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Applicant Name

**St. Elizabeth Healthcare**  
**Emergency Medicine**

There are four categories of Emergency Medicine Physicians: Full Status, Pediatric, Second Coverage and House Physician. The minimum requirements for each category appear first. The common core of privileges and specific procedures follow, together with any applicable supervision and documentation/training requirements.

**Minimum Requirements**

Special Note for Categories I, II and III below: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

**Category I: Full Status Emergency Physician**

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in emergency medicine or an approved combined training program in emergency medicine/internal medicine. If applicants have not completed an emergency medicine or combined program, they must be able to document training and experience in emergency medicine or a related specialty that allows them to evaluate and initially manage and treat all patients who seek emergency care.

Board certification in Emergency Medicine for new applicants, per the “Special Note” above.

**Category II: Pediatric Emergency Physician**

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in pediatrics or pediatric emergency medicine. If applicants have not completed either program, they must be able to document training and experience in pediatric emergency medicine that allows them to evaluate and initially manage and treat all pediatric patients who seek emergency care.

Pediatric subspecialty certification in Emergency Medicine or Pediatric board certification for new applicants, per the “Special Note” above.

**Category III: Second Coverage Emergency Physician**

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in Family Practice or Internal Medicine. Applicants must document sufficient training and experience that allows them to evaluate and initially manage and treat patients who seek emergency care with the back up of a Full Status emergency physician on duty in the Department.

Family Practice or Internal Medicine board certification for new applicants, per the “Special Note” above.

**Category IV: House Physician**

Degree required: MD or DO

Enrolled in an approved emergency medicine residency program, in their third year or after, who can document sufficient training and experience that allows them to evaluate and initially manage and treat patients who seek emergency care with the back up of a Full Status emergency physician on duty in the Department.

**Privileges Requested**

**I. Core Privileges:** Core privileges in emergency medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

*[Legend: \* Documentation of training/experience required for Category III applicants  
+ Procedures require supervision when performed by Category IV applicants]*

<u>Request</u>	<u>Description of Privilege</u>
_____	Performance of histories and physicals
_____	Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Intensive Care, Pulmonology or Emergency Medicine <b>or</b> (b) current ACLS Certification <b>or</b> (c) satisfactory completion of the ASA Moderate Sedation course).
_____	Provision of any life saving treatment or procedure for a

patient in extremis. Emergency Medicine physicians assess, evaluate, diagnose and initially treat patients who present in the Emergency Department with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries. In addition, they stabilize patients with major illnesses or injuries and assess all patients to determine whether additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. Core privileges do not include privileges to perform scheduled elective procedures, with the exception of procedures performed during routine E.R. follow-up visits. Core privileges may include privileges to admit to an observation unit.

#### AIRWAY TECHNIQUES

- \_\_\_\_\_ Airway management and intubation; Use of manual and mechanical ventilators and resuscitators
- \_\_\_\_\_ Cricothyrotomy\*+
- \_\_\_\_\_ Endotracheal intubation techniques\*
- \_\_\_\_\_ Percutaneous transtracheal ventilation\*+
- \_\_\_\_\_ Tracheostomy\*+

#### ANESTHESIA

- \_\_\_\_\_ Anesthesia: intravenous (upper extremity, local, and regional)\*
- \_\_\_\_\_ Neuro-muscular blockade\*

#### CARDIAC PROCEDURES

- \_\_\_\_\_ Administration of thrombolytic therapy for myocardial infarction, stroke\*
- \_\_\_\_\_ Cardiac massage, open or closed; Cardioversion (synchronized counter shock); Defibrillation
- \_\_\_\_\_ External transcutaneous pacemaker
- \_\_\_\_\_ Insertion of emergency transvenous pacemaker\*+
- \_\_\_\_\_ Intracardiac injection and Pericardiocentesis\*+
- \_\_\_\_\_ Resuscitation\*

## DIAGNOSTIC PROCEDURES

- \_\_\_\_\_ Arterial puncture and cannulation; Arthrocentesis; Lumbar puncture; Peritoneal lavage; Preliminary interpretation of imaging studies
- \_\_\_\_\_ Slit lamp used for ocular exam, Removal of corneal foreign body\*

## GASTROINTESTINAL

- \_\_\_\_\_ Anoscopy
- \_\_\_\_\_ Nasogastric/orogastric intubation; GI decontamination (emesis, lavage, and charcoal)
- \_\_\_\_\_ Hernia reduction
- \_\_\_\_\_ Paracentesis

## GENITOURINARY TECHNIQUES

- \_\_\_\_\_ Bladder decompression and catheterization techniques; Suprapubic aspiration/catheterization

## HEAD/NECK

- \_\_\_\_\_ Laryngoscopy, direct and indirect\*+
- \_\_\_\_\_ Management of epistaxis, including nasal cautery/packing
- \_\_\_\_\_ Ocular tonometry

## HEMODYNAMIC TECHNIQUES

- \_\_\_\_\_ Blood component transfusion therapy
- \_\_\_\_\_ Central venous access: femoral, jugular, peripheral, internal, subclavian, and cutdowns
- \_\_\_\_\_ Intraosseous infusion+

## OBSTETRICAL/GYN PROCEDURES

- \_\_\_\_\_ Delivery of newborn, emergency

## ORTHOPEDIC PROCEDURES

- \_\_\_\_\_ Dislocation/fracture reduction/immobilization techniques; Immobilization techniques; Application of splints and plaster molds; Injection of bursa or joint; Nail trephine techniques
- \_\_\_\_\_ Repair of extensor tendons\*+
- \_\_\_\_\_ Repair of flexor tendons\*+
- \_\_\_\_\_ Spine immobilization\*

**THORACIC PROCEDURES**

- \_\_\_\_\_ Thoracentesis
- \_\_\_\_\_ Thoracostomy tube insertion\*+
- \_\_\_\_\_ Thoracostomy, open for patient in extremis\*+

**OTHER TECHNIQUES**

- \_\_\_\_\_ Repair of lacerations; Wound debridement and repair; Abscess incision and drainage, including Bartholin's cyst; Removal of foreign bodies (e.g., airway, nose, eye, ear)
- \_\_\_\_\_ Burn management, including escharotomy\*
- \_\_\_\_\_ Chemical restraint of agitated patient
- \_\_\_\_\_ Irrigation and management of caustic exposures

**II. Additional Privileges:** In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

**Request      Description of Privilege**

**ULTRASOUND PROCEDURES**

- \_\_\_\_\_ Trauma (FAST) evaluation
- \_\_\_\_\_ Gynecologic (transvaginal and transabdominal) evaluation

- \_\_\_\_\_ Emergency cardiac evaluation
- \_\_\_\_\_ Abdominal aorta evaluation
- \_\_\_\_\_ Biliary evaluation
- \_\_\_\_\_ Renal evaluation
- \_\_\_\_\_ Ultrasound guided procedures

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

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\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Chair, Section of \_\_\_\_\_

Date:

Remarks: