



Privileges in Otolaryngology- Head & Neck Surgery Service

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In **Otolaryngology- Head & Neck Surgery** or equivalent Training

AND

Current certification or active participation in the examination

Process leading to certification in **Otolaryngology- Head & Neck Surgery** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

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OTOLARYNGOLOGY Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
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Privileges included in the Core:

<input checked="" type="checkbox"/>	Privileges to admit; evaluate; diagnose; perform history and physical; consult, provide non-surgical and surgical care to adult patients presenting with illnesses, injuries, and disorders of the head and neck affecting the ears, nose, facial skeleton, and respiratory and upper alimentary systems.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Privileges also include operative intervention - and related preoperative and postoperative care of congenital, inflammatory, endocrine, neoplastic, degenerative, and traumatic states, including temporal bone surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Microsurgery of the ear, petrous bone, facial nerve, and related structures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Nasal and paranasal sinus surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endoscopic sinus surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Maxillofacial surgery including the orbits, jaw, and facial skeleton	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Aesthetic, plastic, and reconstructive surgery of the face, head, and neck	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Resection of head and neck neoplasia	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the upper aerodigestive tract	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the thyroid, parathyroid, and salivary glands	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the lymphatic tissues of the head and neck	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endoscopy of the airway (larynx, trachea, and bronchial tree), both diagnostic and therapeutic	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, esophagus), both diagnostic and therapeutic	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Percutaneous gastrostomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of laser in otolaryngological and aesthetic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Biopsies of head and neck area	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Extraction of teeth incidental to tumor resection or repair of traumatic injury	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Collagen injection; dermabrasion; minor excisions of cysts and moles; scar revisions	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Harvesting graft material for reconstruction: (e.g. Skin, abdominal fat, fascia lata, sural nerve grafts)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Retroperitoneal lymphadenectomy for testicular cancer	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radical nephrectomy for renal cancer	<input checked="" type="checkbox"/>

OTOLARYNGOLOGIC ALLERGY Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
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Privileges included in the Core:

<input checked="" type="checkbox"/>	Privileges to admit; evaluate; diagnose; consult, perform history and physical, provide care to adult patients presenting with allergic, inflammatory, and immunologic disorders affecting the head and neck.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration and interpretation of allergic skin testing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Preparation of extracts for immunotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of subcutaneous and sublingual immunotherapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Oral and IV medication challenge and desensitization	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Food challenge	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Flexible diagnostic endoscopy of upper airway	<input checked="" type="checkbox"/>

Special Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
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<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"/>	Skull-base surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Operative neurotology (posterior and middle fossa craniotomy)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Stereotactic Radiosurgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the pituitary	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Free flaps	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgery of the pituitary	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Robotic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Ultrasound of the head and neck	<input checked="" type="checkbox"/>

Special Privileges

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Physician signature :-----

Approved By:-----

Medical director signature: ------

Date:-----