

**SAN GORGONIO MEMORIAL HOSPITAL
PRIVILEGE DELINEATION LIST
SURGERY ASSISTANT**

NAME OF APPLICANT: _____ DATE: _____

YEAR OF BOARD CERTIFICATION/RECERTIFICATION: _____

PRIVILEGES CATEGORY	QUALIFICATIONS/CRITERIA
CATEGORY 1	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 General Surgery residency training program, AND, 2. Board qualified/certified by the American Board of Surgery 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 General Surgery 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 Surgery, 2. AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes. 3. Privileges will be proctored per Surgical Service Rules and Regulations.
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 General Surgery 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>

CATEGORY 1 USUAL AND CUSTOMARY PRIVILEGES	REQUESTED	GRANTED
<p>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.</p>	_____	_____
<p>ABDOMINAL SURGERY:</p> <ol style="list-style-type: none"> 1. Surgery of abdominal wall including management of all forms of hernias, including diaphragmatic hernias, and laparoscopic, hydrocelectomy, orchiopexy, vasectomy, and orchiectomy. 2. Gastro-duodenal surgery 3. Vagotomy 4. Operations on gallbladder, biliary tract, bile ducts, hepatic ducts, to include laparoscopic. 5. Biliary tract reconstruction 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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6. Appendectomy, to include laparoscopic	_____	_____
7. Diagnostic Laparoscopy.	_____	_____
8. Drainage procedures for relief of ascites	_____	_____
9. Incision, excision, esection and enterostomy of intestine	_____	_____
10. Anatomosis, repair, and other operations on intestine	_____	_____
11. Surgery of the spleen and associated lymphatic structures, including staging procedures for lymphoma, and other forms of malignant disease.	_____	_____
HEPATIC SURGERY:		
1. Closed and open biopsy of liver	_____	_____
2. Choledochoscopy	_____	_____
3. Hepatic lobectomy, segmentectomy	_____	_____
PANCREATIC SURGERY:		
1. Pancreatectomy, total or partial	_____	_____
2. Pancreatic debridement	_____	_____
3. Treatment of pancreatic pseudocyst	_____	_____
BREAST SURGERY:		
1. Partial mastectomy, excision of lesion	_____	_____
2. Simple mastectomy	_____	_____
3. Modified radical mastectomy	_____	_____
HEAD, NECK, AND ESOPHAGEAL SURGERY:		
1. Tracheostomy	_____	_____
2. Pharyngostomy	_____	_____
3. Laryngoscopy, with closed biopsy larynx and trachea	_____	_____
4. Parathyroid and Thyroid gland surgery	_____	_____
5. Surgical management of diverticulum of the cervical esophagus, and surgery of the minor salivary glands.	_____	_____
6. Surgery of the oral cavity soft tissues, including partial glossectomy and management of localized tumors.	_____	_____
7. Operations of the esophagus.	_____	_____
RECTAL SURGERY:		
1. Hemorrhoidectomy	_____	_____
2. Proctostomy	_____	_____
3. Incision/excision of rectal lesion	_____	_____
4. Local excision of rectal lesion	_____	_____
5. Proctectomy, including abdominoperineal approach	_____	_____
6. Repair and plastic operation, rectum	_____	_____
7. Incision/excision, perianal tissue	_____	_____
8. Anoplasty	_____	_____
9. Operations on pilonidal sinus/cyst	_____	_____
10. Sigmoidoscopy, colonoscopy w/polypectomy	_____	_____
11. Repair anal fissure or fistula	_____	_____
OTHER:		
1. Bowel obstruction, observation and conservative treatment	_____	_____
2. Enteric fistula	_____	_____
3. Recto-vaginal fistula repair	_____	_____
4. Surgery on uterus, ovary, and tubes	_____	_____
5. Management of intra-abdominal trauma, including injury observation, paracentesis, lavage.	_____	_____
6. Management of chest and neck trauma, chest tubes, blood gas interpretation.	_____	_____
7. Swan Ganz catheterization	_____	_____
8. Hyper alimentation	_____	_____
9. Management of fluid, electrolyte problems, acid base problems	_____	_____

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10. Septic shock	_____	_____
11. Transfusion reaction	_____	_____
12. Operations on muscle, tendon, fascia and bursa	_____	_____
13. Operations on skin and subcutaneous tissue	_____	_____
14. Catheterization-central venous monitoring	_____	_____
15. Catheterization-insertion of indwelling or implantable catheters	_____	_____
16. Use of Fluoroscopy (fluoroscopy license required)	_____	_____
17. Placement of dialysis catheter	_____	_____
CATEGORY 2 ADVANCED PRIVILEGES (Privileges performed, requiring special expertise and/or required documented special training and/or certification when one exists)	REQUESTED	GRANTED
VASCULAR SURGERY: 1. Operations on carotid artery or jugular vein 2. Operations on vessels of upper limb 3. Operations on lower limb arteries and veins 4. Biopsy of blood vessels 5. Declotting of AV grafts 6. Placement of AV grafts 7. Placement of ASH catheter with fluoroscopy	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
THORACIC SURGERY: 1. Endoscopy of larynx and trachea 2. Endoscopy of lung and bronchus 3. Open lung biopsy 4. Operations on chest wall and pleura 5. Surgery on thymus 6. Pericardiocentesis, pericardial window w/biopsy	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
CATEGORY 3 SPECIAL PROCEDURES (Procedures rarely performed, newly developed, requiring additional specific training or certification.	REQUESTED	GRANTED
1. Moderate Sedation (ACLS certification required) 2. Colonoscopy w/polypectomy 3. Other_____	_____ _____ _____	_____ _____ _____

STAFF CATEGORY REQUESTED: ACTIVE COURTESY ASSOCIATE (ER) 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 Committee Chairman

Date

Credentials Committee Chairman

Date

Medical Executive Committee Chairman

Date

Governing Board of Directors Chairman

Date