

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Gastroenterology

Delineation of Privilege Form

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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (✓) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Admit and treat and / or consult on the medical needs of adolescent and adult patients				
ICU/CCU privileges for the admission, treatment and/or consultation of the medical needs of the patient				
Outpatient management of the medical needs of adolescent and adult patients				
Core procedures to include drawing venous and arterial blood, pap smear and endocervical culture; placement of peripheral venous line				
Interpretation of EKGs, chest x-rays and other plain x-rays				
Ventilator management < 48 hours				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency or other acceptable advanced training				
Moderate Sedation- Criteria for Approval: must be competent in airway management				
Other Procedures: provide evidence of current competence for each of the following procedures:				
Arthrocentesis				
Central venous line placement				
Paracentesis				
Thoracentesis				
Lumbar puncture				
Nasogastric intubation				
Incision and drainage of abscess				

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Category II Privileges : Gastroenterology				
Consult and treat on condition / problem requiring skills or knowledge at the level of subspecialty training in Gastroenterology				
Endoscopic foreign body removal				
Endoscopic control of GI bleeding				
Endoscopy with laser therapy				
Endoscopic balloon dilatation of stricture				
Esophageal dilatation by wire-guided bougie				
Esophageal dilatation by rubber bougie				
Esophagogastroduodenoscopy				
Esophagogastroduodenoscopy with biopsy				
Esophagogastroduodenoscopy with polypectomy				
Gastrostomy, percutaneous endoscopic				
Band ligation of esophageal varices				
Sclerotherapy of esophageal varices				
Endoscopic retrograde cholangiopancreatography (ERCP) with sphincterotomy and stone extraction				
ERCP with placement of stent				
ERCP with nasobiliary drainage				
Colonoscopy, fiberoptic with biopsy				
Colonoscopy, fiberoptic with polypectomy				
Sigmoidoscopy, rigid				
Sigmoidoscopy, rigid with biopsy				
Small bowel enteroscopy				
Fluoroscopy- Criteria for Approval: Evidence of current competency on initial application and completion of fluoroscopy review course every 2 years thereafter.				

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Category II Privileges: Gastroenterology Procedures	To Be Completed by Applicant		To Be Completed by Dept. Chief (Initial)		
	Check (✓) if requested	Number done in training or in last 24 months	Recommended	Not Recommended	Conditions (provide explanation)
Liver biopsy, closed, percutaneous					
Enteral stent placement					
ERCP					

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown; and I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown and medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date