

Privileges for: Critical Care

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

Department/Section Chair Signature Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in internal medicine and a two-year fellowship training program in critical care medicine or a three-year combined subspecialty educational program in pulmonary disease and critical care medicine, 18 months of which must be clinical training.

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in critical care medicine include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

DESCRIPTION OF CORE PRIVILEGES

- _____ Admit patients, perform histories and physicals and treat patients who have acute, life-threatening illness or injury.
- _____ Patient management in the critical care units
- _____ Temporary pacemaker insertion
- _____ Oral/nasal intubation
- _____ Bi-level ventilatory support management
- _____ Chest tube insertion
- _____ Mechanical ventilation
- _____ Arterial cannulation, percutaneous
- _____ Central venous cannulation, all routes
- _____ Pulmonary artery catheterization and interpretation
- _____ Calibration and operation of hemodynamic recording systems
- _____ Temporary transvenous pacemaker placement
- _____ Cardioversion/defibrillation
- _____ Airway intubation
- _____ Tube thoracostomy
- _____ Fiberoptic bronchoscopy, therapeutic
- _____ Emergency Cardioversion
- _____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

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II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By initialing the procedures below, I certify that I am competent to perform the procedures requested.

DESCRIPTION OF ADDITIONAL PRIVILEGES

- _____ Continuous arteriovenous hemofiltration and dialysis
- _____ Vascular Cut down
- _____ Gastroesophageal balloon tamponade
- _____ Percutaneous tracheostomy/cricothyrotomy tube placement
- _____ Pericardiocentesis
- _____ Diagnostic peritoneal lavage
- _____ Peritoneal dialysis catheter placement

Applicants Signature: _____

Date: _____