

SURGICAL CARE AFFILIATES

Delineation of Privileges – *OTOLARYNGOLOGY SURGERY*

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
HEAD AND NECK			
Salivary Gland			
Parotidectomy			
Submandibular gland excision			
Uvulopalatoplasty (UPP)			
NOSE AND MAXILLA			
Rhinoplasty			
Septoplasty			
Nasal polypectomy			
Submucous resection of septum			
Turbinectomy			
Intranasal antrotomy			
Caldwell Luc			
Ethmoidectomy – intranasal/external			
Frontal sinusectomy			
Frontal sinus ablation			
Sphenoidotomy			
Sphenoidectomy			
Dacryocystorhinostomy			
Closed reduction nasal fracture			
Excision of nasopharyngeal tumor			
Other operations on accessory sinuses (including maxillectomy) and nose			
LIPS			
Wedge resection, 1" closure			
Excision with flap reconstruction			
Other operations – lips			
ORAL CAVITY			
Local resection CA mouth			
Hemiglossectomy			
Composite resection of primary in floor of mouth, alveolus, tongue, buccal region, tonsil or any combination			
Mandibular resection			
Pillar implants			
Other operations – pharynx			
Other operations – oral cavity			
EAR			
Mastoidectomy			
Simple			
Radical			
Myringotomy and tube			
Tympanoplasty			
Tympanectomy			
Suture external ear			
Incision and destruction procedures middle ear			

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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PRIVILEGES:	Requested	Approved	Denied
Stapedectomy with ossicular reconstruction			
Plastic operation external auditory meatus			
Other operations – internal and external ear			
NECK			
Cervical node biopsy			
Scalene node biopsy			
Cervical esophagostomy for feeding			
Tracheostomy			
PLASTIC AND RECONSTRUCTIVE			
Repair complex facial fractures			
Frontal			
Nasal			
Maxilla			
Malar			
Orbital blowout			
Mandibular – closed and open			
Reconstruction external ear			
Otoplasty			
Mentoplasty			
Rhytidectomy (face lift)			
Blepharoplasty			
Repair complex facial laceration			
Laryngoplasty			
Tracheoplasty			
Grafts (split & full thickness)			
Pharyngeal flap			
TMJ surgery			
Excision skin lesions 1" closure			
Scar revision			
ENDOSCOPY			
Direct laryngoscopy			
Laryngoscopy with excision			
FESS			
Esophageal dilation			
Vocal cord injection			
GENERAL			
Adenoidectomy			
Tonsillectomy			
Excision lesion head/neck			
Local excision lesions, vocal cords and trachea			
Other operations – tonsil and adenoid			
Removal of foreign bodies – head and neck			
Biopsy/removal of lymph nodes			
Emergency tracheotomy/ostomy and laryngotomy			

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PRIVILEGES:	Requested	Approved	Denied
LASER (please complete laser forms)			
Holmium			
CO ₂			
Erbium			
Nd:YAG			
KTP			

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Otolaryngology** 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:

Medical Director

Date

Moderate Sedation (Non-anesthesiologist)

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

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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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