

**SAN GORGONIO MEMORIAL HOSPITAL  
PRIVILEGE DELINEATION LIST  
OTOLARYNGOLOGY**

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

YEAR OF BOARD CERTIFICATION/RECERTIFICATION \_\_\_\_\_

<b>PRIVILEGES CATEGORY</b>	<b>QUALIFICATIONS/CRITERIA</b>
<b>CATEGORY I</b>	<b>USUAL AND CUSTOMARY PRIVILEGES</b> (Procedures considered included in minimal formal training.)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Successful completion of an accredited Otolaryngology residency training program, AND,</li> <li>2. Board qualified/certified by the American Board of Otolaryngology with specific training and recent experience in privileges requested, OR, (in lieu of Board Certification)</li> <li>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 Otolaryngology for the past 5 years.</li> <li>4. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>CATEGORY 2</b>	<b>ADVANCED PRIVILEGES</b> (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists)
	<p><b>QUALIFICATIONS:</b></p> <ol style="list-style-type: none"> <li>1. Board qualified/certified by American Board of Otolaryngology AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes.</li> <li>2. Privileges will be proctored per Surgical Service Rules and Regulations.</li> </ol>
<b>MODERATE SEDATION</b>	<b>I.V. MEDICATIONS FOR SPECIAL PROCEDURES</b> (All medications with potential loss of protective reflexes regardless of route of administration)
	<p><b>QUALIFICATIONS:</b></p> <p>Physicians with Otolaryngology 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>

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CATEGORY 1 USUAL AND CUSTOMARY PRIVILEGES	REQUESTED	GRANTED
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.	_____	_____
NOSE & SINUS:		
1. Excision nasal cyst, tumor, or lesion	_____	_____
2. Rhinectomy	_____	_____
3. Lateral rhinotomy	_____	_____
4. Septoplasty	_____	_____
5. Turbinectomies	_____	_____
6. Polypectomies	_____	_____
7. Maxillary antrostomy	_____	_____
8. Radical maxillary sinusectomy (Caldwell-Luc)	_____	_____
9. Frontal Sinus Trephine	_____	_____
10. Sphenoid Sinus – conventional	_____	_____
11. Ethmoid sinus – conventional	_____	_____
12. Naso antral window	_____	_____
13. Trans orbital and/or antral vessel ligations	_____	_____
14. Dachycystorhinostomy	_____	_____
15. Orbital decompression procedure	_____	_____
16. Oro-antral fistula repair	_____	_____
17. Front-ethmoidectomy - external	_____	_____
18. Maxillectomy	_____	_____
19. Pterygomaxillary fossa procedure	_____	_____
20. Maxillectomy w/orbital exenteration	_____	_____
21. Choanal atresia repair	_____	_____
22. Osteoplastic frontal sinusectomy w/obliteration	_____	_____
23. Rhinoplasty	_____	_____
ORAL, PHARYNX, ESOPHAGUS		
1. I&D abscess	_____	_____
2. Biopsy	_____	_____
3. Lip surgeries - shaves, wedges, repairs reconstruction	_____	_____
4. Surgeries of the tongue	_____	_____
5. Composite mandibular resections	_____	_____
6. Tonsillectomy and/or adenoidectomy	_____	_____
7. Removal of angiofibroma	_____	_____
8. Surgeries of the diverticulum	_____	_____
9. Esophageal myotomy	_____	_____
10. Esophagoscopy, esophageal dilation, esophagostomy, cervical	_____	_____
11. Uvulopalatopharyngeal procedure	_____	_____
12. Parapharyngeal space tumor	_____	_____
LARYNX, BRONCHI:		
1. Laryngoscopy, and/or foreign body, nodule removal	_____	_____
2. Vocal cord injections	_____	_____
3. Laryngotomy, conservation laryngectomy, total laryngectomy	_____	_____
4. Surgical speech fistula	_____	_____
5. Repair of larynx, to include fractures	_____	_____
6. Arytenoid procedures	_____	_____
7. Bronchoscopy, and/or with foreign body removal	_____	_____
8. Reconstruction of trachea	_____	_____
9. Laryngoplasty	_____	_____
EAR:		
1. Biopsy	_____	_____
2. Pinna - excision or repair	_____	_____
3. Canalplasty	_____	_____

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4. Temporal bone resection	_____	_____
5. Tympanoplasty I-IV	_____	_____
6. Mastoidectomy	_____	_____
7. Stapedotomy, stapedectomy	_____	_____
8. 7 <sup>th</sup> nerve decompression, and/or grafting	_____	_____
9. Endolymphatic sac procedures	_____	_____
10. Fistula repair	_____	_____
11. Labyrinth destruction	_____	_____
12. Glomus tumor removal	_____	_____
13. Petrusotomy	_____	_____
14. BMT	_____	_____
15. Meatoplasty	_____	_____
16. ME exploration	_____	_____
<b>NECK:</b>		
1. I&D abscess	_____	_____
2. Thyroglossal duct procedures	_____	_____
3. Node excisions	_____	_____
4. Neck dissection	_____	_____
5. Tracheostomy	_____	_____
6. Congenital cyst repair	_____	_____
7. All types of grafts	_____	_____
8. All types of flaps	_____	_____
9. Mediastinoscopy	_____	_____
10. Harvest fat graft, fascia	_____	_____
11. Harvest bone, cartilage, veins and nerve procedures	_____	_____
12. Parotidectomy, total, radical superficial	_____	_____
13. Submandibular gland excision	_____	_____
<b>THYROID:</b>		
1. Parathyroid and thyroid surgeries	_____	_____
<b>PLASTIC/BONE:</b>		
1. Scar revision	_____	_____
2. Facial fracture reductions, frontal, nasal maxillia malar, malar w/orbital floor, orbital blowout, mandibular open or closed	_____	_____
3. Bone graft	_____	_____
4. Otoplasty	_____	_____
5. Blepharoplasty	_____	_____
<b>PLASTIC/BONE CONT.</b>		
6. Rhytidectomy	_____	_____
7. Repair of complex facial lacerations	_____	_____
8. Skin graft, FTSG, STSG	_____	_____
<b>OTHER:</b>		
Moderate Sedation	_____	_____
<b>CATEGORY 2    ADVANCED PRIVILEGES</b>	<b>REQUESTED</b>	<b>GRANTED</b>
1. Functional endoscopic sinus	_____	_____
OTHER: (Please list)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

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STAFF CATEGORY REQUESTED:  ACTIVE     COURTESY     CONSULTING

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

**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.

\_\_\_\_\_  
Chairman, Surgical Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Credentials Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Medical Executive Committee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Board of Directors

\_\_\_\_\_  
Date