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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

Supervisor/ Consultant

Recommends

Applicant

### **SURGICAL PRIVILEGES REQUEST FORM**

#### INTRODUCTION

This Surgical 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 surgery and surgical specialties are listed below. This list contains both outpatient and inpatient items. The request for privileges must reflect both the applicant's and the facility/staff's ability to carry out or support the various functions. Documentation of training and/or experience in performing various surgical procedures must accompany this request. Any additional privileges may be requested on the Surgical Privileges Request Form or may 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 whether you are requesting *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. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large; in general, full surgical privileges require the completion of an accredited surgical residency. Be sure to sign the request as indicated on page 7.

**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.

#### I. GENERAL SURGERY

A. Skin

		, veq		-		-		_	
		<u>Ltd.</u>	Г	<u>Full</u>	N.R		<u>Ltd.</u>		<u>Full</u>
1.	Skin tumors								
2.	Split thickness grafts								
3.	Wolfe grafts								
4.	Pedicle grafts								
5.	Skin lacerations		Ī						
ô.	Extensive burns								
7.	Pilonidal cyst								
В.	Head and Neck	App Req Ltd.	ues		Con		sor/ ant nend Ltd.		Full
1.	Parotid gland surgery								
2.	Lip and tongue surgery		Ì						
3.	Ranula		Ī						
4.	Epulis		Ì						
5.	Resection of jaw		Ī						
ô.	Thyroglossal ducts		Ī						
7.	Branchial clefts		Ī						
				_			-		_

B. Head and Neck	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
8. Pharyngo-esoph. diverticulum		
9. Thyroidectomy		
10. Phrenic nerve		
C. Abdominal and Rectal	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
1. Paracentesis		
2. Gastroscopy		
3. Closure perforated ulcer		
4. Other gastric surgery		
5. Ramstedt Pyloromyotomy		
6. Gallbladder and common duct surgery		
7. Pancreatic surgery		
8. Splenectomy		
9. Small and large bowel surgery		
10. Appendectomy		
11. Abdomino-perineal resection		
<ul><li>12. Abdominal exploratory after workup</li><li>13. I &amp; D of intra-abdominal abscess</li></ul>		
14. Traumatic laparotomy		
15. Simple inguinal hernia		
16. Strangulated or recurrent hernia		
17. Ventral or femoral hernia		
18. Proctosigmoidoscopy		H H H
19. Anoscopy		
20. Hemorrhoidectomy		
21. I & D Perirectal Abscess		
22. Fistula in ano		
23. Liver biopsy, open		
24. Liver biopsy, closed		

	. Breast and Thoracic	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	Breast biopsy		
	Simple & radical mastectomy		
	Thoracentesis & closed drainage		
	Rib resection for empyema		
5.			
	Intrathoracic surgery		
7.	Surgery of diaphragm		
E	. Other	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
1.	Hand infections (major)		
2.	Hand infections (minor)		
3.	Other (Specify):		
A B	ASCULAR SURGERY  . Vein ligation and stripping  . Major vascular surgery  . Arterial grafts	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
D	. Other (Specify):		
A B	PHTHALMOLOGIC  . Chalazion . Pterygium . Enucleation	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	AR, NOSE, AND THROAT (ENT)	Applicant Requests	Supervisor/ Consultant Recommends
	Trackaastamy	Ltd. Full	N.R. Ltd. Full
	. Tracheostomy	$\vdash$	H H H
	. I & D abscess or hematoma of canal or auricle		$\vdash$
C	. Laceration repair of nose or auricle		

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IV. EAR, NOSE, AND THROAT (ENT)	Applicant Requests	Supervisor/ Consultant Recommends
	<u>Ltd.</u> <u>Full</u>	N.R. <u>Ltd.</u> Full
D. Foreign body removal from nose or ear		
E. Complex laceration repair of nose/ear/face/neck		

IV.	EAR, NOSE, AND THROAT (ENT)	licant uests Full	Superv Consul <sup>i</sup> Recom N.R.	tant	Full
	F. Tonsillectomy, adenoidectomy				
	G. Biopsy lesions of nose or auricle				
	H. Laryngoscopy				
	. Nasal packing				
	. Nasal fracture reduction				
	K. Reconstructive surgery of congenital deformities, including facial abnormalities (i.e., cleft lip and palate)				
	L. Split thickness skin graft				
	M. Full thickness skin graft				
	N. Bone, cartilage, and alloplastic grafts				
	O. Blepharoplasty				
	P. Rotation flaps				
	Q. Myringotomy				
	R. Myringotomy with tube insertion				
	5. Excision of rhinophyma				
•	Г. Tympanotomy, tympanoplasty				
	U. Mastoidectomy, simple				
,	<ul><li>V. Middle ear—removal of polyps, stapes mobilization</li></ul>				
,	W. Otoplasty				
	X. Stapedectomy				
,	Y. Rhinoplasty, septoplasty				
	Z. Maxillo-facial injury repairs, including fractures				
	AA. Excision of nasal mucosa, turbinates, polyps				
	BB. Sinusotomy				
	CC. Radical mastoidectomy			Ш	Ш
	DD. Palatoplasty				
	EE. Lip resection				
	FF. Other (Specify):				
V.	UROLOGICAL SURGERY	licant uests Full	Superv Consuli Recom N.R.	tant	<u>Full</u>
	A. Nephrectomy				
	B. Pyelostomy				
(	C. Ureterotomy				
	D. Cystostomy				

O. Other (Specify): \_\_\_\_\_

. UROLOGICAL SURGERY		Applic	ant		Supervisor/ Consultant		
		Reque			nmends		
		<u>Ltd.</u>	<u>Full</u>	<u>N.R</u> .	<u>Ltd.</u>	Full	
E. Suprapubic prostatic rese	ction						
F. Other suprapubic bladder	surgery						
G. Cystectomy							
H. Cystoscopy and retrograde	e pyelogram						
<ol> <li>Transurethral cysto. and p</li> </ol>	rostate surgery						
J. Hydrocele, spermatocele,	varicocele						
K. Vasectomy							
L. Testicular surgery							
M. Circumcision & meatotomy	y						
N. Major surgery of penis							

## **SURGICAL PRIVILEGES REQUEST FORM**

1.	I hereby request the clinical privileges as ind	licated on the forms att	ached.
	Applicant	Date	
2.	I hereby recommend the clinical privileges a	s indicated.	
	Supervisor/Consultant	Date	
3.	As Chairperson of the Medical Staff Executive (check one)	ve Committee, I hereby	recommend the clinical privileges
	As noted.		
	With the following exceptions, deletion	ons, additions, or condit	ons:
	Clinical Director	Date	
4.	I hereby recommend the applicant for clinical	al privileges.	
	Service Unit Director	Date	
5.	Privileges are hereby granted: (check one)		
	As noted.		
	With the following exceptions, deletion	ons, additions, or condit	ons:
		-	
	Chairperson of the Governing Body	Date	

#### 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.