

Privileges for: House Physician Florence/Ft. Thomas

Request

MEC Approval: February 25, 2010

Board Approval:

DEPARTMENT APPROVAL

Approved Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of at least the second post-graduate year of an ACGME or AOA-accredited residency.

Current ACLS (Advanced Cardiac Life Support) certification

PRIVILEGES REQUESTED

I. Core Privileges: Core privileges as House Physician include the care, treatment or services listed immediately below. 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.

DESCRIPTION OF CORE PRIVILEGES

- Evaluation and management of patients throughout the hospital for acute issues, with consultation by the patient's attending or consulting physicians when appropriate.
Airway - insertion of oropharyngeal airway, insertion of nasopharyngeal airway, use of suction apparatus; endotracheal intubation; use of manual and mechanical ventilation
Resuscitation - closed chest massage; appropriate volume/ blood product replacement; carotid-sinus massage; intravenous puncture and catheterization; central venous catheter placement; intra-arterial puncture; NG insertion; foley insertion
Wounds - hemorrhage control; laceration repair; surgical debridement; foreign body removal; incision and drainage of abscesses
Anesthesia - local; IV sedation
Neuro - C-spine immobilization
Neonatal Care - Emergent neonatal care in consultation with on-call pediatrician.
ENT - epistaxis control (nasal cautery/anterior and posterior packing)

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 meet all "Additional Requirements" listed for each privilege below and 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.

DESCRIPTION OF ADDITIONAL PRIVILEGES

- Laryngoscopy (direct)
(ADDITIONAL REQUIREMENT: Proof of experience and competency)
Lumbar puncture
(ADDITIONAL REQUIREMENT: Proof of experience and competency)

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Applicants Signature: _____ **Date:** _____