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# DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED
OMB Approval No. 0917-

0009

Expiration Date: 6/30/2016

## MEDICAL PRIVILEGES REQUEST FORM

### INTRODUCTION

This Medical Privileges request form must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Many clinical privileges pertinent to the practice of medicine and surgery are listed below. This list contains both outpatient and inpatient items. The request for privileges must reflect both the applicant's and the facility's/staff's ability to carry out or support the various functions. This list is intended primarily for the generalist physician or physician extender performing these functions within the areas listed. Internists, pediatricians, and obstetricians may request additional appropriate privileges commensurate with their expertise within their specialty and the facility's ability to support the requested privileges. They should be presented in an attached list and referenced on this form under "other."

#### INSTRUCTIONS FOR COMPLETING THE FORM

**Applicant:** With a check mark in the appropriate location, indicate for each item your decision to request either *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. "Direct supervision" may be fulfilled via telephone consultation, if appropriate. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large. Be sure to sign the request as indicated on page 13.

**Discipline-specific supervisor or consultant:** Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full*, *limited*, or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

		ETRICS (See Appendix C.2)	Appli Requ Ltd.	Consu Recon N.R.	Full
A.		inor			
	1.	Normal prenatal/postpartum care			
	2.	Normal spontaneous labor and vaginal delivery			
	3.	Midline episiotomy and repair			
	4.	Local and pudendal anesthesia			
	5.	Repair of vaginal and cervical laceration			
	6.	Management of mild preeclampsia			
	7.	Amniotomy			
	8.	Management of postpartum hemorrhage			
	9.	Management of postpartum infection			
	10	. Interpretation of external and internal fetal heart rate monitor tracings	e		
	11	. Manual removal of placenta			
	12	. Postpartum uterine exploration and/or curettage			
	13	. Low forceps delivery			
	14	. Curettage for incomplete abortion			
	15	. Other (specify):			
В.	Ma	ajor			
	1.	Multiple pregnancy			

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I. OBSTETRICS (See Appendix C.2)	Applicant Requests	Supervisor/ Consultant Recommends
	Ltd. Full	N.R. Ltd. Full
2. Amniocentesis		

I.	OBS <sup>-</sup>	TETRICS (See Appendix C.2)	Applicant Requests	Cons	ervisor/ sultant mmends	
			Ltd. Full		Ltd.	Full
	3.	Breech delivery				
	4.	Paracervical block				
	5.	Induction/stimulation of labor				
	6.	Cesarean section				
	7.	Mid forceps delivery				
	8.	Management of medical complications in pregnancy, i. diabetes, renal disease, severe preeclampsia	e.,			
	9.	OB ultrasound				
	10	O. Other (specify):				
		clinicians granted minor or major obstetric privileges rain newborn resuscitation and stabilization.	nust also be	qualified fo	r and gr	anted
II.	GYNI	ECOLOGY (See Appendix C.2)	Applicant Requests Ltd. Full	Cons Reco	ervisor/ sultant mmends Ltd.	; Full
	A. M	inor				
	1.	I & D of vulvar or perineal abscess				
	2.	Biopsy of perineum, vulva, cervix, vagina				
	3.	Endometrial biopsy				
	4.	Insertion/removal of intrauterine device				
	5.	Dilatation and curettage				
	6.	Culdocentesis				
	7.	Polypectomy				
	8.	Vaginal or uterine packing				
	9.	Other (specify):				
	B. M					
	1.	Pelvic exam under anesthesia				
	2.	Tubal ligation				
	3.	Marsupialization of Bartholin's cyst				
	4.	Abdominal hysterectomy				
	5.	Incidental appendectomy				
	6.	Vaginal hysterectomy				
	7.	A & P repair				
	8.	Peritoneoscopy (laparoscopy)				
	9.	Salpingoophorectomy				
	10	O. Other (specify):				

