

## Division of Specialty Services Urgent Care Medicine Privilege Delineation Form

**Breathing Science is Life**.

| Click to<br>Request | Privilege Description                                                                                                                                                                                                                                                                                                                                       | Qualifications                                                                                                                                                                                                     |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | <b>Urgent Care Core:</b> evaluate, diagnose, treat and manage patients of all ages presenting with non-life-threatening illness or injury; stabilize patient with major illnesses or injuries. Perform history & physical exams suitable to the presenting condition or complaint. Admit or transfer patients as appropriate. Code response and management. | Requires successful completion of an<br>ACGME or AOA accredited residency<br>in Internal Medicine, Pediatrics,<br>Family Medicine, IM/Peds, or<br>Emergency Medicine; ACLS and<br>PALS required for all providers. |
| Procedure Areas     |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    |
|                     | <b>Diagnostic:</b> initial interpretation of electrocardiograms and radiographic images/studies                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    |
|                     | <b>ENT:</b> nasal packing and cautery for epistaxis; peritonsillar abscess aspiration, incision, and drainage; evacuation of septal and auricular hematomas                                                                                                                                                                                                 |                                                                                                                                                                                                                    |
|                     | OB/GYN: emergency assessment of the pregnant patient; pelvic exam                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |
|                     | <b>Ophthalmologic:</b> eye irrigation; treatment of corneal abrasions; removal of conjunctival or corneal foreign body;                                                                                                                                                                                                                                     |                                                                                                                                                                                                                    |
|                     | <b>Orthopedic:</b> fracture immobilization, splinting, simple fracture reduction; simple dislocation reduction; immobilization of joints; arthrocentesis (small & large joint, excluding hip) and bursa aspiration; injection of bursa, tendons, and trigger points                                                                                         |                                                                                                                                                                                                                    |
|                     | Psychiatric: assessment and stabilization of psychiatric emergencies                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                    |
|                     | Wound Management and Closure: includes management of burns, incision and drainage of abscess, evacuation of hematomas                                                                                                                                                                                                                                       |                                                                                                                                                                                                                    |
| Other Procedures    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                    |
|                     | Local Anesthesia and Nerve Blocks                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                    |

By signing this delineation of privileges form, I attest I meet the qualifications for the privileges I requested. I agree to provide documentation to support my qualifications and current competence if asked to do so by Medical Staff Services.

Provider Authenticated Digital Signature Or wet signature with printed name and date