



K'ima:w Medical Center  
Medical Staff  
Privileges Request Form



**INSTRUCTIONS TO APPLICANT:**

The granting of privileges is the responsibility of the Governing Board on recommendation from the Medical Staff and Chief Executive Officer. Privileges may be granted only when the applicant can demonstrate appropriate training, skill, and experience, and the Chief Executive Officer can provide the required support functions to allow the provider to perform the service.

This request for clinical privileges must be accompanied or preceded by completed application for medical staff appointment, including the necessary supporting documents.

**GROUPS AND CATEGORIES OF PRIVILEGES**

There are five main groups of privileges: Obstetrics/Gynecology, Pediatrics, Medicine, Surgery, and Emergency Medicine.

Each group is divided into two categories:

- Category I:**      Diagnosis and therapy with minimal threat to life.  
This category should be requested by physicians with minimal formal training in the specialty, but with informal training and experience in the care of specific conditions.
- Category II:**      Major diagnosis and therapy, with potential threat to life or limb.  
This category should be requested by physicians with minimal formal training in the specialty area, i.e., at least three(3)months training within an approved residency program, and experience in the care of specific conditions. Physicians lacking formal residency training must be able to demonstrate comparable training through supervised experience and/or continuing education seminars.

The applicant should enter the level at which privileges are being requested, and list any exceptions or comments in the space provided. Specific items to be excluded should be lined out with a single line, initialed and dated. If no privileges are requested in a particular group, then the provider is deemed to have only the general and emergence privileges enumerated below.

In addition, each group has selected procedures which require specific training and/or documentation to justify granting of these privileges. For each procedure, the applicant should place a check mark of "X" on the line representing the level at which privileges are requested.

- LTD**      Limited. The applicant with limited privileges may function in the area of the stated clinical privileges only under the direct supervision of a provider holding Full privileges, with documentation in the medical record of the name of the supervising provider.
- FULL**      Full. The staff member with Full privileges is authorized to function independently in the condition or procedure listed, following standards consistent with the medical community at large, and subject to review by the Medical Staff.

## GENERAL AND EMERGENCY PRIVILEGES

The Bylaws of the Medical-Dental Staff provides that “In the case of an emergency, any physician or dentist member of the Medical Staff, to the degree permitted by his/her license, shall be permitted and assisted to do everything possible using every facility of the clinic necessary, including the calling for any consultation necessary or desirable.” In addition, every physician, upon appointment to the Medical Staff, is expected and privileged to perform the following procedures unless specifically excluded on the final page of this document:

Cardio-pulmonary resuscitation, including the Heimlich maneuver and non-invasive airway management

Emergency endotracheal intubation

Complete history, including the determining of the patient’s desires regarding his/her medical care and/or the existence of an Advanced Directive

Complete physical examination to include breast, pelvic, and rectal examinations

Patient and family education

Peripheral venipuncture and peripheral arterial puncture

Insertion of urethral urinary catheter, rectal tube, and nasogastric tube

Administration of medication by mouth, inhalation, rectally, intravenously, intramuscularly, subcutaneously, or topically

Wound cleaning and dressing, closure, suturing and removal

Emergency restraint of patients when necessary to protect patient(s) or others

Interpretation of routine laboratory test results, to include the performance of waived tests (dipstick urinalysis, fecal occult blood, urine pregnancy tests by visual color comparison, spun microhematocrit, rapid strep, microscopy for wet mounts, KOH, fecal white blood cells, ferning) whole blood glucose by home-use device

Preliminary interpretation of roentgenograms (X-rays)

Pronouncement of death

Emergency Obstetrical delivery

Emergency Neonatal Resuscitation

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**Obstetrics and Gynecology**

**Category I**

Diagnosis and therapy, with minimal threat to life  
Normal prenatal care  
Normal postpartum

**Category II**

Major diagnosis and therapy, with potential threat to life or limb  
Prenatal care, normal or complicated by diabetes mellitus or hypertension  
Normal postpartum care  
Management of mild pre-eclampsia  
Interpretation of external fetal heart rate tracings  
Vaginal and uterine packing