III. PE	EDIATRICS	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. F	ull
A.	Hepatic and Gastrointestinal Disease	Eta. Faii	N.R. Ltu. F	un
	1. Hepatitis			
	2. Peptic ulcer disease			
	3. Diarrheas			
	4. Other (specify):			
В.	Renal Disease, Hypertension			
	1. Acute or chronic glomerulonephritis			
	2. Nephrotic syndrome			
	3. Hypertension			
	4. Chronic renal failure			
	5. Other (specify):			
C.	Pulmonary Disease			
	1. Uncomplicated asthma			
	2. Complicated asthma			
	3. Ventilatory management			
	4. Pneumonia			
	5. Cystic fibrosis			
	6. Other (specify):			
D.	Cardiac Disease			
	1. Nonsurgical congenital heart disease			
	2. Rheumatic heart disease			
	3. Heart failure, acute and/or chronic			
	4. Cardiac arrhythmias			
	5. Other (specify):			
E.	Metabolic and Endocrine Disease			
	1. Fluid and electrolyte problems			
	2. Diabetes mellitus			
	3. Disease of the thyroid gland			
	4. Menstrual disorders			
	5. Growth disorders			
	6. Other (specify):			
F.	Rheumatologic Disease			
	1. Lupus erythematosus			_
	2. Juvenile rheumatoid arthritis			
	3. Other (specify):			

III. P	EDIATRICS	Applio Reque		Super Consu Recon		
G	. Infectious Disease	Ltd.	Full	N.R.	Ltd.	Full
G	Septic arthritis					
	Osteomyelitis					
	Urinary tract infection					
	4. Tuberculosis					$\vdash$
	5. CNS infections					
	6. Neonatal sepsis					
	·		$\vdash$			
н	7. Other (specify):  . Hematologic and Oncologic Diseases					Ш
•••	1. Anemias					
	Coagulation disorders		H		H	
	3. Thrombocytopenia		$\vdash$			
	Cancer chemotherapeutic drug admin		$\vdash$	$\vdash$		
	•		$\vdash$	$\vdash$		
	<ul><li>5. Cancer patient management</li><li>6. Transfusion</li></ul>		$\vdash$			
	7. Erythroblastosis					
	8. Exchange transfusion		$\vdash$			
	9. Other (specify):					
١.	Newborn Nursery Care  1. Care of normal infant					
	2. Care of premature infant					
	3. Hemolytic disease of newborn					
	4. Respiratory distress syndrome		$\vdash$			
	5. Neonatal resuscitation/emergency stabilization		$\square$			
	6. Other (specify):					
J.						
	1. Failure to thrive		$\mathbb{H}$		$\mathbb{H}$	$\vdash$
	2. Adolescent gynecology					
	3. Well-child care					
	4. Convulsive disorders					$\square$
	5. Fever of unknown origin					$\square$
	6. Other (specify):					

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IV. MEDICINE	Applicant Requests	Supervisor/ Consultant Recommends
A. Hepatic and Gastrointestinal Disease  1. Cirrhosis	Ltd. Full	N.R. Ltd. Full

IV. MEC	DICINE	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
2	2. Decompensated cirrhosis		
3	B. Hepatitis		
4	. Cholecystitis		
5	5. Pancreatitis		
6	i. Regional enteritis		
7	. Ulcerative colitis		
8	8. Peptic ulcer disease		
9	). Acute G.I. bleeding		
1	0. Other (specify):		
B. F	Renal Disease		
1	Glomerulonephritis		
2	2. Pyelonephritis		
3	8. Nephrosis		
4	. Acute insufficiency—conservative		
5	i. Chronic insufficiency		
6	o. Other (specify):		
C. F	Pulmonary Disease		
1	Uncomplicated pneumonia		
2	2. Complicated pneumonia		
3	3. Emphysema and chronic bronchitis		
4	. Pulmonary insufficiency		
5	i. Pulmonary embolus		
6	5. Pneumothorax		
7	'. Ventilator management		
8	8. Oxygen therapy		
9	). Asthma		
1	0. Other (specify):		
D. C	Cardiac Disease		
1	Electrocardiographic interpretation		
2	2. Congestive heart failure, acute		
3	8. Congestive heart failure, chronic		
4	. Ischemic heart disease, angina		
5	5. Myocardial infarction, uncomplicated		
6	i. Myocardial infarction, complicated		
7	. Valvular heart disease		
8	B. Pericarditis		

