



Delineation of Privileges
Department of Medicine
GASTROENTEROLOGY

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:

- Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate.
- Successful completion of an ACGME or AOA-accredited residency/fellowship in Gastroenterology.
- Current certification or active participation in the examination process leading to certification in Gastroenterology by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine.

CATEGORY I: CORE GASTROENTEROLOGY PRIVILEGES

Core Gastroenterology Privileges/Procedures <i>include:</i>	Requested	Approved
1. Admit patients 16 years and older, order diagnostic/therapeutic services, write orders/progress notes in patient charts, request/provide consultation, and render any care in life threatening emergency.		
2. Comprehensive consultation, examination, diagnosis, and treatment of gastrointestinal, hepatic, pancreato-biliary, and nutritional diseases.		
3. Core procedures include esophago-gastroduodenoscopy including biopsy, esophageal dilation, proctoscopy, flexible sigmoidoscopy including biopsy, colonoscopy including biopsy and polypectomy, percutaneous liver biopsy, percutaneous endoscopic gastrostomy and jejunostomy, gastrointestinal motility studies including esophageal manometry, nonvariceal hemostasis (thermal and injection) of both upper and lower GI tract, variceal hemostasis, enteral and parenteral alimentation.		

CATEGORY II: SPECIAL GASTROENTEROLOGY PRIVILEGES

Special gastroenterology procedures <i>which may require documentation of additional training/experience:</i>	Requested	Approved
1. Laser therapy of gastrointestinal diseases		
2. Endoscopic retrograde cholangiopancreatography (diagnostic) to include placement of nasobiliary stent:		
• with sphincterotomy		
• with dilation		
• with sphincter of Oddi manometrics		
• with temporary stent placement		
• with permanent wallstent placement		
3. Enteroscopy		
4. Pneumatic dilation		
5. Rectal manometrics		
6. Hemorrhoidal therapy (banding, thermal, other)		
7. Esophageal stent placement		
8. Dilation procedures in stomach, small intestine, and colon		
9. Endoscopic ultrasonography		
10. Botox injections		
11. Esophageal mamometry		
12. Hemorrhoidal band ligation		

CATEGORY III: CRITICAL CARE PRIVILEGES

Special advanced critical care procedures <i>which will require additional documentation of training/experience:</i>	Requested	Approved
1. Patient management in the critical care units		
2. Swan-Ganz catheter placement		
3. Temporary pacemaker insertion		

Name: _____

CATEGORY III: CRITICAL CARE PRIVILEGES (continued)		Requested	Approved
4.	Arterial cannula placement		
5.	Endotracheal intubation		
6.	CVP line placement		
7.	Ventilatory support management		
8.	Chest tube insertion		
9.	Cut Down		
OTHER PRIVILEGES			
Please specifically list any additional privileges or procedures you are requesting <i>(if you still practice Internal Medicine, request Internal Medicine privilege list):</i>		Requested	Approved
1.	Treatment of Internal Medicine diseases associated with patient's gastrointestinal disease.		
2.	Sedation Analgesia <i>(requires separate delineation)</i>		
3.			
4.			

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Category II and III privileges cannot be requested or approved without requesting and approving Category I Core privileges.

 Physician Signature

 Date

APPROVAL:

 Chief of Medicine

 Date