



# Providence Hospital of North Houston

**Providence Hospital of North Houston**

16750 Red Oak Drive  
Houston, Texas 77090

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## **Privilege Request Form – Emergency Medicine**

### **SECTION I – GENERAL REQUIREMENTS EMERGENCY MEDICINE**

#### **Requested Staff Category**

\_\_\_\_\_ Active      \_\_\_\_\_ Courtesy      \_\_\_\_\_ Consulting      \_\_\_\_\_ Affiliate

**Basic Education:**      MD or DO

#### **INITIAL APPOINTMENT**

##### **Minimal formal training and experience:**

- Successful completion of an ACGME or AOA accredited residency in Internal Medicine, Family Practice, General Surgery, Pediatric Medicine or Emergency Medicine.  
OR
- Member in good standing of an accredited acute care or surgical hospital and/or ambulatory surgery center, with the same or similar unrestricted privileges.
- The number of cases performed in the last 12 months for each procedure requested along with the documentation of proficiency must be sufficient to validate competence. An applicant who has just completed a residency shall provide his/her residency log. Additional documentation and monitoring may be required at the discretion of the Medical Director or the Chief of Staff. Some procedures may require additional documentation of training and experience which is acceptable to the Medical Director. Summaries for other institutions, written communication of documents from the Chairperson of the designee of an approved academic training program, approved continuing medical education course, or clinical department from another institution attesting to completion of a specified course of training, and/or the number of the specified successful procedures performed, and/or the applicants known ability to perform a specific procedure for which the applicant has previously been formally trained to carry out in an approved program.
- Must maintain continuous active certification in ACLS and PALS.



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- Interview by the Medical Director and/or Chief of Staff when requested.

**REAPPOINTMENT MAINTENANCE OF PRIVILEGE**

- Demonstrated evidence of clinical activity from relevant professional practice evaluation during the past 24 months without significant quality variations, OR
- Peer recommendations when performance data is insufficient at the time of reappraisal; and
- Ongoing maintenance of continuing medical education as it pertains to scope of license and specialty.

**SECTION II – PRIVILEGES REQUESTED**

**Basic Privileges**

- Privileges to assess, evaluate, diagnose and provide initial treatment to patients of all ages who present in the emergency department with any symptom, illness, injury or condition.
- To provide services necessary to ameliorate minor illness or injuries and stabilize patients with major illnesses or injuries.
- To assess all patients to determine whether additional care is necessary and to facilitate an appropriate transfer of these patients.
- Provide consultation when requested for the management of patients of all ages who have been admitted to the hospital setting with accidental or purposeful poisoning through exposure to prescription and nonprescription medications, drugs of abuse, household or industrial toxins, and environmental toxins. Areas of medical toxicology include acute pediatric and adult drug ingestion; drug abuse; addiction and withdrawal; chemical poisoning exposure and toxicity; hazardous materials exposure and toxicity; and occupational exposure.

<b>Core Privileges</b>	<b>Requested</b>	<b>Granted</b>	<b>Denied</b>
Admit Patients Scheduled Surgical Patients and Readmit previous surgical VMC patients			
Abdominal and Gastrointestinal			
Cardiovascular			



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Cutaneous			
Environmental			
Head and Neck			
Hematologic			
Immune System			
Musculoskeletal			
Nervous System			
Obstetrics & Gynecology			
Neonatology			
Pediatrics			
Renal			
Thoracic and Respiratory			
Toxicology and Pharmacology			
Traumatic			
Emergency Ultrasound OB(presence/absence of intrauterine fetus) Cardiac (beating heart/pericardial fluid) Trauma (FAST exam) Renal(presence of hydronephrosis) AAA Gallbladder (presence of stones) Ultrasound guided placement of Central Line			
Emergency thoracotomy (patients in cardiac arrest, in extremis, or impending cardiac arrest, for emergency access to the pericardium in suspected tamponade, internal cardiac message, cross-clamping of the aorta, or control of un controllable hemorrhage)			
Emergency tube thoracostomy			
Emergency reduction of dislocations: digits, shoulder, knee, ankle, hip			
Venous cutdown			



