



## Privileges in Gastroenterology

Physician name: .....

**Education/Training** Successful completion of an accredited Residency/Fellowship  
In **Gastroenterology** or equivalent Training.

AND

Current certification or active participation in the examination  
Process leading to certification in **Gastroenterology** from any Equivalent training/board.

**Provide care for patients in specific areas of Al Kindi hospital**

|   |   |                                     |
|---|---|-------------------------------------|
| <b>Provide care for patients in specific areas of Al Kindi hospital</b> |   |                                     |
| <b>Request</b>  | <b>Request all privileges listed below</b>  | <b>Service Chief Rec</b>            |
| <input type="checkbox"/>  | Uncheck any privileges that you do not want to request  | <input type="checkbox"/>            |
| <b>Privileges included in the Core:</b>                                 |   |                                     |
| <input checked="" type="checkbox"/>                                     | provide care of patients in the Emergency Department, ASC, Endoscopy, ICU and regular floors  | <input checked="" type="checkbox"/> |
| <b>Core Privileges</b>  |   |                                     |
| <b>Request</b>  | <b>Request all privileges listed below</b>  | <b>Service Chief Rec</b>            |
| <input checked="" type="checkbox"/>                                     | Uncheck any privileges that you do not want to request  | <input type="checkbox"/>            |
| <b>Privileges included in the Core:</b>                                 |   |                                     |
| <input checked="" type="checkbox"/>                                     | Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and treat patients with diseases and disorders affecting the stomach, intestines, and associated organs. Gastroenterological disorders can include diseases of the esophagus, acid peptic disorders of the gastrointestinal tract, and motor disorders of the gastrointestinal tract, gastrointestinal neoplastic disease, acute and chronic hepatitis, biliary and pancreatic diseases. | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Proctoscopy and/or flexible sigmoidoscopy   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Upper gastrointestinal endoscopy (EGD), and hemostasis  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Colonoscopy, including biopsy and polypectomy   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Esophageal dilation by simple balloon or bougie   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Liver biopsy  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Percutaneous endoscopic gastrostomy (PEG)   | <input checked="" type="checkbox"/> |
| <b>Special Privileges</b>   |   |                                     |
| <b>Request</b>  | <b>Request all privileges listed below</b>  | <b>Service Chief Rec</b>            |
| <input checked="" type="checkbox"/>                                     | Uncheck any privileges that you do not want to request  | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/>                                     | Administration of Sedation  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Use of fluoroscopy equipment (or supervision of other staff using (the equipment)   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Endoscopic Retrograde Cholangiopancreatography (ERCP) (diagnostic & therapeutic)  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Esophageal motility testing (manometry, impedance)  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Neurogenic Bowel Evaluation and Feedback  | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Central Venous Catheter Insertion   | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/>                                     | Capsule Endoscopy   | <input checked="" type="checkbox"/> |

| Additional Privileges:   |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| <input type="checkbox"/> |  | <input type="checkbox"/> |
| <input type="checkbox"/> |  | <input type="checkbox"/> |

Physician signature :-.....

Approved By:- .....

Medical director signature: - .....

Date: .....