



**DEPARTMENT OF OTORHINOLARYNGOLOGY
DELINEATION OF CLINICAL PRIVILEGES**

CATEGORY I

Physicians with these privileges have had formal training, experience and ability in their stated field, but have not yet fulfilled every requirement for board certification. They are expected to request consultation whenever needed.

CATEGORY II

Physicians with these privileges have completed formal training in their field, but have not yet been certified by their board. They are expected to request consultation whenever needed.

CATEGORY III

Physicians with these privileges have completed formal training in their field and have been certified by their respective board. They are expected to request consultation whenever needed.

_____ **Please indicate the number of the category requested.**

PRIVILEGES NOT APPLIED FOR: (List those privileges named on attached privilege sheet which you do not wish to apply for.)

PLEASE ANSWER THE FOLLOWING QUESTION:

Will you use radioactive materials or x-ray producing equipment in any of the procedures you plan to perform?

Yes _____ No _____

PLEASE CHECK APPROPRIATE STAFF:

_____ **ACADEMIC-ACTIVE STAFF WITH ADMITTING PRIVILEGES** - I request full Academic-Active Medical Staff admitting privileges, with authorization to furnish care as indicated.

_____ **ACADEMIC-ACTIVE STAFF** - I request Academic-Active Medical Staff privileges, with authorization to furnish care as indicated.

_____ **CONSULTING-TEACHING STAFF** - I request Consulting Medical Staff privileges, with authorization to furnish care as indicated.

_____ **COURTESY STAFF** - I request Courtesy privileges only in the areas indicated on this form.

_____ **CONSULTING STAFF** - I request Consulting privileges only in the areas indicated on this form.

REQUESTED	CORE PRIVILEGES
<input type="checkbox"/>	<p><u>MEDICAL SERVICES:</u></p> <ul style="list-style-type: none"> • Admission, treatment, consultation, referral and management of patients. Consultative services for inpatients and outpatients to recommend evaluation and treatment
<input type="checkbox"/>	<p><u>AMBULATORY CARE SERVICES:</u></p> <ul style="list-style-type: none"> • Privileges include being able to diagnose and provide treatment or consultative services to patients presenting with otorhinolaryngology problems or diseases to be performed in an Ochsner Clinic. <p>OTHER</p> <ul style="list-style-type: none"> • _____ • _____
<input type="checkbox"/>	<p><u>GENERAL:</u></p> <ul style="list-style-type: none"> • Adenoidectomy; tonsillectomy; T&A; uvulo-palatopharyngoplasty; nasal polypectomy; submucous resection of septum; nasal septoplasty; turbinectomy; intranasal antrotomy; Caldwell Luc; transantral ligation of vessels; vidian neurectomy; intranasal ethmoidectomy; external ethmoidectomy; frontoethmoidectomy; frontal sinus trephine; osteoplastic frontal sinusotomy; frontal sinus ablation; sphenoidotomy; radical pan-sinusotomy; dacryocystorhinostomy; hypophysectomy (transnasal and transsinus approach); other. <p>OTHER</p> <ul style="list-style-type: none"> • _____ • _____
<input type="checkbox"/>	<p><u>OTOLOGY:</u></p> <ul style="list-style-type: none"> • Pinna excision; temporal bone resection; myringotomy and tubes; tympanoplasty I; tympanoplasty II-IV (without mastoidectomy); tympanoplasty with mastoidectomy; simple mastoidectomy; modified radical mastoidectomy; radical mastoidectomy; ossiculoplasty (independent procedure); stapedectomy; facial nerve decompression; facial nerve graft, repair, or substitution; repair fistula (OW, RW), decompression membranous labyrinth (chochleosacculotomy, endolymphatic sac operation); excision glomus tumor, reconstruction congenital aural atresia. <p>OTHER (Otology)</p> <ul style="list-style-type: none"> • _____ • _____ • Labyrinthectomy
<input type="checkbox"/>	<p><u>ENDOSCOPY:</u></p> <ul style="list-style-type: none"> • Direct laryngoscopy (diagnostic); laryngoscopy (with excision); laser laryngoscopy; vocal cord injection; esophagoscopy-diagnostic (with foreign body removal, with stricture dilation); bronchoscopy-diagnostic (with foreign body removal, with stricture dilation); panendoscopy (multiple concurrent endoscopic procedures); mediastinoscopy; other (endoscopy). <p>OTHER (Endoscopy)</p> <ul style="list-style-type: none"> • _____ • _____