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<b>Core Privileges</b>	<b>Requested</b>	<b>Granted</b>	<b>Denied</b>
Emergency cardioversion			
Emergency cricothyrotomy			
Rapid sequence intubation with pharmacologic agents			
Difficult airway adjuncts and fiberoptic laryngoscopy			
Initial ED mechanical ventilator management			
Central venous access; subclavian, internal jugular, femoral			
Intubation; endotracheal, nasotracheal, orogastric, nasogastric			
Laryngoscopy			
Paracentesis			
Diagnostic peritoneal lavage			
Lumbar puncture			
Arthrocentesis			
Emergency testicular detorsion			
Tonometry			
Compartment pressure measurement			
Slit lamp examination			
Thoracentesis			
Emergency vaginal delivery & perimortum c-section			
Emergency transvenous and transcatheter temporary pacer			
Emergency pericardiocentesis			
I & D abscess, bartholin's cyst			
Laceration repair			
Nail trephination			
FB removal; nose, ear, superficial subcutaneous, pharyngeal, vaginal, subungual, corneal, conjunctival			
Emergency fracture care, splinting/immobilization			
Blood, fluid, and blood component administration			
Anoscopy/proctoscopy			
Intraosseous infusion			
Epistaxis control; anterior/posterior packing, balloon tamponade			



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<b>Core Privileges</b>	<b>Requested</b>	<b>Granted</b>	<b>Denied</b>
EKG interpretation			

<b>Surgical Procedures</b>	<b># Procedures in last 12 months</b>	<b>Requested</b>	<b>Granted</b>	<b>Granted w Conditions</b>	<b>Denied</b>
ABG sampling					
ACLS drug therapy					
Arterial Catheterization					
Bladder Catheterization					
Bladder, Foley insertion					
Control of epistaxis, nasal packing					
CPR					
Gastric lavage					
Insertion of temporary pacemaker					
Laryngoscopy					
Lumbar puncture					
Nasogastric tube insertion					
Orthopedic casting and splinting					
Slit lamp examination					
Suture techniques					
Thoracentesis					
Venipuncture					
Venous cut down					
Wound Management					

**I have been approved for these procedures at the following hospitals/ambulatory surgery centers:**



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**SECTION III - ACKNOWLEDGE OF PRACTITIONER:**

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Hospital. I hereby attest that the references, reports, records and information are available that verify my qualifications and competency to practice as requested.

I understand that:

1. In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.
3. The use of any other new, untried, or unproven procedure/treatment modality/instrumentation maybe performed or used, only after the regular credentialing process has been completed and the privilege to perform or use said procedure/treatment modality/instrumentation has been granted to the individual practitioner

\_\_\_\_\_  
**PHYSICIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



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**SECTION IV – RECOMMENDATIONS AND APPROVALS**

**Recommendation of the Medical Director:**

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

\_\_\_\_\_ Approval of all requested privileges

\_\_\_\_\_ Approval of the following privileges with conditions:

\_\_\_\_\_

\_\_\_\_\_ Denial of the following privileges:

\_\_\_\_\_

\_\_\_\_\_

**Medical Director**

\_\_\_\_\_

**Date**

**Recommendation of the Medical Executive Committee:**

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

\_\_\_\_\_ Approval of all requested privileges

\_\_\_\_\_ Approval of the following privileges with conditions:

\_\_\_\_\_

\_\_\_\_\_ Denial of the following privileges:

\_\_\_\_\_



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\_\_\_\_\_  
Chief of Staff

\_\_\_\_\_  
Date

**Decision of the Governing Board:**

The Governing Board has reviewed the above recommendations regarding the requested clinical privileges and supporting documentation for the above named applicant and has:

\_\_\_\_\_ Granted all requested privileges

\_\_\_\_\_ Granted the following privileges with conditions:

\_\_\_\_\_

\_\_\_\_\_ Denied the following privileges:

\_\_\_\_\_

\_\_\_\_\_  
Chairman of the Board

\_\_\_\_\_  
Date