

HYPERBARICS/WOUND CARE

PRIVILEGE FORM

PRINT NAME: _____

EFFECTIVE DATE: _____ to _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
 6 – Shands Jax/SJ 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 privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Assess and work-up patients who are referred for hyperbaric oxygen therapy. Recognize disease entities amenable to hyperbaric oxygen therapy and the appropriate treatment protocols for each condition. Provide supervision of hyperbaric therapy and wound management, if indicated, and management of complications of hyperbaric therapy. Attend patient inside the chamber when necessary.	
										Assess and work up patients who are referred for chronic wound therapy. Oversee wound healing, pressure ulcers, decubitus ulcers, neuropathic ulcers, venous stasis ulcers, arterial ulcers, associated infections, pharmaceuticals, nutritional problems, and debridement of tissue necrosis	

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 along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES	APPR
										Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Airway Management, including Intubation	
										Emergency Myringotomy	
										Emergency Needle or Tube Thoracostomy	
										Management and Operation of Penlon Ventilator Inside the Chamber	
										Moderate Sedation [++Hospitals 1, 2]	
										Performance and Interpretation of Transcutaneous Oximetry and Mapping	

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.