



Oral and Maxillofacial Privileges
Department of Surgery

Name: _____
(Please print)

- Initial privileges (initial appointment)
Renewal of privileges (reappointment, on 2 year specialty cycles)
Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of a CODA accredited residency in oral and maxillofacial surgery that included training for procedures of the soft and hard tissues as well as history and physicals and/or current certification or active participation in the examination process (with achievement of certification within 5 years of training completion leading to certification in oral and maxillofacial surgery by the ABOMS.

Maintenance of Basic Life Support (BLS) is strongly recommended.

Required current experience: At least three cases in the past 12 months in each of the major surgery categories (trauma, pathology, orthognathic surgery, and reconstructive and cosmetic surgery) for which privileges are requested or successful completion of a CODA accredited residency in the past 12 months.

Table with 5 columns: Facility (Check ALL that are applicable to your request), Baroness*, Children's**, North, East, Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Oral & Maxillofacial Privileges:

Core privileges for oral and maxillofacial surgery include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages with pathology, injuries, and disorders of both the functional and aesthetic aspects of the hard and soft tissues of the head, mouth, teeth, gums, jaws, and neck, and perform surgical procedures and postoperative management. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills.

Performance of history and physical exam

Dentoalveolar surgery, including management of odontogenic infections, and erupted, unerupted, and impacted teeth, including third-molar extractions and defects and deformities of the dentoalveolar complex

Trauma surgery, including tracheostomies, open and closed reductions of fractures of the mandible, maxilla, zygomatico-maxillary, nose, naso-frontal- orbital-ethmoidal and midface region, and repair of facial, oral, and soft-tissue injuries and injuries to specialized structures

Pathology, including major maxillary sinus procedures, treatment of TMJ pathology, cystectomy of bone and soft tissue, sialolithotomy, sialoadenectomy, management of head and neck infection, including incision and drainage procedures, fifth-nerve surgery, and surgical management of benign and malignant neoplasms

Reconstructive and cosmetic surgery, including bone grafting and soft tissue grafting procedures and the insertion of implants. (Distant bone graft sites may include but are not limited to the calvaria, rib, ilium, fibula, and tibia. Distant soft tissue grafts include but are not limited to cartilage, skin, fat, nerve, and fascia.) Reconstructive surgery procedures include vestibuloplasties, augmentation procedures, TMJ reconstruction, management of continuity defects, insertion of craniofacial implants, facial cleft repair, and other reconstructive surgery of the oral and maxillofacial region. Cosmetic surgery procedures include rhinoplasty, blepharoplasty, rhytidectomy, genioplasty, lipectomy, otoplasty, and scar revision (determine whether cosmetic surgery procedures are core or non-core).

Orthognathic surgery, including surgical correction of functional and aesthetic orofacial and craniofacial deformities of the mandible, maxilla, zygoma, and other facial bones; surgical procedures include ramus and body procedures; subapical segmental osteotomies; Le Fort I, II, and III procedures; and craniofacial operations (determine whether Le Fort I and craniofacial operations are core or non-core).

Special Non-Core Privileges in Oral & Maxillofacial Surgery:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Use of laser					
Cosmetic oral and maxillofacial surgery					
Craniofacial and pediatric oral and maxillofacial surgery					
Oral and maxillofacial trauma					
Administration of moderate sedation and analgesia (see below for criteria, 5 per yr req)					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria

Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date