



**Plastic Surgery 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 an ACGME-accredited residency in plastic and reconstructive surgery, and current certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to certification in plastic surgery by the ABPS in plastic and reconstructive surgery.

Required current experience: Performance of at least 100 plastic surgery procedures, reflective of scope of privileges requested, in the last 12 months or successful completion of an ACGME-accredited residency or clinical fellowship within the past 12 months.

ACLS required.

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 Plastic Surgery Privileges:

Core privileges for plastic surgery include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide consultation to patients of all ages and surgically repair, reconstruct, or replace physical defects of form or function involving the skin, musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast, trunk, and external genitalia, or perform cosmetic enhancement of these areas of the body. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. They may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the following procedures list and such

other procedures that are extensions of the same techniques and skills:

- Performance of history and physical exam
- Complex wound healing and burn treatment
- Acute and reconstructive burn treatment
- Initial burn management
- Cosmetic surgery
- Breast augmentation
- Breast lift (mastopexy)
- Contouring (body, facial)
- Cosmetic rhytidectomy, rhinoplasty, and blepharoplasty
- Endoscopic cosmetic surgery
- Laser therapy for vascular and cutaneous lesions
- Liposuction (including laser, UAL, PAL)
- Subcutaneous injections
- Skin peeling and dermabrasion
- Vein injection sclerotherapy

Special Non-Core Privileges in Plastic 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. Non-core privileges include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Use of laser					
Administration of Moderate sedation and analgesia (see below for criteria).					

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