Stanford HEALTH CARE

Privileges in Trauma Service

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 <mark>submit with all required documentation</mark>.

Required Qualifications	
Education/Training	Successful completion of an ACGME or AOA-accredited residency in General Surgery or foreign equivalent training.
	AND
	Current certification in Advanced Trauma Life Support.
	AND
	Meet requirements as outlined by American College of Surgeon Committee on Trauma in the most current version of "Resources for the Optimal Care of the Injured Patient."
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Request	**Request all privileges listed below.** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Core privileges include:	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide medical and surgical treatment to patients presenting with traumatic injuries.	
	resuscitate and diagnose injuries in the trauma victim	
	intervene surgically after diagnostic studies are performed and coordinate care by subspecialty consultants	
	supervise/perform all necessary operative cases	
	manage the trauma patient throughout his/her stay in the acute-care facility as well as coordinate the early institution of rehabilitation and discharge planning	
	Central Venous Catheter Insertion (CRITERIA - Must complete "Getting to Zero" educational module	

Qualifications	
Renewal Criteria	Minimum 20 Core cases required during the past 2 years Current certification in Advanced Trauma Life Support Maintenance of Certification

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

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics [CRITERIA -Teaching appointment to work in SHC outpatient clinics]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	

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

Administration of Moderate Sedation

Treatment of patients in outpatient clinics at Stanford Hospital & Clinics

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.

_____   _____
Practitioner's Signature   Date

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