

**MAYAGUEZ MEDICAL CENTER**  
**DELINEATION OF GASTROENTEROLOGY PEDIATRIC**  
**PRIVILEGES DESIRED:**

NAME:

| PROCEDURES                         | REQUESTED | NOT<br>REQUESTED | RECOMMENDED | NOT RECOMMENDED |
|------------------------------------|-----------|------------------|-------------|-----------------|
| <b>GASTRIC INTUBATIONS</b>         |           |                  |             |                 |
| <b>FEEDING TUBES</b>               |           |                  |             |                 |
| <b>HEPATIC DISEASES:</b>           |           |                  |             |                 |
| Differential Diagnosis             |           |                  |             |                 |
| Cirrhosis                          |           |                  |             |                 |
| With bleeding varices              |           |                  |             |                 |
| With coma                          |           |                  |             |                 |
| Decompensated                      |           |                  |             |                 |
| Hepatitis                          |           |                  |             |                 |
| Differential diagnosis of jaundice |           |                  |             |                 |
| <b>GASTROINTESTINAL DISEASES:</b>  |           |                  |             |                 |
| Differential diagnosis             |           |                  |             |                 |
| Peptic ulcer                       |           |                  |             |                 |
| Bleeding                           |           |                  |             |                 |
| Perforated                         |           |                  |             |                 |
| Ulcerative colitis                 |           |                  |             |                 |
| Regional ileitis                   |           |                  |             |                 |
| Intestinal obstruction             |           |                  |             |                 |
| Pancreatitis                       |           |                  |             |                 |
| Malabsorption                      |           |                  |             |                 |
| Cholecystitis                      |           |                  |             |                 |

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

/ / **Recommended**

/ / **Not Recommended**

\_\_\_\_\_  
**DEPARTMENT DIRECTOR**

\_\_\_\_\_  
**DATE**