

**Shock Trauma Center
Delineation of Clinical Privileges
Section of Trauma and Trauma Related Surgery**

Type of Request: ____ Initial ____ Renewal

Name: _____ Date: _____

Please check areas in which privileges are requested.

Privileges/Operative Procedures	Check if Privileges Requested	Chair Approval Initial if Yes Write No if Not Approved
Integumen		
Cleansing, Debridement, Closure		
Grafting		
Harvesting		
Burn Debridement		
Surgery of the Head and Neck Regions (Exploration, Debridement, Repair, Resection, Abscess Drainage, Biopsy)		
Surgery of the Chest (Exploration, Debridement, Repair, Resection, Abscess Drainage, Biopsy)		
Lung		
Pericardium/Heart		
Diaphragm		
Trachea/Bronchus		
Esophagus		
Thymus Gland		
Thoracic Duct		
Decortication/Scarification		
Empyema Drainage		
Surgery of the Abdomen (Exploration, Debridement, Repair, Resection, Abscess Drainage, Biopsy)		
Abdominal Wall		
-Closure with Prosthetic Materials		
-Grafting		
Stomach		
-Total Gastrectomy		
-PEG (Percutaneous Endoscopic Gastrectomy)		
Duodenum		
Pancreas		
-Ductal Catheterization/Drainage		
-Subtotal/Total Pancreatectomy		
-Cyst Drainage Procedures		
Biliary Whipple		
-Whipple Procedure		
Spleen		
-Splenorrhaphy		
Liver		
-Near-Total Resection		
Intestines/Rectum		
-Total Colectomy		
-Abdominal Perineal Resection		

Name: _____ Date: _____

Procedures	Check if Privileges Requested	Chair Approval Initial if Yes Write No if Not Approved
Genitourinary		
-Nephrorrhaphy		
-Ureteral stenting		
-Orchiectomy		
-Salpingo-ooporectomy		
-Hysterectomy		
Vascular Surgery: Veins and Arteries (Ligation, Repair, Harvesting, Grafting, Embolectomy, Bypass) of the following regions:		
Head and Neck		
Thoracic Cavity (Excluding grafting/shunting of thoracic aorta)		
-Emergency Thoracic Aorta (grafting, shunting)		
Abdominal Cavity		
-Excluding emergency abdominal aortic aneurysm surgery and portal hypertension vascular procedures		
-Emergency Aortic Aneurysm		
-Emergency Portal Hypertension Vascular Procedures		
-Extremities (exclusive of A-V shunts and angioaccess)		
-Arteriovenous Shunts/Angioaccess Surgery		
-A-V Shunts		
Extremities		
Amputations		
-Hip Disarticulation		
-Forequarter		
Endoscopic Procedures		
Larynoscopy		
-Flexible		
-Rigid		
Bronchoscopy		
-Flexible		
-Rigid		
Esophagoscopy		
-Flexible		
-Rigid		
Gastroscopy		
ERCP		
Colonoscopy		
Moderate (Conscious) Sedation - Criteria for Approval: 1. Proof of Current BCLS certification (please attach); 2. Completion of age-appropriate basic airway management in-service by the UMMC Department of Anesthesia (and every two years thereafter for reappointment). <i>(Physicians board certified in Anesthesiology, Critical Care Medicine, Emergency Medicine, Neonatology, or Oral & Maxillofacial Surgery are not required to fulfill criteria 2.)</i>		

Name: _____ Date: _____

Applicant's Signature Date

Chief, Trauma Related Surgery Date
Shock Trauma Center

Clinical Director Date
Shock Trauma Center

Applicant Verification Signature Date
(to be completed if privilege(s) is/are not approved)