

Loma Linda University Medical Center
Loma Linda, CA 92354
PRIVILEGE FORM

CLINICAL AREA: **FAMILY MEDICINE**

Name: _____

Page 1 of 5

REQUEST	CATEGORY	MEMBERSHIP CATEGORY	ACTION		
			Approved	Conditions	Denied
	Provisional (Bylaws 4.3)	All initial appointees shall be placed in the Provisional Category for the duration of their initial appointment.			
	Administrative (Bylaws 4.7)	For practitioners who are members of the Medical Staff who have no clinical privileges, who are recommended for appointment or reappointment to the Administrative Staff by the Chief of the Clinical Service, the Credentials Committee, and the Medical Staff Executive Committee, and who must MUST meet the following:			
		1. Have been a member in good standing of the Active, Courtesy, or Provisional Staff for at least one (1) year.			
		2. Have completed proctoring for any clinical privileges previously requested.			
		3. Agree to refrain from participating in any activities within the Medical Center that require clinical privileges.			
		4. Provide significant service to the Medical Center and the Medical Staff in the form of academic activities, quality improvement activities, or administration.			
		5. Be recommended for appointment or reappointment			
		Failure to meet any of these qualifications will be adequate grounds to deny reappointment.			
	Affiliate (Bylaws(4.9)	Practitioners who CANNOT : 1. Vote or hold office in the Medical Staff or Service. 2. Be a member of any Medical Staff Committee. 3. Be Reappointed to the Affiliate Category.			
		Practitioners who MUST : 1. Have been a member in good standing of the Active, Courtesy or Consulting category during the immediate preceding appointment period. 2. Have completed, in a timely manner as described in the Bylaws, an application for reappointment. 3. Have been found to be qualified for reappointment, other than the volume of clinical activity.			
	Active (Bylaws 4.2)	Regularly care for patients in the Medical Center; have completed proctoring requirements and the Provisional period.			
	Courtesy (Bylaws 4.4)	Admit or otherwise provide care for not more than twelve (12) patients in the Medical Center during each year. Have completed proctoring and the Provisional period.			
	Consulting (Bylaws 4.5)	Render a clinical opinion within their competence. Shall not be eligible to admit patients or to assume continuing care of patients in the Medical Center. Not eligible to vote or hold office in the Medical Staff or Clinical Service			

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Page 2 of 5

CATEGORY	QUALIFICATIONS
All	<p>Current demonstrated competence and an adequate volume of current experience with acceptable results with patients of all age groups, except as specifically excluded from practice; PLUS</p> <p>Successful completion of at least three (3) year postgraduate training in an approved Family Practice Residency program and demonstrated acceptable practice in the privileges being requested; and/or</p> <p>Current certification, or active participation in the examination process leading to certification, in family medicine by the American Board of Family Practice; and/or</p> <p>A combination of appropriate formal training and experience found to be equivalent by the Medical Staff Credentials Committee.</p>
Special Procedures Followed by an Asterisk (*)	<p>Successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable program and demonstration of indications for the procedure/test/therapy; and</p> <p>Documentation of competence to obtain and retain clinical privileges as set forth in departmental policies governing the exercise of the specific privileges.</p>
Observation Requirements	As specified in the Family Medicine Service rules and regulations.
Sedation	<p>Moderate Sedation:</p> <p><i>(A state of central nervous system depression produced by titration of sedatives, an/or narcotics that allow patients to tolerate unpleasant procedures while maintaining cardiorespiratory function and the ability to respond purposefully to verbal commands and/or tactile stimuli. Protective reflexes should be intact and the patient should be capable of maintaining a patient airway.)</i></p> <p>Successful completion of the PURPLE Book test, or equivalency, from Loma Linda University Medical Center.</p>

