

**TEXAS SPINE AND JOINT HOSPITAL
 DELINEATION OF PRIVILEGES
 EMERGENCY ROOM**

NAME: _____

Appointment/Reappointment

REQUESTED	PROCEDURE	APPROVED	DENIED
	Perform historical and physical examinations		
	Provide services necessary to ameliorate minor illnesses or injuries		
	Stabilize patients who present with major illnesses or injuries		
	Administer appropriate medications		
	Access patients in order to determine whether more definitive services are necessary		
	Request consultations and technical procedures to be performed by other physicians and qualified consultants/technicians		
	Excision in-grown toenail		
	Excision Simple skin lesion		
	Hemorrhoid clot extraction		
	I & D skin abscess		
	Paracentesis		
	Suture simple lacerations		
	Thrombosed hemorrhoid external hemorrhoids		
	Local infiltration		
	Care of non-displaced or minimally displaced fractures		
	Thoracentesis		
	Cardiac resuscitation		
	Packing for anterior & posterior nose bleeds		

Acknowledgement of Practitioner

I am qualified to perform the privileges I have requested based on my licensure, education, training, experience and current competence. I certify that I am able to perform the privileges I have requested.

Signature

Date