



**Urgent Care KHHM**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

<b>Membership</b>	Privileges in the Urgent care clinic(s) shall be granted to those physicians meeting the requirements listed below
<b>Education/Training</b>	M.D. or D.O.  <b>AND</b> 2nd or 3rd year resident of or having completed an ACGME or AOA approved post graduate program in emergency medicine, family practice, general surgery, or internal medicine and holding a State of Ohio license.
<b>Clinical Experience (Initial)</b>	Applicant must be able to demonstrate that he or she has prior experience in an Emergency Department, Urgent Care or Primary Care setting.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Pediatrics, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
<b>Note</b>	Privileges do not allow the practitioner to work in the Emergency Department setting and do not include long-term care of patients on an inpatient basis, or admitting or performing scheduled elective procedures.

## Primary Privileges Urgent Care

**Description:** Clinical privileges will be limited to the clinical services offered by the facility or entity within the health system where the privileges are being exercised.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Privileges to assess, evaluate, diagnose and provide initial treatment to patients of all age groups who present to the Urgent Care with any symptom, illness, injury, or condition; to provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries; and to assess all patients to determine whether additional care is necessary.	
	<b>Diagnostics</b>	
	Breast/genital/rectal examinations	
	Initial interpretation of electrocardiograms	
	Initial interpretation of radiographs	
	Mononucleosis screening	
	Routine history & physical examinations	
	Routine serum/blood/urine laboratory testing	
	Soft tissue/urine/genital cultures	
	Venipuncture for diagnostic testing	
	<b>Wound Care</b>	
	Care and simple debridement of minor first and second degree burns	
	Debridement and repair of simple lacerations (minor) not involving muscle, tendon, major blood vessels/nerves	
	Drainage of superficial hematoma	
	Dressing changes	
	Incision/drainage of superficial abscesses	
	<b>Eye/Ear/Nose</b>	
	Eye irrigation	
	Fluorescein staining of cornea	
	Irrigation or curettage of ear cerumen impaction or foreign material	
	Instillation of eye/ear/nose medications (except steroids in the eye)	
	Silver nitrate cauterization or anterior packing of nose	
	Treatment of corneal abrasions	
	<b>Orthopaedic</b>	
	Emergency reduction of major jointing fracture dislocation to ameliorate neurovascular compromise and avoid possible loss of limb	
	Functional splinting of joints not involving circumferential plaster casting	
	Immobilization of joints	
	Initial management of major bone/joint/soft tissue injuries	
	Management of simple fractures/dislocations of toes/fingers including reductions	
	Reduction of radial head subluxation (nurse-maid's elbow)	
	<b>Emergency Procedures</b>	
	ACLS Procedures	
	Administration of oral/intramuscular/intravenous pain management and other medications	

	Administration of nebulized medications for pulmonary diseases	
	Administration of oxygen	
	BLS Procedures (required)	
	Initial management of chest pain prior to life squad arrival	
	Intravenous line management	
	<b>Miscellaneous</b>	
	Injection of vaccinations/medications by oral/intramuscular/intravenous/subcutaneous/intradermal route	

**Acknowledgment of Applicant**

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date