SURGICAL CARE AFFILIATES

Delineation of Privileges – ***Ophthalmology***

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 applying.

PRIVILEGES:	**Requested**	**Approved**	**Denied**
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.			
Epilation of eyelashes			
Removal of superficial foreign body			
Blepharotomy			
Repair of minor lacerations of lids, conjunctivae			
Conjunctival biopsy			
Corneal curettage			
Chalazion surgery			
Lacrimal duct probing, implant stent			
Punctum and canalicular surgery			
I & D lacrimal sac abscess			
Subconjunctival and retrobulbar injections			
Tenotomy			
Tarsorrhaphy			
Pterygium surgery			
Ectropion/entropion repair			
Repair of extensive lacerations of lids, conjunctivae, cornea, globe			
Iridectomy/iridotomy			
Anterior chamber irrigation			
Enucleation and evisceration			
Strabismus surgery			
Blepharoptosis surgery			
Dacryocystorhinostomy			
Removal of intraocular and intraorbital foreign bodies			
Cataract surgery			
Excision of iris lesions			
Excision of ciliary body lesions			
Glaucoma procedures			
Goniotomy			
Cyclodialysis			
Cyclocryotherapy			
Astigmatism corrections			
Exenteration surgery			
Major plastic repair			
Keratoplasty			
Keratoprosthesis surgery			
Intraocular lens implantation			
Removal of lens material			

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.

SURGICAL CARE AFFILIATES

Delineation of Privileges – ***Ophthalmology***

Name: ____________________

PRIVILEGES:	**Requested**	**Approved**	**Denied**
Secondary lens exchange			
Reposition Intraocular lens			
Removal of implant of eye			
Lasix procedure			
Post anterior vitrectomy and membrane peeling			
Retinal detachment surgery			
Phaco emulsification			
Laser			
Argon			
ND:YAG			
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 **Ophthalmology** 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

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:

____

____ ____________________

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.

Name: ______________________

Medical Director	Date

Moderate Sedation (Non-anesthesiologist)

Please note: Moderate Sedation will only be <u>approved</u> 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:

1. Competency in airway management:
   - ☐ ACLS Certification (please provide copy of current certification), [ACLS expiration date: ____________________] **<u>and</u>**
   - ☐ I certify that I have experience in intubation or resuscitation.

2. Familiar with the interpretation of appropriate monitors, including EKG and SaO_2.
   - ☐ Included in residency training and have maintained competency; **<u>or</u>**
   - ☐ I have used EKG and SaO_2 monitors in my practice and certify that I can adequately Interpret the critical information provided by these monitors.

3. Familiar with the actions, potency, side effects, dosages, and contraindications of drugs used in moderate sedation.
   - ☐ Included in residency training and have maintained competency, **<u>or</u>**
   - ☐ Training course certification, **<u>or</u>**
   - ☐ 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.

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.