

**LAC+USC MEDICAL CENTER ATTENDING STAFF ASSOCIATION
 DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF EMERGENCY MEDICINE**

NAME OF APPLICANT _____ DATE _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the "Not Recommended" boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED LAC+USC Medical Center		DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
DEM	UADC			Competency	Other
Core Privileges for admission (DEM), history and physical examination, ordering of diagnostic studies and management of Emergency Medicine patients of the following ages:					
		Neonates and Infants from 0 to 2 years of age			
		Children from 3 to 13 years of age			
		Adolescents and Adults from 14 years of age and older			
AIRWAY TECHNIQUES					
		1. Cricothyrotomy needle, transtracheal			
		2. Cricothyrotomy, surgical			
		3. Nasal endotracheal intubation			
		4. Oral endotracheal intubation			
		5. Percutaneous transtracheal ventilation			
ANESTHESIA					
		6. Procedural sedation - requires completion of Procedural Sedation competency program.			
		7. Rapid sequence intubation			
		8. Regional nerve block			
		9. Regional intravenous (Bier) block			
CARDIAC					
		10. Emergency cardioversion			

REQUESTED		DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
DEM	UADC			Competency	Other
		11. Emergency Transcutaneous cardiac pacing - external			
		12. Emergency Transvenous cardiac pacing			
		13. Intracardiac injection			
		14. Open cardiac massage			
DIAGNOSTIC					
		15. Lumbar puncture			
		16. Peritoneal Lavage			
		17. Slit lamp exam			
		18. Tonometry			
GENITOURINARY					
		19. Decompression phimosis/paraphimosis			
		20. Manual detorsion of testis			
		21. Suprapubic aspiration / catheterization			
HEAD & NECK					
		21. Intubation - endotracheal			
		23. Intubation - tracheal, - retrograde			
		24. Laryngoscopy			
		25. Nasal packing (posterior)			
HEMODYNAMIC					
		26. Central Line placement			
		27. Intraosseus needle placement			
OBSTETRICAL					
		28. Intrauterine fetal monitoring			
		29. Precipitous delivery of newborn			
ORTHOPEDICS					
		30. Application of casts			
		31. Aspiration of joint/bursa			
ORTHOPEDICS (Continue)					

Name: _____

REQUESTED		DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
DEM	UADC			Competency	Other
		32. Closed reduction of dislocation			
		33. Closed reduction of fracture			
		34. Nail removal/trephination			
		35. Repair of extensor tendons			
		36. Emergency thoracotomy			
		37. Needle Thoracostomy, Placement of Heimlich valve			
		38. Pericardiocentesis			
		39. Chest Tube Placement			
		40. Thoracentesis			
OTHER TECHNIQUES					
		41. Evacuation, thrombosed external hemorrhoid			
		42. Foreign body removal			
		43. Incision and drainage			
		44. Management of Ventilator			
		45. Wound management / suture techniques			
		46. Hyperbaric treatment - requires completion of an Emergency Medicine training program or equivalent and an approved course. This treatment is restricted to Catalina site.			
		47. Lateral Canthotomy - requires completion of an Emergency Medicine training program or equivalent approved course.			
ULTRASOUND					
		48. Trauma (FAST)			
		49. Gynecologic (transvaginal & transabdominal)			
ULTRASOUND (Continue)					
		50. Emergency cardiac			
		51. Abdominal aorta			

Name: _____

REQUESTED		DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
DEM	UADC			Competency	Other

		52. Biliar			
		53. Renal			
		54. Ultrasound guided procedures			
		55. Eye			

CONSULTING PRIVILEGES:

		Consulting privileges for inpatient and outpatient setting related to toxicology related issues. Such issues include, but are not limited to overdoses, adverse drug reactions, withdrawal, envenomations, or occupational exposures.			
		Other:			
		MODERATE/DEEP SEDATION PRIVILEGES - Must have fulfilled the required elements for Moderate/Deep Sedation and successfully passed the Moderate/Deep Sedation Competency examination.			
		DECLARATION OF BRAIN DEATH PRIVILEGES - Must have fulfilled the required elements for Declaration of Brain Death and successfully passed the brain death competency examination.			
		PATIENT CONTROLLED ANALGESIA - Must have fulfilled the required elements for Patient Controlled Analgesia and successfully passed the PCA competency examination			
		TEACHING ONLY			

		ICU PROCEDURES			
		1. Arterial cannulation			
		2. Central venous cannulation (including placement of catheters for dialysis)			

Name: _____

REQUESTED		DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
DEM	UADC			Competency	Other
		3. Pulmonary artery catheterization			
		4. Temporary transvenous pacemaker placement			
		5. Airway intubation			
		6. Tube thoracostomy			
		7. Fiberoptic bronchoscopy (therapeutic)			
		8. Pericardiocentesis			
		9. Percutaneous tracheostomy			
		10. Diagnosis peritoneal lavage			
		11. Continuous renal replacement therapy			
		12. Mechanical ventilation			
		13. Peritoneal dialysis catheter placement			

Name: _____

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DEM	UADC			Competency	Other

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient’s life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice, and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and medical staff.

 APPLICANT’S SIGNATURE

 DATE

Name: _____

REQUESTED		DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
DEM	UADC			Competency	Other

Department Chair/Chief/Designee:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____
 Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____
 Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

 SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

 DATE

APPROVED BY CREDENTIALS & PRIVILEGES COMMITTEE ON:	APPROVED BY EXECUTIVE COMMITTEE ON:
APPROVED BY GOVERNING BODY ON:	PERIOD ENDING:

Name: _____