

TEXAS SPINE & JOINT HOSPITAL

DELINEATION OF PRIVILEGES FAMILY PRACTICE

NAME: _____

INITIAL APPOINTMENT/REAPPOINTMENT
(CIRCLE ONE)

REQUESTED	PRIVILEGE	APPROVED	DENIED
	CATEGORICAL PRIVILEGES MAY BE CHECKED FOR THE FOLLOWING:		
	CATEGORY I:		
	Uncomplicated care. Emergency room, medical assistance in uncomplicated surgery.		
	CATEGORY II:		
	Complicated cases with consultaion if patient is critical; heart disease including myocardial infarction; surgery including D&C, hernia, appendectomy.		
	CATEGORY III:		
	Advanced specialty privileges after demonstration and specialty training-residency or postgraduate. Review of ability to provide care with preceptors before permanent privileges granted. Preceptorship with members of Family Practice Section and Specialt		
	CATEGORICAL PRIVILEGES MAY ALSO BE CHECKED FOR THE FOLLOWING:		
	MEDICINE:		
	Category I		
	Category II		
	Category III		
	SURGERY:		
	Category I		
	Category II		
	Category III		
	* Procedures preceded by an asterick need specific credentialing. These will be obtained by the Family Practice Section in conjunction with the Subspecialty Section as appropriate.		
	Excision in-grown toenail		
	Excision simple skin lesion		
	Hemorrhoid clot extraction		
	I & D Skin abscess, etc.		
	* Needle biopsy liver		
	Paracentesis		
	Proctoscopy with biopsy or polypectomy		
	Sigmoidoscopy without biopsy or polypectomy		
	* Flexible sigmoidoscopy		
	Spinal Tap (Diagnostic)		
	Suture minor lacerations		
	* Procedures preceded by an asterisk need specific credentialing. These will be obtained by the Family Practice Section in conjunction with the Subspecialty Section as appropriate.		
	Thoracentesis		
	Thrombosed hemorrhoid clot extraction		
	* Venous cut-down (for IV fluids), insertion of subclavian catheter		
	* D & C		
	* Anal fissure or fistula		
	* Insertion of temporary pacemaker		
	Surgical assistance on own patients		
	* Vasectomy		

REQUESTED	PRIVILEGE	APPROVED	DENIED
	SURGERY - CONTINUED		
	* Appendectomy		
	* Hemorrhoidectomy		
	* Herniorrhaphy		
	Abdominal		
	Femoral		
	Inguinal		
	Post-operative		
	Umbilical		
	* Tubal ligation		
	* Pilonidal cyst removal		
	Tendon repair - simple		
	* Tonsillectomy, Adenoidectomy		
	Local infiltration		
	Care of non-displaced or minimally displaced fractures		
	MISCELLANEOUS		
	Conscious Sedation (SEE ATTACHED CRITERIA AND APPLICATION)		

Acknowledgment of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Practitioner's Signature

Date