

SOUTHWEST LOUISIANA CENTER FOR HEALTH SERVICES

Application for Clinical Privileges

Granting, review and changing of clinical procedures for the staff of Southwest Louisiana Center for Health Services (SWLACHS) will be in accordance with the Southwest Louisiana Center for Health Services' policy. Assignment of such clinical privileges is based upon education, clinical training, experience, demonstrated current competence, documented results of patient care and other quality review and monitoring deemed appropriate. The principle "documented competency" will prevail.

Added Procedures

Additional privileges may be granted to physicians who have acquired added experience and/or training, and who have special skills and knowledge in specified areas of medicine. As appropriate, these additional privileges will be reviewed by the Medical Director and approved by SWLACHS. It is the Board of Directors, who will oversee the granting of all Clinical Appointments and Privileges.

GENERAL PRIVILEGES	PRIVILEGE REQUESTED	MEDICAL DIRECTOR APPROVAL	SPECIAL CONDITIONS/ COMMENTS
Management of Routine Adolescent Care			
Management of Routine Adult Care			
Management of Routine Geriatric Care			
Management of Routine Urologic Care including infections			
Management of patients with uncomplicated disease of the musculoskeletal system			
Non-invasive evaluation of surgical patients			
Initial evaluation of orthopedic patients			
Treatment of uncomplicated dermatologic conditions			
Use of local anesthetics for wound repair			
Repair of lacerations, superficial			
Use of topical anesthetics			
Abscess I & D, simple			
I & D, Peri-rectal Abscess			
I & D, Soft Tissue Abscess			
I & D Paronychia			
Incisional removal of foreign body, superficial			
Ingrown toenail excision			
Biopsy, skin			
Debridement, skin and subcutaneous tissue			
Dressing/Debridement, burn			
Excision, benign lesion, skin			
Foreign body removal, ear			
Removal of foreign body, eye, simple			
Management of eyelid lesions, minor & non-surgical			

Cryotherapy of skin lesions			
Hyfercation and Fulguration of skin lesions			
Foot care			
Treatment of acute back and neck strain			
Treatment of contusions, and sprains			
Treatment of bursitis, tendonitis, tennis elbow, etc.			
Medical treatment of lacerations, infected			
Cardiopulmonary resuscitation			
PRIVILEGES IN GYNECOLOGICAL CARE			
Evaluation and treatment of gynecological conditions including infertility			
PROCEDURES:			
I & D Bartholin Cyst or Abscess			
Vulvar, Vaginal , or Cervical Biopsy			
Colposcopy/Cervical Cryotherapy			
Endometrial Biopsy			
IUD insertion and removal			
Laninaria Placement			
Added privileges in gynecological care by petition and demonstrated as listed:			
PRIVILEGES IN OBSTETRIC CARE			
Routine Prenatal Care			
Uncomplicated medical conditions in pregnancy			
Prenatal care complicated by obstetric conditions			
OB ultrasound for fetal position, placental localization, FHT's, etc.			
Chronic Hypertension in pregnancy			
Diabetes - Gestational			
Diabetes - Type 1 and 2 in pregnancy			
Thrombophlebitis in pregnancy			
Pre-eclampsia			
Premature Rupture of Membranes			
Added privileges in obstetrical care by petition and demonstrated as listed:			
PRIVILEGES IN ADULT MEDICINE			

Diagnosis & Management of medical diseases, uncomplicated			
Full care of complicated medical diseases including during pregnancy			
EKG Interpretation			
Needle aspiration of subcutaneous lesion			
PFT (pulmonary function test) interpretation			
Superficial Nerve Block			
PRIVILEGES IN PEDIATRIC CARE			
Management of routine pediatric care including full-term newborns			
Management of complicated pediatric care including premature newborns			
Added privileges in pediatric care by petition and demonstrated as listed:			
FAMILY PLANNING NURSE PRACTITIONER PRIVILEGES			
Assessment of health status of women			
Diagnose and treat common health problems of women			
Perform and interpret tests including pap smears			
STD testing, etc.			
Treat women for selected ob-gyn problems			
Provide routine prenatal care			
Provide management and education for women in need of family planning and fertility control			

I hereby request the privileges identified above. Furthermore, I am physically and mentally capable to perform the above requested privileges.

 Provider Signature _____
 Date

_____ Temporary Approval (specify below) _____ Approval with modification (specify below)
 _____ Regular Approval _____ Denied (specify below)

Medical Director Signature

Date

Recruitment and Retention Committee Chair Signature

Date

Board Signature

Date