<div style="border: 1px solid black; width: 50px; height: 50px; margin: 100px auto;"></div>	<p><u>HEAD & NECK:</u></p> <p><u>Salivary Glands</u></p> <ul style="list-style-type: none"> • Superficial parotidectomy; total parotidectomy, VII preserved; parotidectomy with nerve graft; submandibular gland excision; parapharyngeal space tumor; other. <p><u>Nose and Maxilla</u></p> <ul style="list-style-type: none"> • Rhinectomy; lateral rhinotomy; maxillectomy; maxillectomy with orbital exenteration; excision angiofibroma; excision, other nasopharyngeal tumor; excision tumor ethmoid cribriform plate; other. <p><u>Lips</u></p> <ul style="list-style-type: none"> • Lip shave; wedge resection, with primary closure; excision with flap reconstruction; other. <p><u>Oral</u></p> <ul style="list-style-type: none"> • Cavity Local resection, cancer mouth; hemiglossectomy; composite resection of primary in floor of mouth, alveolus, tongue, buccal region, tonsil or any combination; mandibular resection (independent procedure); other. <p><u>Neck</u></p> <ul style="list-style-type: none"> • I & D neck abscess; complete neck dissection; modified neck dissection; transsternal mediastinal dissection; cervical node biopsy; scalene node biopsy; other. <p><u>Larynx</u></p> <ul style="list-style-type: none"> • Thyrotomy (laryngofissure); vertical hemilaryngectomy; supraglottic laryngectomy; total laryngectomy; laryngopharyngectomy; surgical speech fistula; repair laryngeal fracture; section recurrent laryngeal nerve; other. • Arytenoidectomy; arytenoidopexy; thyroid lobectomy; subtotal thyroidectomy; total thyroidectomy; parathyroidectomy; pharyngoesophagectomy; cervical esophagostomy for feeding; pharyngeal diverticulectomy; tracheotomy; tracheal resection with repair; major vessel ligation; major vessel repair; other. <p><u>Congenital Cysts</u></p> <ul style="list-style-type: none"> • Branchial cleft cyst; thyroglossal duct cyst; dermoid; lymphangioma; cystic hygroma; other (head & neck). <p>OTHER (Head and Neck)</p> <ul style="list-style-type: none"> • Cartilage Grafts from Ribs/Ears • _____ • _____
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 100px auto;"></div>	<p><u>PLASTIC & RECONSTRUCTIVE:</u></p> <ul style="list-style-type: none"> • Reconstruction external ear; otoplasty; rhino-plasty; mentoplasty; rhytidectomy; forehead rhytidectomy; blepharoplasty; repair complex facial lacerations; dermabrasion; facial skin peeling; liposuction of the neck and face, laser excision of facial tissue. • Reduction facial fractures: frontal; nasal; maxilla-LeFort I, II and III; malar (zygomatic); orbital blowout; mandibular-closed and open; other (fractures). • Laryngoplasty; tracheoplasty; pedicle flap procedures (local, regional, myocutaneous, other); grafts (split thickness skin, full thickness skin); microsurgical free flap (composite graft, dermal-fat-fascia, other); fascial sling procedures; oroantral fistula repair; choanal atresia repair; orthognathic surgery; cleft lip repair; cleft palate repair; pharyngeal flap; TMJ surgery, excision skin lesions with primary closure; scar revision; other (plastic procedures). <p>OTHER (Plastic Procedures)</p> <ul style="list-style-type: none"> • _____ • _____

REQUESTED	SPECIAL PROCEDURES <i>Documentation of competency required</i>	# PERFORMED in past 2 years
Neuro-otology (requires fellowship in Neuro-otology)		
	Resection of Cerebello Pontine Angle Tumor	
	VIII Nerve Section (translabyrinthine, retrolabyrinthine, middle cranial)	
Microvascular Surgery		
	Microvascular Free Flap Reconstruction	
Skull Based Surgery		
	Anterior Cranial Fossa Surgery	
	Middle and Posterior Cranial Fossa Surgery	
Laser Surgery		
	Laser laryngoscopy	
	CO ₂ Laser	
OTHER		
<p>List those privileges requiring expertise acquired through additional training exclusive of the usual training in Otorhinolaryngology - attach documentation of special competency:</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ 		
<p>I hereby certify that I am currently competent to perform the procedures I requested based on my training and recent experience and I will provide documentation, as required, to support the granting of these privileges. I know of no health condition that with reasonable accommodation would impair my ability to competently perform these requested privileges.</p> <p>Applicants Signature: _____ Date: _____</p>		

I RECOMMEND APPROVAL OF THE DELINEATION OF CLINICAL PRIVILEGES REQUESTED:

 SIGNATURE OF DEPARTMENT CHAIR

 DATE

 SIGNATURE OF DEPARTMENT CHAIR

 DATE