



## Privileges in Emergency Medicine

**SAMPLE**

### 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

**OR**

Successful completion of a residency in another specialty followed by at least 5 years of continuous, full time experience in a high volume (> 30,000 visits per year) emergency department.

**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 Chart Review

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

5 chart reviews - Core

1 chart review - Administration of moderate sedation

#### FPPE Observations

Continual weekly quality- assurance image review of image acquisition and interpretation. Review of 25 total scans. Q2yr review of performance for each application through direct observation - Goal-directed bedside ultrasonography (US): Basic applications; Advanced applications

**Provide care on LPCH patients in specific areas of SHC**

Request  <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	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	<input type="checkbox"/>

**Core Privileges**

Request  <input type="checkbox"/>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	<b>Privileges included in the Core:</b> (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).)	
<input type="checkbox"/>	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 ED. 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 place patients into short term observation status in the Clinician Decision Unit (CDU), or admit under "holding orders" in collaboration with an admitting physician.	<input type="checkbox"/>
<input type="checkbox"/>	Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module]	<input type="checkbox"/>

**Qualifications**

<b>Renewal Criteria</b>	<p>Minimum of 200 cases in the past two years</p> <p>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,</p> <p style="text-align: center;"><b>OR</b></p> <p>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</p> <p style="text-align: center;"><b>OR</b></p> <p>Current board certification in another ABMS-recognized specialty with at least 5 years of continuous, full time experience in a high volume (&gt; 30,000 visits per year) emergency department.</p>
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## Special Privileges

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC or LPCH sedation exam taken every 2 years]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>
<input type="checkbox"/>	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]	<input type="checkbox"/>