

Otolaryngology Surgery Privileges Department of Surgery

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 residency in otolaryngology. Current certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to certification in otolaryngology by the ABOTO or the AOBOO-HNS. May treat patients of all ages.

Maintenance of BLS is strongly recommended.

Required current experience: At least 50 otolaryngologic surgery procedures, reflective of the scope of privileges requested, during the past 12 months; or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Facility (Check ALL that are applicable to your request)					
Baroness*	Children's**	North	East	Bledsoe/Sequatchie	

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

Core Otolaryngology Surgery Privileges:

Core privileges include the diagnosis, treatment of medical conditions, pre-operative, operative and post-operative care to correct or treat various conditions, illnesses, and injuries of the ears, the respiratory and upper alimentary systems and related structures. To include:

Performance of history and physical exam

The basic medical sciences relevant to the head and neck; the respiratory and upper alimentary systems, the communication sciences, including knowledge of audiology and speech-language pathology; the chemical senses and allergy, endocrinology and neurology as they relate to the

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

head and neck.

The clinical aspects of diagnosis and the medical and/or surgical therapy or prevention for diseases, neoplasms, deformities, disorders and/or injuries of the ears, the respiratory and upper alimentary systems, the face, jaws, and the other head and neck systems.

Head and neck oncology

Endoscopic Sinus Surgery

General Facial and Cosmetic Surgery

Use of surgical laser when appropriate documentation is provided.

Special Non-Core Privileges in Otolaryngology Surgery:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Non-core privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Administration of Moderate					
sedation and analgesia (see					
below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core (please list the privilege and p	rovide jus	tification
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:				
Provid	der Signature	Date		
Chief	Signature	Date		

Rev. 03/24