IV. M	EDICINE	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends
	9. Cardiac arrhythmias		N.R. Ltd. Full
	10. Cardioversion-medical		
	11. Cardioversion-electrical		
	12. Thrombophlebitis		
	13. Other (specify):		
E.	Hypertension		
	Essential hypertension		
	2. Malignant hypertension		
	3. Other (specify):		
F.	Metabolic and Endocrine Disease		
	1. Diabetes mellitus		
	2. Diabetes mellitus, complicated by keto-acidosis or coma		
	3. Hypo/hyperthyroidism, uncomplicated		
	4. Hypo/hyperthyroidism, severe/complicated		
	5. Gout		
	6. Other (specify):		
G.	Collagen Disease		
	1. Lupus erythematosus		
	2. Scleroderma		
	3. Other (specify):		
н.	Arthritis		
	1. Rheumatoid arthritis		
	2. Osteoarthritis		
	3. Other (specify):		
I.	Hematologic and Oncologic Diseases		
	1. Anemias		
	2. Thrombocytopenias		
	3. Cancer chemotherapeutic drug administration		
	4. Cancer patient management		
_	5. Other (specify):		
J.	Neurological diseases		
	Cerebrovascular accident		
	2. Convulsive disorders	HHH	H H H
	3. Parkinsonism	HHH	H H H
	4. Degenerative neurological disorders		$\vdash$
	5. Meningitis		

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IV. MEDICINE	Applicant	Supervisor/ Consultant
	Requests	Recommends
	Ltd. Full	N.R. Ltd. Full
6. Other (specify):		

IV.	MED	ICINE	Applic Reque Ltd.		Super Consu Recon N.R.		Full
	K. A	llergy (Medical or Pediatric)					
	1.	Desensitization					
	2.	Urticaria					
	3.	Other (specify):					
V.	SUR	GICAL OR PROCEDURAL (See Appendix C.3)	Applic Reque		Super Consu Recon N.R.		Full
	A. S	kin		T UII	N.N.	Ltu.	- un
	1.	I & D of abscess					
	2.	Wound debridement					
	3.	Incisional and excisional biopsy					
	4.	Excision of benign tumors					
	5.	Repair & closure of simple lacerations (not involving tendons/nerves/major vessels)	9				
	6.	Repair & closure of complicated lacerations					
	7.	Electro-surgical destruction of lesions (Fulguration)					
	8.	Pilonidal cyst drainage					
	9.	Lymph node biopsy					
	10	). First and second degree burns					
	11	Other (specify):					
	В. О	phthalmologic					
	1.	I & D abscess of lid					Щ
	2.	Removal of superficial foreign bodies					
	3.	Corneal abrasion					Ш
	4.	Other (specify):					
	C. E	NT and Plastic Surgery					
	1.	Tracheostomy					Щ
	2.	I & D abscess/hematoma of canal/auricle					
	3.	Foreign body removal from nose or ear					
	4.	Laryngoscopy		Ш			
	5.	Nasal packing					
	6.	Nasal fracture reduction					Ш
	7.	Blepharoplasty		Ш			Щ
	8.	Myringotomy		Ш			
	9.	Other (specify):					
				1 1		1 1	1 1