	REQUESTED BY APPLICANT		RECOMMENDED BY SUPERVISOR	
Category of privileges requested:	I	II	I	II
Exceptions or comments:				

Selected procedures:	NOT	LTD	FULL	NOT	LTD	FULL
Insertion of Norplant, implantable device	___	___	___	___	___	___
Removal of Norplant device	___	___	___	___	___	___
I&D if Vulvar or Perineal Abscess	___	___	___	___	___	___
Diaphragm Fitting	___	___	___	___	___	___
Endometrial Biopsy	___	___	___	___	___	___
Cervical Polypectomy	___	___	___	___	___	___
Incision or Drainage of Bartholin's Cyst with Marsupialization	___	___	___	___	___	___
Others: _____	___	___	___	___	___	___

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**Pediatrics**

**Category I**

Diagnosis and therapy, with minimal threat to life  
Uncomplicated medical conditions including: Gastroenteritis, Asthma, Bronchiolitis, Pneumonia, Fluid and electrolyte disturbances, Diabetes mellitus, Urinary tract infection, Anemia, Newborn care, Well child care, Alleged child abuse (Non-sexual)

**Category II**

Major diagnosis and therapy, with potential threat to life or limb  
Acute and/or complicated medical conditions, including Newborn care including low birth weight, Chronic disabilities, Attention Deficit Disorder, Adjustment disorder, Pediatric and Adolescent gynecology, Physical and sexual abuse and neglect, Growth and development disorders, Substance abuse, Eating disorders, Primary care of patient

	REQUESTED		RECOMMENDED		
	BY		BY		
	APPLICANT		SUPERVISOR		
Category of privileges requested:	I	II	I	II	

Exceptions or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Selected procedures:	NOT	LTD	FULL	NOT	LTD	FULL
Pediatric Advanced Life Support	___	___	___	___	___	___
Interpretation of Pediatric EKG	___	___	___	___	___	___
Suprapubic Bladder Aspiration	___	___	___	___	___	___
Neonatal Resuscitation	___	___	___	___	___	___
Spinal Tap	___	___	___	___	___	___
Others: _____	___	___	___	___	___	___
_____						
_____						

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**Medicine**

**Category I**

Diagnosis and therapy, with minimal threat to life  
 Uncomplicated medical conditions  
 Alcohol and tobacco abuse including uncomplicated alcohol detoxification  
 Diabetes Mellitus, uncomplicated or complicated by: Infection, Hyper or hypoglycemia, Mild diabetic nephropathy, Diabetic neuropathy, atherosclerotic disease, Hypertension, Injection of ligament or trigger point.

**Category II**

Major diagnosis and therapy, with potential threat to life or limb  
 Acute and/or complicated medical disease  
 Electrocardiogram interpretation  
 Primary care of cancer patient  
 Primary care of HIV-positive patient  
 Adjustment, anxiety, dementia, and/or depressive disorder  
 Substance abuse including detoxification  
 Preoperative clearance evaluations

	REQUESTED BY APPLICANT		RECOMMENDED BY SUPERVISOR	
	I	II	I	II
Category of privileges requested:				

Exceptions or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Selected procedures:	NOT	LTD	FULL	NOT	LTD	FULL
Electrical Cardioversion	___	___	___	___	___	___
Diagnostic and/or therapeutic Arthrocentesis Paracentesis	___	___	___	___	___	___
Elective Lumbar Puncture	___	___	___	___	___	___
Transfusion	___	___	___	___	___	___
Injection of Tendon Sheath or Bursa	___	___	___	___	___	___

Others: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Surgery**

**Category I**

- Diagnosis and therapy, with minimal threat to life
- Wound debridement
- Incision and drainage of abscess not involving body cavity
- Excision and biopsy of dermatologic lesions
- Repair of uncomplicated lacerations
- Application of simple casts and splints
- Removal of ingrown toenail

