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| **Name:** | Click here to enter text. |

**Emergency Medicine Privileges**

**Group 3**

**3.00 Emergency Medicine Core Privileges**

**Qualifications** - to be eligible to apply for core privileges in emergency medicine, the applicant must meet the following qualifications:

* Current certification or active participation in the examination process leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine; **or**
* Successful completion of an ACGME- or AOA-accredited post-graduate training program in emergency medicine; **and**
* Documentation of active practice in an ED with a census equal to or exceeding 10,000 patient visits annually or demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship.
* New applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

**Privileges Included in the Core**

Assess, evaluate, diagnose and initially treat patients of all ages except as specifically excluded from practice who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. (Privileges include administration of conscious sedation.) Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. The core privileges in this specialty include the procedures on the attached list and such other procedures that are extensions of the same techniques and skills.

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| Click here to enter recommended modification(s) and reason(s) | | |

**3.01 Pediatric Emergency Medicine Core Privileges**

**Qualifications** – to be eligible to apply for core privileges in pediatric emergency medicine, the Applicant must meet the following qualifications:

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* Current certification or active participation in the examination process leading to certification in emergency medicine by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine and completion of an ACGME- or AOA-accredited post-graduate training program in pediatric emergency medicine; **or**
* Successful completion of an ACGME- or AOA-accredited post-graduate training program in pediatrics, family practice, general surgery, or general internal medicine, which included training in pediatric emergency medicine, plus ACLS, APLS or PALS certification; **and**
* Documentation of the provision of pediatric emergency medicine services to at least 100 patients in the past 12 months.

**Privileges Included in the Core**

Assess, evaluate, diagnose and initially treat pediatric patients who present in the ED with any symptom, illness, injury or condition and provide services necessary to ameliorate minor illnesses or injuries; stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. (Privileges include administration of conscious sedation.) Privileges do not include long-term care of patients on an in-patient basis. No privileges to admit or perform scheduled elective procedures with the exception of procedures performed during routine emergency room follow-up visits. The attached procedure list reflects the scope of practice included in this core.

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| Click here to enter recommended modification(s) and reason(s) | | |

* 1. **Medical Toxicology Core Privileges**

**Qualifications** – to be eligible to apply for core privileges in medical toxicology, the applicant must meet the following qualifications:

* Successful completion of an ACGME- or AOA-accredited residency training program in Emergency Medicine, followed by a residency or fellowship in medical toxicology or subspecialty certification n medical toxicology by the American Board of Emergency Medicine.

**Privileges Included in the Core**

Evaluate, provide consultation and manage patients of all ages except as specifically excluded from practice with accidental or purposeful poisoning through exposure to prescription and on prescription 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 toxicology.

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-2-

**Acknowledgement of Practitioner**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at **Hurley Medical Center**, and I understand that: (a) in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation, (b) 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 or related documents

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Chair’s Recommendation**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Further Conditions/Modifications Explanation:

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| Privilege: | Conditions/Modifications: |
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| Notes: | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials Committee Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Committee Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-3-