V.	SU	RG	ICAL OR PROCEDURAL (See Appendix C.3)	Applic Reque Ltd.	Super Consu Recon N.R.	Full
	D.	Dig	gestive System		 	 
		1.	I & D perirectal abscesses			
		2.	Electrocautery/excision of anal condylomata			
		3.	I & D oral abscesses			
		4.	Biopsy mouth, tongue or lip lesions			
		5.	Repair oral lacerations			
		6.	Passage & use of Sengstaken-Blakemore tube			
		7.	Gastric lavage			
		8.	Liver biopsy, closed			
		9.	Proctosigmoidoscopy, anoscopy			
		10.	Proctosigmoidoscopy, anoscopy, w/ biopsy			
		11.	Diagnostic paracentesis			
		12.	Therapeutic or decompressive paracentesis			
		13.	Closed reduction of hernias			
		14.	Gastroscopy			
		15.	Other (specify):			
	E.	Or	thopedic			
			Muscle biopsy			
		2.	Injection of tendon sheath, ligament trigger points, or bursae			
		3.	Arthrocentesis			
		4.	Bone marrow aspiration			
		5.	Bone marrow biopsy			
		6.	Closed reduction of simple fractures of phalanges, clavicles, ribs, toes			
		7.	Closed reduction of simple fractures of radii, ulnae, humeri, tibiae, fibulae			
		8.	Reduction of dislocations of hip, elbows, shoulders, fingers			
		9.	Application of casts and splint			
		10.	Non-surgical & non-neurological traction			
		11.	Other (specify):			
	F.	Th	oracic			
		1.	Thoracentesis			
		2.	Tube thoracostomy			
		3.	Pleural biopsy			
		4.	Bronchoscopy			
				_		

V.	SU	RGICAL OR PROCEDURAL (See Appendix C.3)	Applicant Requests <u>Ltd.</u> Full	Supervisor/ Consultant Recommends N.R. Ltd.	Full
		5. Other (specify):			
	G.	Genito-urinary, Renal, Urologic			
		1. Hemodialysis			
		2. Peritoneal dialysis			
		3. Bladder aspiration by needle or catheter			
		4. Vasectomy			
		5. Circumcision			
		6. Meatotomy			
		7. Bladder irrigation			
		8. Other (specify):			
	н.	Neurological			
		Peripheral nerve block			
		2. Lumbar puncture			
		3. Local/regional anesthesia administration			
		4. Observe for head injury			
		5. Subdural tap			
		6. Other (specify):			
	I.	Vascular			
		Arterial puncture			
		2. Insertion and monitoring of CVP line			
		3. Insertion of temporary cardiac pacemaker			
		4. Cutdown for insertion of catheters			
		5. Umbilical vein catheterization			
		6. Umbilical artery catheterization			
		7. Right heart catheterization			
		8. Other (specify):			
	J.	Emergency Procedures, Not Covered Elsewhere			
		1. Cricothyroidotomy			
		2. Endotracheal intubation			
		Insertion of oropharyngeal airway			
		4. Intracardiac injection			
		5. Pericardiocentesis			
		6. Peritoneal lavage	HHH		
		7. Use of manual and mechanical resuscitator	HHH	H	
		8. Use of rotating tourniquets			
			1 1		

V.	SURGICAL OR PROCEDURAL (See Appendix C.3)	Applicant Requests <u>Ltd.</u> Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	9. Use of MAST trousers		
	10. Acute drug overdoses		
	11. Other (specify):		
VI.	.PSYCHIATRIC (See Appendix C.4)	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	A. Anxiety disorders		
	B. Depression		
	C. Chronic schizophrenia		
	D. Substance abuse		
	E. Hyperactivity in children		
	F. Other (specify):		
VII	I. RADIOLOGY (See Appendix C.11)	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	A. Radiograph interpretation (with report)		
	B. Ultrasound interpretation (with report)		
	C. Injection of contrast material (venous, arter lymphatic)	rial,	
	D. Performance of x-rays		
	1. Chest		
	2. Extremities		
	3. Others		
	E. Other (specify):		

# **MEDICAL PRIVILEGES REQUEST FORM**

1.	I hereby request the clinical privileges as indicated on the forms attached.					
	Applicant	Date	_			
2.	I hereby recommend the clinical privileges as indicated.					
	Supervisor/Consultant	Date	_			
3.	As Chairperson of the Medical Staff Executive Committee, I hereby recommend the clinical privileges (check one)					
	As noted.					
	With the following exceptions, deleti	ions, additions, or condit	ions:			
			_			
	Clinical Director	Date	_			
4.	I hereby recommend the applicant for clinical privileges.					
	Service Unit Director	Date	_			
5.	Privileges are hereby granted: (check one)					
	As noted.					
	With the following exceptions, deletions, additions, or conditions:					
			_			
	Chairperson of the Governing Body	Date	_			
	<b>5</b>					

## ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917–0009). Please *do not send* this form to this address.