



Privileges in Emergency Medicine

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA-accredited residency in Emergency Medicine

OR

Successful completion of an ACGME or AOA-accredited fellowship in Pediatric Emergency Medicine

AND

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

Current certification or active participation in the examination process leading to certification in Pediatric Emergency Medicine by the American Board of Emergency Medicine or the American Board of Pediatrics

OR

Current board certification in another ABMS-recognized specialty with at least 5 years of continuous, full time experience in a high volume (> 30,000 visits per year) emergency department.

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<p>Privileges included in the Core: (Privileges do not include provision of definitive long-term care for patients on an inpatient basis. Privileges do not include the authorization to admit or to perform scheduled elective procedures (with the exception of procedures performed during routine ED follow-up visits).)</p>	
	<p>Privileges include the ability to assess, work up, perform history and physical exam, and provide initial treatment to patients who present with any illness or injury, condition, or symptom in the Emergency Department, Urgent Care, and Walk in Clinic. An emergency physician is expected to provide those services necessary to ameliorate minor illnesses or injuries, provide stabilizing treatment to patients who present with major illnesses or injuries, and assess all patients in order to determine whether more definitive services are necessary. Also included: the ability to perform and interpret pH testing and stool hemocult testing, as well as the ability to place patients into short term observation status in the Clinician Decision Unit (CDU), or admit under "holding orders" in collaboration with an admitting physician.</p>	
	<p>Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module]</p>	

Qualifications

Renewal Criteria

Minimum of 200 cases in the past two years
 Maintain 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
 Maintain current certification or active participation in the examination process leading to certification in Pediatric Emergency Medicine by the American Board of Emergency Medicine or the American Board of Pediatrics

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Emergency Medicine

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Propofol for Procedural Sedation [CRITERIA - Initial - 10 cases within past 2 years or approval by department service chief based on prior training and experience. Renewal - Minimum of 5 cases over last 2 years]	
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the LPCH sedation exam taken every 2 years]	
	Goal-directed bedside ultrasonography (US): Basic applications: (**exam-specific privileges are approved by the ED based on specific internal criteria based on ACEP guidelines) [CRITERIA - Initial - Completion of an EM residency program with training in goal-directed bedside ED US and initial proficiency provided by Program Director or US coordinator/director -OR- Continuing medical education (CME): Completion of a complete didactic program in bedside ED US with credentialing by institution's supervising US coordinator/director -OR- Completion of ED US fellowship -OR- Direct and supervised experience with bedside ED US using American College of Emergency Physicians' Proficiency Guidelines AND documentation of credentialing provided by US coordinator OR documentation through a log comparing US findings with other imaging studies or surgical findings. Renewal - Current use of bedside ED Ultrasound as proven by weekly image review AND one of the following over a two year period: Minimum of 5 hours of ultrasound education through didactic sessions and workshops -OR- 10 hours of CME acquired in bedside ultrasound]	
	Goal-directed bedside ultrasonography (US): Advanced applications: -Endovaginal US for ovarian torsion/mass -Scrotal US for torsion/mass -Appendix US for appendicitis (**exam-specific privileges are approved by the ED based on specific internal criteria based on ACEP guidelines) [CRITERIA - Initial - 50 US scans in each application proven by: Completion of an EM residency program with training in goal-directed bedside ED US and initial proficiency provided by Program Director or US coordinator/director -OR- Continuing medical education (CME): Completion of a complete didactic program in bedside ED US with credentialing by institution's supervising US coordinator/director -OR- Completion of ED US fellowship -OR- Direct and supervised experience with bedside ED US using American College of Emergency Physicians' Proficiency Guidelines AND documentation of credentialing provided by US coordinator OR documentation through a log comparing US findings with other imaging studies or surgical findings. Renewal - Current use of bedside ED Ultrasound as proven by weekly image review AND one of the following over a two year period: Minimum of 5 hours of ultrasound education through didactic sessions and workshops -OR- 10 hours of CME acquired in bedside ultrasound]	
	Treatment of patients in Vaden Health Center [CRITERIA - Teaching appointment from the Department of Psychiatry, limited only to providers approved by the Director of Vaden Health Services] Renewal criteria: Minimum of 10 patient contacts per year.	

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Administration of Propofol for Procedural Sedation - (Chart Review)
- Administration of moderate sedation - (Chart Review)
- Goal-directed bedside ultrasonography (US): Basic applications - (Chart Review)
- Goal-directed bedside ultrasonography (US): Advanced applications - (Direct Observation)
- Treatment of patients in Vaden Health Center - (Review completed by Active Vaden provider)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this _____ Date _____
privilege request

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have _____ Date _____
electronically signed, dated and approved this privilege request