

SURGICAL CARE AFFILIATES
 Delineation of Privileges – **Endoscopy**

Name: _____

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are requesting.

PRIVILEGES:	Requested	Approved	Denied
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.			
Anoscopy (with or without biopsy)			
Colonoscopy (with or without biopsy)			
Esophageal dilation			
EGD (Esophagogastroduodenoscopy) (with or without biopsy)			
Flexible Sigmoidoscopy (with or without biopsy)			
Gastroscopy (with or without biopsy)			
Hemorrhoid Banding			
Polypectomy			
Sclerotherapy			
Liver Biopsy			
Paracentesis			
Anesthesia			
Local Anesthesia			
Moderate Sedation (only request if you intend to administer – must complete attached form and be ACLS certified)			

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Endoscopy** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

 Physician

 Date

Since this is an outpatient surgical center, the Medical Director and Administrator reserve the right to review any procedures scheduled as to their appropriateness in an outpatient setting.

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APPROVAL:

My recommendation in regard to clinical privileges and membership is based on review and evaluation of relevant verified education, training or experience, current licensure, current competence and the applicant's ability to exercise clinical privileges requested -

- Qualified to receive Medical Staff membership and clinical privileges as requested.
- Qualified to receive Medical Staff membership and clinical privileges with changes noted:

 Not qualified to receive Medical Staff membership and clinical privileges as requested:

Medical Director

Date

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Name: _____

Moderate Sedation (Non-anesthesiologist)

Please note: Moderate Sedation will only be approved if the Practitioner is ACLS certified.

1. Do you anticipate administering moderate sedation**? Yes* No
* If yes, complete request below. Otherwise, skip next section.

(Moderate Sedation – a medically controlled state of depressed consciousness that allows protective reflexes to be maintained. It allows the patient to be able to maintain a patent airway independently, and permits appropriate response by the patient to physical stimulation or verbal command. Indications for moderate sedation include, but are not limited to: joint manipulation, joint reduction, invasive procedures and diagnostic procedures.)

2. Do you administer moderate sedation at other facilities? Yes No
Name of local facility _____
Name _____ Phone _____
(Recommended contact at facility for verification of clinical privileges for sedation)

PRIVILEGES OF MODERATE SEDATION (NON-ANESTHESIOLOGIST)

Requirements:

- Competency in airway management:
 - ACLS Certification (please provide copy of current certification), [ACLS expiration date: _____] **and**
 - I certify that I have experience in intubation or resuscitation.
- Familiar with the interpretation of appropriate monitors, including EKG and SaO₂.
 - Included in residency training and have maintained competency; **or**
 - I have used EKG and SaO₂ monitors in my practice and certify that I can adequately Interpret the critical information provided by these monitors.
- Familiar with the actions, potency, side effects, dosages, and contraindications of drugs used in moderate sedation.
 - Included in residency training and have maintained competency, **or**
 - Training course certification, **or**
 - I certify that I am familiar with the actions, potency, side effects, dosages, and contraindications of drugs used for moderate sedation.

I understand privileges granted for moderate sedation by non-anesthesiologists will require an immediate pre-induction anesthesia assessment of the patient the day of the procedure. Acknowledging the patient's right to be informed of risks, benefits and alternatives, I will also be expected to obtain informed consent for each patient that I provide sedation.

Initial Here

** The American Society of Anesthesiologists (ASA) has described sedation into four levels - minimal, moderate, deep, and anesthesia. Medicare assesses facilities based on this definition as well.

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