



# Scope of service of Emergency Medicine Physicians

March 2021



## Contents

<b>Introduction:</b> .....	2
<b>Purpose:</b> .....	3
<b>Scope of service:</b> .....	3
<b>Definitions:</b> .....	3
<b>Common procedures:</b> .....	3
<b>Recognized Sub-Specialties:</b> .....	6
<b>Responsibilities of Healthcare Facilities:</b> .....	7
<b>References:</b> .....	7

## Introduction:

Emergency department is the gateway to secondary and tertiary healthcare services. Emergency physicians in the Kingdom of Bahrain must be licensed as either a consultant or a specialist in Emergency Medicine. These are physicians who has gone through a recognized residency training program and obtained a recognized exit certificate at the end of the training period. Emergency medicine requires multitasking, knowledge, and skills in treatment of patients who present with different symptoms to the Emergency Department.

The extent of practice of the Emergency Physicians will depend largely on the facility where his/her practice occurs. For example, practice may differ between governmental teaching hospitals and private hospitals.

Just like any other specialty in medical practice, Emergency Medicine has several recognized sub-specialties which may only be practiced if the consultant is licensed by NHRA for that specific sub-specialty and hence authorized to practice the specified sub-specialty. Any Emergency Physician who practices a sub-specialty which he/she has not obtained a license for from NHRA will be legally liable.

This document is set forth by NHRA to identify the scope of services of Emergency Physicians in the Kingdom of Bahrain.



## Purpose:

To define scope of practice of Emergency Medicine Physicians

## Scope of service:

All licensed Emergency Medicine consultants and specialists and the facilities they practice within.

## Definitions:

**Kingdom:** Kingdom of Bahrain

**NHRA:** National Health Regulatory Authority

**Emergency Medicine:** A field of medical practice comprised of a unique set of competencies required for the timely evaluation, diagnosis, treatment and disposition of all patients with injury, illness and/or behavioral disorders requiring expeditious care, 24/7/ 365. These conditions are often undifferentiated and include, but are not limited to those that are life threatening, acute and urgent. This care is typically delivered within a hospital setting, however the purview of EM extends beyond the ED.

**Emergency Medicine Physician:** A medical practitioner licensed by NHRA and has primary responsibility and expertise in the areas of the head and neck, breast, skin, and soft tissues, abdominal wall, extremities, and the gastrointestinal, vascular, and endocrine systems.

## Common procedures:

The EM Physician must be able to assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition. This is done through an immediate recognition, evaluation, care, stabilization, and disposition in response to acute medical, surgical and behavioral illnesses and injury. EM physicians do not have the privilege of admitting patients, long-term care of patients on an inpatient basis, or the performance of scheduled elective procedures.



Emergency Medicine Physicians may perform these procedures if they are licensed as consultant or specialist in Emergency Medicine by NHRA. Specialists must perform procedures under the supervision of a consultant Emergency Physician (please refer to the supervision policy):

1. Airway Techniques:

- Cricothyrotomy
- Nasal endotracheal intubation
- Oral endotracheal intubation
- Mechanical ventilation
- Percutaneous transtracheal ventilation

2. Anesthesia:

- Procedural sedation and analgesia
- Local anesthesia
- Neuro-muscular blockade
- Rapid sequence intubation
- Regional intravenous (Bier) block
- Regional nerve blocks

3. Cardiac Procedures:

- Closed cardiac massage
- Open cardiac massage
- Transcutaneous cardiac pacing
- Cardioversion/defibrillation
- Cardiopulmonary resuscitation

4. Diagnostic Procedures:

- Arterial blood gases
- Arthrocentesis
- Culdocentesis
- Lumbar puncture
- Nasogastric/oral gastric tube
- Pericardiocentesis
- Peritoneal lavage



- Proctoscopy/Anoscopy
  - Slit lamp exam
  - Thoracentesis
  - Tonometry
5. Genitourinary Techniques:
- Foley catheters
  - Suprapubic catheterization
6. Head and Neck:
- Epistaxis control (various methods/devices)
  - Laryngoscopy
  - Naso/pharyngeal endoscopy
7. Hemodynamic Techniques - Central Venous Access:
- Jugular
  - Subclavian
  - Femoral
  - Intraosseus infusion
  - Peripheral arterial cannulation
  - Peripheral venous access
  - Swan-Ganz catheterization
  - Venous cutdown
8. Obstetrical Procedures:
- Intrauterine fetal monitoring
  - Precipitous delivery of newborn
9. Orthopedic Procedures:
- Closed reduction of fracture/dislocation
  - Immobilization/splinting
  - Injection of bursa/joint
  - Cervical immobilization
  - Cervical traction technique
  - Trephination nail



10. Thoracic Procedures:

- Emergency thoracotomy
- Needle thoracostomy
- Pericardiocentesis
- Tube thoracostomy

11. Other Techniques:

- Foreign body removal
- Gastric lavage
- Incision and drainage
- Wound management/ suture techniques
- Repair of extensor tendons
- Repair of flexor tendons

12. Ultrasound;

- Trauma (FAST) evaluation
- Gynecologic (transvag & transabdom.) eval.
- Emergency cardiac evaluation
- Abdominal aorta evaluation
- Biliary evaluation
- Renal evaluation
- Ultrasound guided procedures

## Recognized Sub-Specialties:

There are several recognized general surgery sub-specialties. These include the following:

Specialty	Sub-Specialty
Emergency Medicine	Pediatric Emergency Medicine
	Trauma
	Toxicology
	Emergency Medical Services
	Intensive Care
	Sports Medicine
	Geriatrics



Emergency Medicine consultant and specialists are not permitted to practice a sub-specialty except after being approved by NHRA

(Please refer to the Medical PQR for updates about recognized sub-specialties)

## Responsibilities of Healthcare Facilities:

Healthcare facilities must ensure the following:

1. The practice of the emergency physicians is within the scope of the facility.
2. Privileges granted to the emergency physicians follow this scope of service according to the skills and training of the physicians.
3. Must comply with the clinical Privileging Guideline issued by NHRA.

## References:

1. McEwen, J., Borreman, S., Caudle, J., Chan, T., Chochinov, A., Christenson, J., ... & Stiell, I. G. (2018). Position statement on emergency medicine definitions from the Canadian Association of Emergency Physicians. *Canadian Journal of Emergency Medicine*, 20(4), 501-506.
2. American College of Emergency Physicians. (2017). Physician Credentialing and Delineation of Clinical Privileges in Emergency Medicine. American College of Emergency Physicians.