DELINEATION of PRIVILEGES
EMERGENCY MEDICINE

BASIC EDUCATION: M.D. or D.O.

QUALIFICATIONS

Membership in the Department is confined to physicians who are independent contractors of Renown Regional Medical Center and who are board certified in Emergency Medicine, or who have comparable training, experience, and demonstrated proficiency.

MINIMAL FORMAL TRAINING:
Members must have completed an ACGME or AOA approved residency.

BOARD CERTIFICATION:

Those applicants who are not board certified at the time of application but who have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment. However, in order to remain eligible, those applicants must achieve board certification in their primary area of practice within five (5) years from the date of completion of their residency or fellowship training.

*Because of the nature of Emergency Medicine, physicians must be competent in the following list of procedures and techniques. Privileges include being able to assess, work up, and provide initial treatment to patients who present in the Emergency Department with any illness, injury, condition or symptom. An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients presenting with major illness or injuries and to assess all patients in order to determine if more definitive services are necessary.

The following list of core privileges is presented to provide Emergency Medicine physicians and other members of the medical staff with a broad outline of the types of procedures and techniques expected of an Emergency Medicine physician.

_______ CORE PRIVILEGES IN EMERGENCY MEDICINE (CR.ER)

- Anesthesia, local, nerve blocks
- Endotracheal intubation, nasal/oral
- Cricothyrotomy
- Neuro muscular blockade
- Percutaneous transtracheal ventilation
- Cardiac massage, open/closed
- Cardiac pacing, extrnal/transthoracic/emergent transvenous
- Cardioversion/defibrillation
- Cardiopulmonary resuscitation
- Electrocardiography
- Nasogastric or orogastric intubation
- Emergent pericardiocentesis
- Peritoneal lavage
- Tonometry
- Slit lamp exam w/ or w/out foreign body removal
- Bladder catheterization
- Epistaxis control
- Central venous axis
- Intravenous infusion
- Arterial cannulation for monitoring
- Fracture/dislocation immobilization
- Emergent/urgent closed reduction of fracture dislocation
- Cervical immobilization
- Nail trephination
- Injection of bursa or joint
- Thoracostomy
- Foreign body removal
- Gastric lavage
- Incision and drainage of abscess
- Wound management and repair
- Anoscopy
- Laryngoscopy
- Multiple trauma resuscitation
- Nail removal
- Arterial cannulation
- Lumbar puncture
- Initial ventilator management
- Arthrocentesis
- Paracentesis
- Moderate and Deep Sedation
- Thoracentesis

This protocol shall assist in determining the competence of non-anesthesiologists (M.D./D.O./D.D.S./D.M.D.) to direct moderate sedation/analgesia for procedures performed at the hospital. This protocol endorses the ASA Guidelines for Sedation and Analgesia by Non-anesthesiologists and ASA Physical Status Classes I-IV in determining appropriate candidates for moderate sedation.
QUALIFICATIONS/Criteria

1. **Eligibility**: An individual must meet one of the following prerequisite criteria:
   - Have completed an ACGME/AOA residency or oral surgery residency.
   - Have attained ABMS Board Certification.
   - Maintain a current ACLS Certificate.

2. **Training/Experience in Sedation/Analgesia**. In addition to A.1, one of the following is required.
   - **Formal Training**: Specialized training in anesthesiology, if attained in an accredited program, as confirmed by the program director. Eligible Oral Surgeons are deemed to have special training in sedation when a current anesthesiology permit is maintained.
   - **Hospital/Privileges**: The physician’s approved privileges from a hospital listing sedation/analgesia privileges, or verification of it from the physician responsible for clinical review (Chairman/Chief/Medical Director).

3. **Self-Assessment Proficiency**: The applicant will possess proficiency as follows:
   - **Pharmacology**: Familiarity with the pharmacology, contraindications, agonists, and antagonists used for sedation/analgesia; familiarity with pharmaceutical contraindications and adverse results of agonists and antagonists (use appendix D of this Policy).
   - **Didactic Review**: Completion of the following:
     - RRMC Guidelines/Protocol for Moderate Sedation/Analgesia for Procedures.
     - Summary of ASA Guidelines for Sedation and Analgesia by Non-anesthesiologists.
   - Successful completion of moderate sedation post test, which evaluates knowledge of pharmacology and didactic review.

**MENTORING AND REAPPOINTMENT**

Each Associate Staff member will be assigned a mentor. All Associate Emergency Medicine Staff will have a minimum of 20 randomly selected charts reviewed by their mentor. A recommendation based on the review of these charts will be forwarded to Medical Staff Services for consideration by the Department of their elevation to the Active Staff.

Ongoing proficiency is required to maintain privileges. Mentor reports for concurrently performed invasive procedures may be accepted to document initial proficiency.

**REAPPOINTMENT/CURRENT CLINICAL COMPETENCE**

All members of the Department are reappointed every two years in accordance with the Bylaws and Policies of the Medical Staff. Since reappointment is an affirmation of good clinical practice, each applicant for reappointment must provide evidence of an active practice.

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Date of Recommendation by the Credentials & Privileges Committee: ____________________________
Date of Recommendation by the Executive Committee: ____________________________
Date of Approval by the Board of Governors: ____________________________