

GENERAL SURGERY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Work-up, admission, history and physical examination, consultation, diagnosis, assessment, performance of any laboratory procedure performed under CLIA 88 rules and regulations as Provider Performed Microscopy or any waived procedure approved by the Laboratory Medical Director designated as Physician Performed Tests, surgical and non-surgical treatment of various conditions, illnesses, and injuries of the alimentary tract, abdomen and its contents, breasts, skin and soft tissue, head and neck, endocrine system, extremity surgery (i.e. biopsy, varicose veins, foreign body removal, skin grafts, and vascular access for dialysis patients), and amputations. Also included is the comprehensive management of trauma, including musculoskeletal, hand and head injuries, and the complete care of critically ill patients with underlying surgical conditions in the emergency department, intensive care unit, and (if applicable) the trauma unit. [Physicians desiring privileges for children < 24 months at Wolfson must complete the Pediatric Surgery Privilege Form].	

To request Surgical Critical Care Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	SURGICAL CRITICAL CARE CORE PRIVILEGES	APPR
										Management of critically ill patients with a wide variety of serious illnesses and injuries requiring treatment in a critical care setting. Includes history and physical examination, performance of procedures such as Advanced Cardiac Life Support (ACLS), use of inotropic medications for hemodynamic support, and management of cardiac dysfunction, management of anti-arrhythmic medications to treat cardiac dysrhythmias, management of hyperglycemia and/or diabetes mellitus, insertion of central venous, arterial pressure monitoring and pulmonary artery balloon flotation catheters, management of mechanical ventilation, management of pneumothorax, hemothorax, or hydrothorax (needle insertion and drainage systems), emergency airway management, management of acute and chronic renal failure using continuous renal replacement therapy (CRRT), nutritional support using feeding tubes, nutritional supplements and total parental nutrition, and use of anti-infective agents for treatment of nosocomial infections, community acquired infections, and surgical diseases. [++Hospital 2, 6, 8]	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										Bariatric Surgery [++Hospital 1, 4, 5, 6, 7, 10]	
										Bronchoscopy [++Hospital 6]	
										Colonoscopy [++Hospitals 1, 2, 4, 5, 6, 9, 10]	
										Contravis Microscope [++Hospitals 4, 5, 10]	
										Computer Assisted (Robotic) Surgery [++Hospital 1, 4, 5, 6, 9, 10]	

■ Privilege not available in this specialty at this hospital.
++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

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1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	APPR
										ECMO/ECLS-Cannula Insertion/Repositioning/Removal and ECMO Initiation/Management/Discontinuation +++Hospital 6	
										Esophagogastroduodenoscopy (EGD) +++Hospital 1, 4, 5, 6, 9, 10	
										Fistulas for dialysis +++Hospital 4, 5, 6, 10	
										Insertion of pulmonary artery catheters (Swan-Ganz) +++Hospitals 1, 2, 4, 5, 10	
										Intraoperative Ultrasound +++Hospital 1, 6	
										Laser - CO ₂ +++Hospitals 1, 2, 4, 5, 6, 7, 10	
										Laser - KTP +++Hospitals 1, 4, 5, 7, 10	
										Laser - nd:YAG +++Hospitals 1, 5, 6, 7	
										Moderate Sedation +++Hospitals 1, 2, 3, 4, 5, 6, 7, 10	
										Operative Laparoscopy +++Hospitals 1, 2, 4, 5, 7, 9, 10	
										Pacemaker Insertion	
										Percutaneous Endoscopic Gastrostomy +++Hospitals 4, 5, 6, 10	
										Percutaneous Tracheostomy +++Hospital 6	
										Resuscitative endovascular balloon occlusion of the aorta +++Hospital 6	
										Rigid Esophagoscopy +++Hospitals 4, 5, 6, 10	
										Schlerotherapy and Saphenous Vein Ablation +++Hospitals 4, 5, 10	
										Sigmoidoscopy – flexible +++Hospitals 2, 4, 5, 6, 7, 10	
										Solid Organ Transplantation	
										Stereotactic Breast Biopsy +++Hospitals 1, 5, 6	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ *Date:* _____

■ Privilege not available in this specialty at this hospital.
 ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.