

**SAN GORGONIO MEMORIAL HOSPITAL
PRIVILEGE DELINEATION LIST
OBSTETRICS & GYNECOLOGY**

NAME OF APPLICANT: _____ DATE: _____

YEAR OF BOARD CERTIFICATION/RE-CERTIFICATION _____

PRIVILEGES CATEGORY	QUALIFICATIONS/CRITERIA
CATEGORY I	USUAL AND CUSTOMARY PRIVILEGES (Procedures considered included in minimal formal training.)
	<p>QUALIFICATIONS:</p> <ol style="list-style-type: none"> 1. Successful completion of an accredited OB/GYN residency training program, AND, 2. Board qualified/certified by the American Board of OB/GYN with specific training and recent experience in privileges requested, OR, (in lieu of Board Certification) 3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity/operative reports or other documentation acceptable to the Surgical Service, AND have been practicing in OB/GYN for the past 5 years. 4. Privileges will be proctored per Surgical Service Rules and Regulations.
CATEGORY 2	ADVANCED PRIVILEGES (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists)
	<p>QUALIFICATIONS:</p> <ol style="list-style-type: none"> 1. Board qualified/certified by American Board of OB/GYN AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes. 2. Privileges will be proctored per Surgical Service Rules and Regulations. 3. Completion of specialty training program or course in the procedure(s) requested. AND, 4. Documentation regarding experience and demonstrated competence by providing Supervised numbers performed and outcomes.
MODERATE SEDATION	I.V. MEDICATIONS FOR SPECIAL PROCEDURES (All medications with potential loss of protective reflexes regardless of route of administration)
	<p>QUALIFICATIONS:</p> <p>Physicians with OB/GYN privileges, by virtue of their specialty training are qualified for Moderate Sedation privileges as requested below, but must continue to demonstrate current competency as outlined in the Medical Staff Rules and Regulations.</p>

	R	# Done 24 mos	D**	P/O	G	CATEGORY 1 - USUAL AND CUSTOMARY PRIVILEGES
						CORE PRIVILEGES: For the initial evaluation and management of patients of all ages for admission, work-up, pre and post operative care, and ordering and prescribing medications per DEA certificate.
1.						Amniocentesis
2.						Amniotomy
3.						Electronic fetal monitoring
4.						Episiotomy & repair
5.						Induction of labor
6.						Manual removal of placenta
7.						Mild pre-eclampsia
8.						Non-stress test interpretation
9.						Normal vaginal delivery
10.						Outlet forceps
11.						Repair of vaginal and cervical lacerations
12.						Resuscitation of newborn
13.						Vacuum extraction
14.						Cystoscopy
15.						Hysteroscopy
						ANESTHESIA
16.						Local
17.						Pudendal block
	R	# Done 24 mos	D**	P/O	G	CATEGORY 2 - ADVANCED PRIVILEGES/SPECIAL PROCEDURES (Procedures performed requiring OB/GYN residency training and/or requiring documented special training and/or certification, when it exists)
1.						Delivery of abnormal presentation
2.						Abdominal hysterectomy
3.						Appendectomy
4.						Breech Delivery, multigravida and primigravida
5.						Cervical biopsy
6.						Cervical biopsy during pregnancy
7.						Cesarean hysterectomy
8.						Cesarean section, emergency, primary, repeat
9.						Conization during pregnancy
10.						Diagnostic Laparoscopic procedures
11.						D&C incomplete abortion
12.						Treatment of Eclampsia
13.						Ectopic Pregnancy
14.						Wedge resection of ovaries
15.						Evisceration repair
16.						Excision of vaginal cysts
17.						Excision of vulvar lesions
18.						Exploratory pelvic with or without laparotomy
19.						Hypogastric artery ligation
20.						Hysterotomy and evacuation of mole
21.						cervical incompetence (cervical cerclage)
22.						Incisional hernia
23.						Inversion of uterus
24.						Low forcep, with or without occiput anterior

25.						Multiple pregnancy
26.						Laparoscopic Advanced procedures
27.						Outlet forcep delivery
28.						Repair cervical lacerations
29.						Repair 3 rd & 4 th degree laceration
30.						Repair surgical rent in bladder
31.						Repair surgical rent in bowel

	R	# Done 24 mos	D**	P/O	G	CATEGORY 2 - ADVANCED PRIVILEGES/SPECIAL PROCEDURES (Procedures performed requiring OB/GYN residency training and/or requiring documented special training and/or certification, when it exists)
1.						Repair umbilical hernia
2.						Repair uterine lacerations
3.						Repair rectovaginal fistula
4.						Repair vesicovaginal fistula
5.						Salpingoplasty
6.						Salpingo-oophorectomy
7.						Suprapubic cystotomy
8.						Tubal ligation
9.						Ureteral repair
10.						Vaginal hysterectomy
11.						Version & extraction
						ANESTHESIA
12.						Paracervical block
13.						Moderate Sedation (Must pass moderate sedation test. ACLS preferred)
14.						Use of Fluoroscopy (Must have a fluoroscopy certificate)

STAFF CATEGORY REQUESTED: ACTIVE COURTESY CONSULTING

SIGNATURE OF APPLICANT: _____ DATE _____

PRINT NAME OF APPLICANT: _____

APPROVALS:

Applicant may perform privileges and procedures as indicated: []

Exceptions/Limitations: _____

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

Surgical Services Chairman Date

Credentials Chairman Date

Medical Executive Committee Date

Board of Directors Chairman Date