



Adult Hospitalist Privileges
Department of Medicine

Name: _____
(Please print)

- Initial privileges (initial appointment)
Renewal of privileges (reappointment, on 2 year specialty cycles)
Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited postgraduate training program in include internal medicine, IM/pediatrics, family medicine. Current certification or board eligibility (with achievement of certification within five (5) years of completion of training) leading to certification in internal medicine, family practice, pediatrics or pediatric hospital medicine by the appropriate board (ABIM, AOBIM, ABFP, AOBFP).

Required current experience: Successful completion of inpatient services to at least 40 patients within the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, special clinical fellowship, within the past 12 months. Minimum BLS certification required.

Facility (Check ALL that are applicable to your request)
Table with 5 columns: Baroness*, Children's**, North, East, Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Hospitalist Privileges:

Core privileges for hospitalist include the ability to admit, evaluate, diagnose, treat patients of all ages, and provide consultation to inpatients with common and complex illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. Hospitalists may provide care to patients in the intensive care setting in conformance with unit policies. They also should be able to asses, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

The core privileges in Hospital Medicine include the procedures listed below:

- Performance of History & Physical Exam
Abdominal paracentesis
Drawing of arterial blood
Excision of skin and subcutaneous tumors, nodules, and lesions
Incision and drainage of abscesses

Local anesthetic techniques
 Management of burns, superficial and partial thickness
 Nasogastric intubation
 Performance of simple skin biopsy
 Placement of peripheral venous line
 Placement of anterior and posterior nasal hemostatic packing
 Remove of non-penetrating foreign body from eye, nose, or ear

Special Non-Core Hospitalist Privileges:

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff guidelines governing the exercise of specific privileges.

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
EKG interpretation					
Lumbar puncture					
Thoracentesis					
Arthrocentesis and joint injections					
Insertion and management of central venous catheters and arterial lines					
Exercise Testing - Treadmill					
Ventilator management (not complex, including continuous positive airway pressure, up to 24 hours, and high-flow nasal cannula)					
Administration of Moderate sedation and analgesia (see page 3 for criteria).					
Intubation (requires at least 5 performed per year with case logs included with application)					
Management of Critical Care patient with specialty consultation					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria

Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.

4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date