

II. OBSTETRIC & GYNECOLOGIC CARE

A. CORE GYN PRIVILEGES (Note: All GYN admissions require a consultation)	X
Biopsy of labia, vagina, cervix, endometrium	
Culdocentesis	
I&D, marsupialization or Bartholin's cyst/abscess	
B. CORE OB PRIVILEGES	X
Administration of local & pudendal block	
Amniotomy	
Bedside ultrasound	
Episiotomy & repair, 1 st and 2 nd degree	
Fetal Monitoring:	
External	
Internal	
Intrauterine pressure monitoring	
Induction of labor	
Outlet forceps	
Management of patients while under epidural Anesthesia	
Manual removal of placenta	
Non-stress testing	
Normal labor & spontaneous vaginal delivery of Term vertex presentation to include cervical assessment	
Repair of 3 rd degree extension of episiotomy	
Threatened abortion, 1 st trimester	
Vacuum assisted delivery	

VI. UROLOGIC CARE

A. LEVELS OF CARE	X
Illness of problem with no apparent threat to life	
Seriously ill patient with condition benefiting from Observation on the urologic ward & possible need For urologic consultation and/or referral	

VII. REHABILITATIVE CARE

A. LEVELS OF CARE	X
Illness of problem with no apparent threat to life	
Seriously ill patient with condition requiring rehabilitative care & possible need for Rehab consultation and/or referral	

VIII. PSYCHIATRY

A. LEVELS OF CARE	X
Ambulatory care only	

III. INFANT AND CHILD CARE

A. CORE PEDIATRIC PRIVILEGES	X
Routine pediatric/newborn care	
Emergency newborn resuscitation	
B. LEVELS OF CARE	X
Illness or problem with no apparent threat to life	
Seriously ill patient, not including infants less than 2,000 GM in weight	
Critically ill patients requiring consultation and/or referral	
C. PROCEDURES	X
Routine normal newborn care (>2,000Gm)	
Umbilical artery/vein catheterization (for resuscitation only)	
Circumcision of newborn infant	
Peripheral venous cutdowns	
Simple fractures & dislocations	
Spinal taps	
Other (Specify)	

IV. SURGICAL CARE

A. LEVELS OF CARE	X
Illness or problem with no apparent threat to life	
Seriously ill patients with conditions benefiting from observation on surgical ward & possible need for surgical consultation and/or referral	

V. ORTHOPEDIC CARE

A. LEVELS OF CARE	X
Illness of problem with no apparent threat to life	
Seriously ill patient with condition benefiting from Observation on the orthopedic ward & possible need for orthopedic consultation and/or referral	

RECOMMENDATION BY:

VICE-CHAIR FOR PRIMARY CARE PROGRAMS, DFPM

DATE

CHAIR, DFPM

DATE

APPROVED BY:

CHAIR, MEDICAL BOARD

DATE

CHAIR, GOVERNING BODY

DATE

TO REQUEST PRIVILEGES FOR THESE ADVANCED PROCEDURES
OR SITUATIONS, A SEPARATE ADVANCED OBSTETRICAL REQUEST FORM
MUST BE SUBMITTED

I UNDERSTAND THAT I WILL SEEK CONSULTATION WITH A CREDNTIALED PROVIDER WITHOUT TRANSFER OF PATIENT CARE FOR ANY OCCUARANCE LISTED BELOW (*CONSULTATION NOT REQUIRED FOR FAMILY PHYSICIAN WITH ADVANCED PRIVILEGES TO PERFORM INDICATED PROCEDURE)	
Incomplete abortion*	
Missed abortion	
Hypertension: chronic or pregnancy induced except for severe preeclampsia or eclampsia	
Previous Cesarean section*	
Previous shoulder dystocia	
Postpartum hemorrhage exceeding 700mL	
Labor disorders: protraction of arrest*	
Non-reassuring fetal heart rate tracing in labor*	
Gestational diabetes	
I UNDERSTAND THAT I WILL REFER AND TRANSFER PATIENT CARE TO CREDENTIALLED PROVIDER FOR THE OCCURENCES BELOW(*CONSULTATION NOT REQUIRED FOR FAMILY PHYSICIAN WITH ADVANCED PRIVILEGES TO PERFORM INDICATED PROCEDURE)	
Mid – or low-forceps procedures*	
Mapresentation in labor: breech, brow or face presentation*	
Nongestational Diabetes, Type 1 or 2	
Severe pre-eclampsia	
Multiple gestation	
Cervical incompetence	
Serious cardiac, renal, collagen-vascular, or hematological disease	
Molar pregnancy	
Intrauterine fetal growth restriction (confirmed by ultrasound)	
Abnormal antepartum fetal surveillance	
Preterm labor requiring tocolysis (<36 weeks)	
Preterm premature rupture of membranes (<36 weeks)	
Placenta previa	
Placenta abruption	
Cervical or vaginal ('sulcus')lacerations	

I understand that I will see Consultation with a credentialed provider without transfer of patient care for any occurrence listed below (*consultation not required for family physician with advanced privileges to perform indicated procedure)

Applicant Signature

I understand that I will refer and transfer patient care to credentialed provider for the occurrences below (*consultation not required for family physician with advanced privileges to perform indicated procedure)

Applicant Signature

Recommendation By:

Vice-Chair for Primary Care Programs, DFPM

Date

Chair, DFPM

Date

Chair, OB/GYN

Date