I. **MEMBERSHIP/PRIVILEGES**

Membership in the section shall be granted to those dentists who have completed an approved residency in oral surgery and are licensed to practice in the State of Illinois.

Each oral surgeon agrees to allow personal observation by the section chief or his designee of any or all surgical activity under the following conditions:

A. During the probationary period after first joining the section, which lasts at least six months or longer, should it be necessary;
B. At the time when new surgical privileges are granted for a period as determined by the section chief;
C. At any time a question arises with respect to the quality of care provided.

II. **HOSPITALIZATION OF ORAL AND MAXILLOFACIAL SURGERY PATIENTS**

A. The surgery scheduling secretary is called for surgery reservation.
B. The admitting department is called for a bed reservation (patient is admitted under the oral and maxillofacial surgeon's name).
C. The patient should be called and informed of the date and time of admission and surgery. A history and physical exam shall be performed within one week of the scheduled procedure.
D. The hospital will notify the patient of the date and time to come in for preadmission testing (PAT).
E. A statement to the effect that the patient is physically able to receive the oral and maxillofacial surgical treatment and local or general anesthetic must be documented in the medical record before any oral and maxillofacial surgical treatment is provided.
F. Upon admission the floor nurse will call the oral and maxillofacial surgeon and ask for orders. The medical record should be checked for the following:
   1. History and Physical
   2. Appropriate admission orders
   3. Appropriate preadmission testing
   4. Signed consent for surgery
   G. Anesthesiology will give pre-medication orders for general anesthesia. A special anesthesia consult can be arranged.
H. Preadmission medical consultation may be obtained as appropriate. The oral and maxillofacial surgical patient will have medical supervision as indicated while in the hospital at the discretion of the oral and maxillofacial surgeon.
I. The patient is to be discharged by the oral and maxillofacial surgeon. If other non-oral and maxillofacial conditions are present the oral and maxillofacial surgeon can state on the chart, "oral and maxillofacial surgical treatment complete, patient discharge deferred to the consulting physician."

J. Operative reports and discharge summaries must be dictated by the oral and maxillofacial surgeon as required by hospital guidelines.

K. It is established that all possible steps will be taken to guard the health and well-being of all hospital patients.

III. INPATIENTS REQUIRING ORAL/MAXILLOFACIAL CONSULTATION AND/OR TREATMENT

A. The attending physician will call in a staff oral and maxillofacial surgeon for oral and maxillofacial surgical consultation. A written request for oral and maxillofacial surgical consultation must be present on the medical record.

B. The admitting physician is to continue medical care throughout his/her patient's hospitalization in addition to oral/maxillofacial surgical treatment.

C. The consultation findings and suggested treatment will be entered in the patient's medical record and dictated.

D. If the oral and maxillofacial surgeon, physician and patient agree to suggested oral and maxillofacial surgical corrective procedures, the case will be scheduled.

E. The chart should be reviewed to indicate the presence of:
   1. History & Physical
   2. Signed consent for surgery
   3. Current appropriate laboratory testing

F. The completion of in-hospital oral and maxillofacial surgical treatment is to be indicated on the chart, "oral and maxillofacial surgical treatment complete, patient discharge deferred to the attending physician." Medical supervision of the oral and maxillofacial surgical patient will continue until the patient is discharged.

G. Operative report must be dictated by the oral and maxillofacial surgeon as required by hospital guidelines.

IV. EMERGENCY ROOM RESPONSIBILITIES OF ORAL SURGERY SECTION MEMBERS

A. Northwest Community Hospital Emergency Room Call is mandatory for all section members. All oral surgeons will be placed on the call roster which is maintained by the medical staff office. If the oral surgeon is unable to fulfill his/her E.R. obligation, he/she will be responsible to find a substitute to cover, and then notify the medical staff office of the substitution. The medical staff office will notify all appropriate departments of changes in the call roster.
Exclusions: Oral surgeons who have achieved senior attending staff status or with unanimous vote of the section may decline to participate in emergency room call.

B. On-call participation at the treatment centers is optional, and anyone wishing not to be included on these rosters should forward a request in writing to the medical staff office.

C. Rotation: The oral surgery rotation shall be of one week duration - beginning at 8:00 AM on Monday to 8:00 AM the following Monday. Efforts will be made to maintain the rotation alphabetically with attempts being made to separate members of a group.

Approved:
Oral Surgery Section: 7/28/92
Surgery Section Chiefs: 8/17/92
Revised: Oral Surgery Section 11/30/93
Revised: Oral Surgery Section 8/97
Reviewed Dr. Gauthier – no changes necessary - June 2011