**Category II**

- Major diagnosis and therapy, with potential threat to life or limb
- Incision and drainage of abscess or hematoma
- Wound debridement
- Incision or excision biopsy
- Punch biopsy
- Excision of superficial benign tumors or cysts
- Repair and closure of complex lacerations not involving tendons, nerves or major vessels
- Repair of facial or external ear lacerations
- Pilonidal cyst drainage
- Excision of ablation of perianal condylomata
- Digital block anesthesia
- Application of casts and splints
- Toenail removal, full or partial

	REQUESTED		RECOMMENDED		
	BY		BY		
	APPLICANT		SUPERVISOR		
Category of privileges requested:	I	II	I	II	

Exceptions or comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Selected procedures:	NOT	LTD	FULL	NOT	LTD	FULL
Central vein cannulation including jugular, peripheral and subclavian	___	___	___	___	___	___
Biopsy of mouth, lip or tongue lesion	___	___	___	___	___	___
Fine needle aspiration	___	___	___	___	___	___
Others: _____						
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___

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**Emergency Medicine**

**Category I**

Diagnosis and therapy, with minimal threat to life

Preliminary diagnosis and management of emergency medical conditions in all ages

**Category II**

Major diagnosis and therapy, with potential threat to life or limb

Advanced Cardiac Life Support, including:

Electrical defibrillation/Cardioversion

Manual ventilation

Endotracheal intubation, oral or nasal

Esophageal obturator airway insertion

Preliminary electrocardiogram interpretation

Foreign body removal from nose or ear

Closed reduction of fracture or dislocation

Splinting and casting

Gastric lavage

Hernia reduction

Incision and drainage of abscess or hematoma not entering a body cavity

Repair of complex or face lacerations not involving tendon, nerve or major vessel

Toenail removal, full or partial

Digital block anesthesia

Lumbar puncture or spinal tap

Nasal packing or cautery

Wound debridement and repair

Emergency management of labor and delivery

Forensic examinations in alleged non-sexual abuse

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**Emergency Medicine (cont.)**

	REQUESTED BY APPLICANT		RECOMMENDED BY SUPERVISOR	
Category of privileges requested:	I	II	I	II

Exceptions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	NOT	LTD	FULL	NOT	LTD	FULL
Selected procedures:						
Lumbar puncture or spinal tap	___	___	___	___	___	___
Pediatric Advanced Life Support	___	___	___	___	___	___
Diagnostic or therapeutic paracentesis	___	___	___	___	___	___
Arterial Puncture (Blood Gas)	___	___	___	___	___	___
Cervical Vein Cannulation	___	___	___	___	___	___
Jugular, Subclavian or Femoral	___	___	___	___	___	___
Peripheral Vein Cannulation	___	___	___	___	___	___
Others: _____	___	___	___	___	___	___
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___
_____	___	___	___	___	___	___
Advanced trauma						
Life support including:						
Spinal immobilization	___	___	___	___	___	___
Peripheral Vein Cutdown	___	___	___	___	___	___
Cricothrotomy	___	___	___	___	___	___
Needle thoracostomy	___	___	___	___	___	___
Pericardiocentesis	___	___	___	___	___	___
Diagnostic Peritoneal Lavage	___	___	___	___	___	___



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Additional privileges requested: \_\_\_\_\_  
\_\_\_\_\_

1. **Applicant:** I request clinical privileges as enumerated above by me.

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

2. **Clinical Director/ or Chief of Staff:** I recommend that the applicant be granted clinical privileges:

\_\_\_\_\_ As he/she requests

\_\_\_\_\_ As requested with the following exceptions or additions:

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

3. **Chief Executive Officer:** I recommend that the applicant be granted clinical privileges.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Governing Body:** Clinical privileges are granted as recommended by the K'ima:w Medical Center, Chief Executive Officer.

**Signature:** \_\_\_\_\_  
Chairperson of the Governing Body

**Dated:** \_\_\_\_\_