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Page 3 of 5

MARK IF REQUESTED	CODE	PRIVILEGE	ACTION		
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DIAGNOSIS AND MANAGEMENT					
	FP00300	Admit and treat on conditions/problems in patients of all ages, except as specifically excluded			
	FP00301	Care for patients in the ambulatory setting			
		Supervision of residents and students			
		Supervision of AHPs under the following circumstances: - AHP is granted practice privileges by the Medical Staff - AHP operates under standardized procedures - Other circumstances as recommended by the Interdisciplinary Practice Committee and approved by the Medical Staff.			
		Supervise Radiologic Technologists and operate Fluoroscopy Equipment. <u>Fluoroscopy Supervisor and Operator Permit required (attach current copy).</u>			
	FP04511	Family Medicine Service			
	FP00310	Admit and treat patients in the special care unit *(LLUCMC 1400)			
	FP01880	Cardiovascular diseases			
	FP03225	Dermatologic diseases			
	FP04770	Gastrointestinal diseases			
	FP04960	Hematologic diseases			
	FP05081	Hypersensitivity diseases			
	FP05450	Infectious diseases			
	FP03810	Metabolic and Endocrine diseases			
	FP08330	Neurologic diseases			
	FP10590	Pulmonary diseases			
	FP11051	Renal diseases			
	FP11300	Rheumatologic diseases			
		Conditions and diseases of the reproductive system			
GENERAL PROCEDURES					
	FP00980	Arterial cannulation and puncture			
	FP01070	Arthrocentesis			
	FP01510	Bone marrow aspiration biopsy			
	FP11602	Flexible sigmoidoscopy			
	FP09170	Paracentesis			
	FP11160	Layered laceration repair			
	FP12490	Thoracentesis			
	FP12530	Tube thoracostomy*			
	FP11162	Extensor tendon repair			
		Venipuncture and phlebotomy			
		Skin biopsy			
		Debridement of wounds			
		Exercise treadmill testing*			

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Page 4 of 5

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GENERAL PROCEDURES <i>continued</i>					
		Lumbar puncture*			
		Incision and drainage for abscess			
		Anterior nasal packing for epistaxis			
	FP01230	Assist in surgery			
OBSTETRICS					
	FP04020	Episiotomy and repair (first and second degree lacerations)			
		Repair of third (3 rd) degree laceration*			
	FP06040	Electronic fetal monitoring, external and internal			
	FP06740	Outlet delivery, occiput anterior			
	FP07520	Management of mild preeclampsia			
	FP07810	Management of threatened abortion			
	FP07580	Management of non-severe postpartum complication			
	FP07590	Management of normal labor & delivery, equal to or greater than 35 completed weeks gestation (does not include mgmt of breech, use of forceps)			
	FP07630	Management of normal puerperal patients			
	FP08460	Non-stress test interpretation			
	FP08470	Normal antepartum and postpartum care			
	FP09080	Induction and augmentation of labor (Intravenous oxytocin, prostaglandin gel, aminotomy)			
	FP08510	Local and pudendal block analgesia			
	FP09840	Repair of vaginal and cervical laceration, not extending greater than 4 cm nor to the fornix			
	FP13230	Outlet vacuum assisted delivery*			
	FP07892	Manual removal of placenta			
OB Service Chief Signature					
Recommendation for Approval _____			Date _____		
SPECIAL PROCEDURES					
		Insertion of PICC (Peripherally inserted central venous catheter)*			

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Page 5 of 5

PEDIATRICS – Neonatal					
	FP01920	Care of newborn 2,250 grams and greater not in Neonatal ICU			
	FP08420	Newborn resuscitation* (Requires NALS certification)			
	FP08270	Neonatal circumcision			
OUTPATIENT					
		Serve as attending physician in outpatient areas with privileges to perform minor procedures.			
SEDATION – Attach Moderate Sedation Certificate					
	FP99998	Moderate sedation			

Acknowledgment of Practitioner

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Loma Linda University Medical Center, Inc.; **and**

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws.

Signed: _____

Date: _____

Conditions/Modifications:

The requested clinical privileges have been approved by the Board of Trustees with the following conditions/modifications and the explanation for same.

Code	Privilege	Condition/Modification

 Chief of Service

 Date

 Credentials Committee

 Date

 Medical Executive Committee

 Date

 Approved By Governing Body

 Date