

Privileges for: **Wound Care**

Request

ST. ELIZABETH - EDGEWOOD  
 ST. ELIZABETH - FLORENCE  
 ST. ELIZABETH - FT. THOMAS  
 ST. ELIZABETH - GRANT CO (Surgical & other invasive procedure requiring general anesthetic are not offered)

Document Review: MEC Approval: April 22, 2010, Rev. August 22, 2013, February 27, 2014

Board Approval: March 1, 2010, Rev. September 13, 2010, May 2, 2011, September 9, 2013, May 5, 2014

**DEPARTMENT APPROVAL**

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
 Department/Section Chair      Signature      \_\_\_\_\_  
 Date

**MINIMUM REQUIREMENTS**

Degree required: M.D., D.O., D.P.M.

Applicants must be able to demonstrate successful completion of an ACGME- or AOA-accredited residency training program or podiatric surgical residency program. If surgical wound debridement was not a part of the applicant's residency program, he or she should demonstrate successful completion of equivalent clinical practice experience through one of the following:

- A hospital-based training program in surgical wound debridement techniques and/or certification in wound debridement techniques and/or certification in wound debridement by an approved wound care organization that includes surgical wound debridement as part of certification criteria.
- Proctoring by a practitioner experienced in surgical wound debridement techniques for the applicant's first five surgical wound debridement procedures.

**Note:** For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 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.

**PRIVILEGES REQUESTED**

**I. Core Privileges:** Core privileges in wound care 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.

**DESCRIPTION OF CORE PRIVILEGES**

\_\_\_\_\_ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course

\_\_\_\_\_  
 Anesthesia Section Chair      \_\_\_\_\_  
 Date

\_\_\_\_\_ Chemical or enzymatic debridement (applying a debriding medication to the wound and covering with a dressing); Surgical or sharp debridement entails removing dead (necrotic) tissue via surgery using instruments while the patient is under local or general anesthesia; Mechanical debridement (ranging from using high pressure whirlpool baths to syringes and catheter to remove dead or infected tissue by force); Wet-to-dry dressings are also used to debride a wound; Autolytic debridement - used when wound does not have to be quickly debrided or is not infected or if the patient's body cannot tolerate more forceful treatments; and Biodebridement (maggot therapy)

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- \_\_\_\_\_ Surgical or sharp debridement entails removing dead (necrotic) tissue via surgery using instruments while the patient is under local or general anesthesia.
- \_\_\_\_\_ Mechanical debridement (ranging from using high pressure whirlpool baths to syringes and catheter to remove dead or infected tissue by force); Wet-to-dry dressings are also used to debride a wound.
- \_\_\_\_\_ Autolytic debridement - used when wound does not have to be quickly debrided or is not infected or if the patient's body cannot tolerate more forceful treatments.
- \_\_\_\_\_ Biodebridement (maggot therapy)

**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**

- \_\_\_\_\_ Hyperbaric medicine (offered at COVINGTON & FT. THOMAS only); include but not limited to the following indications:
  - Crush injury
  - Enhancement of healing in selected wounds
  - Osteomyelitis
  - Radiation tissue damage
  - Skin grafts and flaps (compromised)
  - Thermal burns
  - Intracranial abscess
  - Atherosclerosis of native arteries of extremities with ulceration
  - Diabetic wound of the lower extremity

**(ADDITIONAL REQUIREMENT: 1. Must have completed an approved training in hyperbaric medicine or completed two years of practice in hyperbaric medicine or completed a combination of approved training plus practice in hyperbaric medicine. 2. Be and remain current in A.C.L.S.; and 3. Acquire 12 hours of Category I C.M.E. related to the practice of hyperbaric medicine every two years.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_