVEL NOTED IN RED"

Area	P	evel or rivilege eques	es	Approved	Not Approved/ Approved with Restrictions	Area	Pı	evel on the contract of the co	es	Approved	Not approved/ Approved with Restrictions
Allergy	1	2	3			Hypertension	1	2	3		
Cardiac Diseases	1	2	3			Musculoskeletal Diseases	1	2	3		
Collagen Diseases	1	2	3			Neurologic Diseases	1	2	3		
Hematologic Diseases	1	2	3			Pulmonary Diseases	1	2	3		
Hepatic Diseases	1	2	3			Renal Diseases	1	2	3		
Gastrointestional Diseases	1	2	3			Metabolic/End ocrine Diseases	1	2	3		

PEDIATRIC PRIVILEGES

			Not Approved/ Approved with
Privilege	Requested	Approved	Restrictions
Care of the general pediatric patient, without major complications			
Care of the normal newborn infant			
Lumbar puncture			
Neonatal circumcision			
Venipuncture			
Peripheral IV insertion			
Physiologic jaundice of the newborn			
Other (specify):			
Other (specify):			

OBSTETRICAL PRIVILEGES

Privilege	Requested	Approved	Not Approved/ Approved with Restrictions	Privilege	Requested	Approved	Not Approved/ Approved with Restrictions
Uncomplicated				Medical complications			
spontaneous delivery				of pregnancy			
Outlet forceps				Heart disease: Class 1			
Episiotomy and repair				Diabetes: Class A			
Threatened abortion				Fetal monitoring			
Mild pre-eclampsia				Fetal scalp electrode			
Postpartum							
laceration repair				Intrauterine catheter			
Management of postpartum hemorrhage				Fetal scalp pH			
Normal antepartum				Stress testing and non-			
and postpartum care				stress testing			
Administration: local & pudenal block				Perineal hematoma			

Procedure	Requested	Approved	Not Approved/ Approved with Restrictions		Procedure	Requested	Approved	Not Approved/ Approved with Restrictions
Care of				Me	enstrual extraction			
uncomplicated								
gynecologic patients								
I&D of Bartholin cyst				Со	lposcopy			
Marsupiatization of Bartholin cyst								
Cervical biopsy								
Endometrial biopsy				_				
SURGICAL PRIVILEGE	: <u>s</u>		Not Approv	ed/				Not
Procedure	Requested	Approved	Approved w Restriction		Procedure	Requested	Approved	Approved/ Approved with Restrictions
Suturing of simple or					Treatment of			
complex lacerations					uncomplicated			
					dislocations of the			
					upper & lower			
					extremeties,			
					excluding the hip &			
					knee			
I&D of abscesses					Preoperative care			
					of the surgical			
Cinanta akin hianay an					patient			
Simple skin biopsy or excision					Treatment of uncomplicated			
excision					burns			
Removal of non-					Post-operative care			
penetrating foreign					of surgery patients,			
body in cornea					at surgeon's			
,					discretion			
Uncomplicated removal								
of foreign objects from								
body orifices								
Treatment of					Other:			
uncomplicated minor								
closed fractures not								
involving skeletal								
traction or major	1	1						
traction or major manipulation/reduction								

Physician Signature	Date
Chairman, Department of Family Practice	Date