



Hyperbaric Medicine KHMC & KHMB
(Including Wright Patterson AFB Medical Center)

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

Medical Subspecialties (if any) to whom privileging should be treated:	Member of medical staff with privileges in Hyperbaric Medicine Procedure to be performed at Hyperbaric Medicine Department
---	---

Training required to perform Hyperbaric Medicine Consultive services:	A course certificate from UHMS (Undersea Hyperbaric Medical Society) approved training course OR Military equivalent hyperbaric training OR Two (2) years experience in Hyperbaric Medicine in the past five (5) yeras AND Supervision of a minimum of 300 Hyperbaric treatments during the past five (5) years OR Completion of Fellowship in Hyperbaric OR ABPM or ABEM board eligible in Hyperbaric
--	---

Recommended supervision requirements (if any) - include number of cases required: Physician must follow approved departmental policies and procedures

Hyperbaric Oxygen

Description: Hyperbaric oxygen therapy is a medical treatment that is used to treat a limited but well defined series of illnesses. It is the primary treatment for disorders such as carbon monoxide poisoning, decompression sickness, and arterial gas embolism. It is also an effective adjunct in a combined program involving antibiotics, dressing changes and surgery for the enhancement of healing in selected cases. This includes radiation tissue injury (both soft tissue and bone), chronic osteomyelitis, crush injuries, skin graft and flap support, and selected problem wounds. In order to provide patients with hyperbaric oxygen therapy, a suitable pressurized chamber is necessary. The patient is placed within the chamber, the atmospheric pressure is then increased to the level ordered by the consulting hyperbaric physician, while the patient breathes 100 percent oxygen.

Request		<i>Request all privileges listed below.</i>
KMC	SYC	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
		- Currently granted privileges
		Hyperbaric Oxygen
		Hyperbaric Oxygen

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Main Campus and Kettering Health Miamisburg and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date