### UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

### Family Medicine Delineation of Privilege Form Page 1 of 3

| Name: Date: |
|-------------|
|-------------|

| Privilege / Operative Procedure if  | Applicant                    | Department Chief (Initial) |                    |                                  |
|---|------------------------------|----------------------------|--------------------|----------------------------------|
|   | Check (√)<br>if<br>requested | Recommended                | Not<br>Recommended | Conditions (provide explanation) |
| Category I Privileges   |                              |                            |                    |                                  |
| Admit, treat and/or consult on conditions/problems in patients of all ages, within the scope of Family Medicine   |                              |                            |                    |                                  |
| Admit and treat patients in the CCU/ICU with Intensivist consultation   |                              |                            |                    |                                  |
| Arterial puncture   |                              |                            |                    |                                  |
| Arthrocentesis, major joint or bursa  |                              |                            |                    |                                  |
| Biopsy, skin  |                              |                            |                    |                                  |
| Bone marrow aspiration  |                              |                            |                    |                                  |
| Breast mass needle aspiration   |                              |                            |                    |                                  |
| External pacemaker placement and management   |                              |                            |                    |                                  |
| Excision of skin and subcutaneous lesions such as warts, moles and sebaceous cysts  |                              |                            |                    |                                  |
| Fluid and electrolyte with biopsy   |                              |                            |                    | _                                |
| Incision and drainage of cutaneous abscess, cyst and thrombosed hemorrhoids   |                              |                            |                    |                                  |
| Paracentesis  |                              |                            |                    |                                  |
| Removal of superficial ocular foreign body  |                              |                            |                    |                                  |
| Splint or cast application to simple non-displaced fractures or dislocations of bones of the peripheral skeleton, except growth plate fractures in children |                              |                            |                    |                                  |
| Suture lacerations  |                              | _                          |                    |                                  |
| Thoracentesis   |                              |                            |                    |                                  |
| Ventilator management <48 hours with co-management by Intensivist   |                              |                            |                    |                                  |
| Bladder catheterization   |                              |                            |                    |                                  |

## UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

# Family Medicine Delineation of Privilege Form Page 2 of 3

| Category I Privileges continued  Category I Privileges continued  Check (√)  if  requested   |             | Department Chief (Initial) |                                  |  |  |
|--|-------------|----------------------------|----------------------------------|--|--|
|  | Recommended | Not<br>Recommended         | Conditions (provide explanation) |  |  |
| GYNECOLOGY   |             |                            |                                  |  |  |
| Cervical biopsy  |             |                            |                                  |  |  |
| Endometrial biopsy   |             |                            |                                  |  |  |
| Bartholin abscess, I & D Bartholin cyst drainage   |             |                            |                                  |  |  |
| IUD insertion or removal   |             |                            |                                  |  |  |
| PEDIATRICS- Infants, Children, Adolescents, Young Adults   |             |                            |                                  |  |  |
| Adolescent gynecology  |             |                            |                                  |  |  |
| Management of childhood diabetes   |             |                            |                                  |  |  |
| Suprapubic bladder aspiration  |             |                            |                                  |  |  |
| Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training |             |                            |                                  |  |  |
| Moderate Sedation- Criteria for Approval:  |             |                            |                                  |  |  |
| Evidence of current competency on initial application and completion of moderate sedation review course every 2 years thereafter.  |             |                            |                                  |  |  |
| Biopsy, superficial tumors   |             |                            |                                  |  |  |
| Bone marrow biopsy   |             |                            |                                  |  |  |
| Central venous catheter insertion  |             |                            |                                  |  |  |
| Flexible sigmoidoscopy with biopsy   |             |                            |                                  |  |  |
| Flexible sigmoidoscopy without biopsy  |             |                            |                                  |  |  |
| Indirect laryngoscopy  |             |                            |                                  |  |  |
| Direct fiberoptic nasolaryngoscopy without biopsy  |             |                            |                                  |  |  |
| Insertion of arterial lines  |             |                            |                                  |  |  |
| Posterior nasal pack   |             |                            |                                  |  |  |
| Emergency percutaneous tracheal puncture   |             |                            |                                  |  |  |
| Tube thoracostomy  |             |                            |                                  |  |  |
| Slit lamp examination  |             |                            |                                  |  |  |
| Anoscopy   |             |                            |                                  |  |  |

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### Family Medicine Delineation of Privilege Form Page 3 of 3

| Privilege / Operative Procedure                          | Applicant<br>Check (√)<br>if<br>requested | Department Chief (Initial) |                    |                                  |  |
|--|---|----------------------------|--------------------|----------------------------------|--|
|  |   | Recommended                | Not<br>Recommended | Conditions (provide explanation) |  |
| GYNECOLOGY   |   |                            |                    |                                  |  |
| Cervical cryotherapy                                     |   |                            |                    |                                  |  |
| Colposcopy   |   |                            |                    |                                  |  |
| PEDIATRICS- Infants, Children, Adolescents, Young Adults |   |                            |                    |                                  |  |
| Blood transfusions, simple                               |   |                            |                    |                                  |  |
| Endotracheal intubation, laryngoscopy (emergency)        |   |                            |                    |                                  |  |

### Acknowledgment of Practitioner:

| I have requested only those specific privileges for which, by education qualified to perform and for which I wish to exercise at UMMC Migranted, I am constrained by all UMMC Midtown and medical staff particular situation. | dtown; and I understand that in exercising any clinical privilege |
|---|---|
| Applicant's Signature   | Date  |