NAME _______________________________________

Fort Hamilton Hospital
Specialty: Emergency Medicine - URGENT CARE
Delineation of Privileges

Instructions:
1. Check the Request checkbox to request all privileges in the Core group.
2. Uncheck any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.

Required Qualifications

ELIGIBILITY REQUIREMENTS:
Privileges in the Urgent care clinic(s) shall be granted to those physicians meeting the requirements listed below:

Basic Education: M.D. or D.O.

Minimal Formal Training:
2nd or 3rd year resident of or having completed an ACGME or AOA approved post graduate program in emergency medicine, family practice, general surgery, or internal medicine and holding a State of Ohio license.

Required Previous Experience:
Applicant must be able to demonstrate that he or she has prior experience in an Emergency Department, Urgent Care or Primary Care setting.

Reappointment Criteria of Urgent Care Core Privileges
To be eligible to renew core privileges in Pediatrics, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
**CORE PRIVILEGES IN URGENT**

Privileges to assess, evaluate, diagnose and provide initial treatment to patients of all age groups who present to the Urgent Care with any symptom, illness, injury, or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary.

Privileges do not allow the practitioner to work in the Emergency Department setting and do not include long-term care of patients on an inpatient basis, or admitting or performing scheduled elective procedures. A representative list of CORE procedures is attached.

**CLINICAL PRIVILEGES WILL BE LIMITED TO THE CLINICAL SERVICES OFFERED BY THE FACILITY OR ENTITY WITHIN THE HEALTH SYSTEM WHERE THE PRIVILEGES ARE BEING EXERCISED.**

<table>
<thead>
<tr>
<th>Request all privileges listed below.</th>
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<tr>
<td>Uncheck any privileges that you do not want to request.</td>
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### Diagnostics
- Venipuncture for diagnostic testing
- Routine serum/blood/urine laboratory testing
- Soft tissue/urine/genital cultures
- Mononucleosis screening
- Routine history & physical examinations
- Breast/genital/rectal examinations
- Initial interpretation of radiographs
- Initial interpretation of electrocardiograms

### Wound Care
- Debridement and repair of simple lacerations (minor) not involving muscle, tendon, major blood vessels/nerves
- Incision/drainage of superficial abscesses
- Care and simple debridement of minor first and second degree burns
- Dressing changes
- Drainage of superficial hematoma

### Eye/Ear/Nose
- Silver nitrate cauterization or anterior packing of nose
- Irrigation or curettage of ear cerumen impaction or foreign material
- Eye irrigation
- Treatment of corneal abrasions
- Fluorescein staining of cornea
- Instillation of eye/ear/nose medications (except steroids in the eye)

### Orthopaedic
- Initial management of major bone/joint/soft tissue injuries
- Functional splinting of joints not involving circumferential plaster casting
- Management of simple fractures/dislocations of toes/fingers including reductions
- Immobilization of joints
- Reduction of radial head subluxation (nurse-maid’s elbow)
- Emergency reduction of major jointing fracture dislocation to ameliorate neurovascular compromise and avoid possible loss of limb

### Emergency Procedures
- BLS Procedures (required)
- ACLS Procedures
- Administration of oxygen
- Initial management of chest pain prior to life squad arrival
| Intravenous line management                  |
| Administration of oral/intramuscular/intravenous pain management and other medications |
| Administration of nebulized medications for pulmonary diseases |
| Miscellaneous                                |
| Injection of vaccinations/medications by oral/intramuscular/intravenous/subcutaneous/intradermal route |
| Diagnostics                                  |
| Venipuncture for diagnostic testing          |
| Routine serum/blood/urine laboratory testing |
| Soft tissue/urine/genital cultures           |
| Mononucleosis screening                      |
| Routine history & physical examinations      |

**Acknowledgement of Applicant**

I hereby request the clinical privileges in the Department of Emergency Medicine (Urgent Care only) as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me in the Department of Emergency Medicine (Urgent Care only) shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

__________________________
Practitioner’s Signature

__________________________ (Date)

__________________________
Print Name