

**OCHSNER CLINIC FOUNDATION
DELINEATION OF CLINICAL PRIVILEGES
DEPARTMENT OF EMERGENCY MEDICINE**

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.**

- A. GENERAL PRIVILEGES (Expertise acquired through a normal emergency medicine training program. By applying for general privileges, all procedures and privileges indicated on the attached privilege sheet are included, unless indicated in Section B below.)**

List of Privileges Attached.

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

- C. SPECIAL PROCEDURES: (List those privileges requiring expertise acquired through additional training exclusive of the usual training in Emergency Medicine - attach documentation of special competency.)**

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.

SIGNATURE OF APPLICANT

DATE

I RECOMMEND APPROVAL OF THE DELINEATION OF CLINICAL PRIVILEGES REQUESTED:

SIGNATURE OF DEPARTMENT CHAIRMAN

DATE

**OCHSNER CLINIC FOUNDATION
ADDENDUM TO DELINEATION OF CLINICAL PRIVILEGES
DEPARTMENT OF EMERGENCY MEDICINE**

A. GENERAL PRIVILEGES

The performance of historical and physical examinations, including the ordering and interpretation of diagnostic studies including laboratory, diagnostic imaging and electrocardiographic examinations as shall normally be considered part of the practice of emergency medicine.

The administration of medications and the performance of other emergency treatments as shall normally be considered part of the practice of emergency medicine.

The requesting of consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

PROCEDURES:

AIRWAY TECHNIQUES

Cricothyrotomy
Endotracheal – (Nasal, Oral)
Mechanical ventilation
Neuromuscular blockade
Tracheostomy

ANESTHESIA

Conscious sedation
Local anesthesia
Regional nerve blocks

CARDIAC PROCEDURES

Cardiac massage – (Closed, Open)
Cardiac pacing – (External/cutaneous, Transthoracic, Transvenous)
Cardiopulmonary resuscitation
Cardioversion/defibrillation
Pericardiocentesis

CNS PROCEDURES

Lumbar puncture

GASTROINTESTINAL PROCEDURES

Anoscopy
Gastric lavage
Gastrostomy tube replacement
Nasogastric/orogastric tube placement
Peritoneal lavage
Proctoscopy

GENITOURINARY TECHNIQUES

Bladder catheterization – (Foley catheters, Suprapubic catheterization)
Contrast injection for IVP
Culdocentesis
Cystourethrogram
Precipitous delivery of newborn

HEAD/NECK/EENT

Epistaxis control
Laryngoscopy (Direct/Indirect)
Naso/pharyngeal endoscopy
Tonometry
Slit lamp examination

HEMODYNAMIC TECHNIQUES

Central venous access – (Jugular, Subclavian, Femoral)
Intraosseous access
Arterial – (Arterial cannulation, Arterial blood gases)
Peripheral venous access – (Cannulation/Cutdown)

ORTHOPEDIC PROCEDURES

Arthrocentesis
Fracture/dislocation – (Immobilization, Closed reduction)
Spine – (Cervical traction technique, Cervical immobilization)
Injection of bursa/joint

WOUND REPAIR/SOFT TISSUE PROCEDURES

Adhesive glue repair of wound
FB Removal
Incision/drainage of abscess
Nail repair/removal
Staple repair of wound
Suture repair of wound

C. SPECIAL PRIVILEGES AND PROCEDURES

As requested by individual physicians with appropriate documentation of training and/or experience and approval of the department chairman.

Approved by Credentials Committee 4/20/99

**OCHSNER CLINIC
DELINEATION OF CLINICAL PRIVILEGES
DEPARTMENT OF EMERGENCY MEDICINE**

APPLICANT'S NAME (Please print) _____

BASIC EDUCATION: MD or DO

MINIMAL FORMAL TRAINING: Successful completion of an approved residency training program in Emergency Medicine.

GENERAL PRIVILEGES

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Suture repair of wound

SPECIAL PRIVILEGES AND PROCEDURES

As requested by individual physicians with appropriate documentation of training and/or experience and approval of the department chairman.

I request privileges with authorization to furnish care as indicated.

Signature

Date

I recommend approval of the delineation of clinical privileges as requested.

Signature of Department Chair

Date