Privileges for: Perfusionist

Request

MEC Approval: August 27, 2009

Board Approval: September 14, 2009

DEPARTMENT APPROVAL

_____Approved _____Disapproved

_____ _____
Department/Section Chair Signature **Date**

Nursing Administration Approval

_____ _____
Sr. VP of Nursing or Designee Signature **Date**

MINIMUM REQUIREMENTS

Degree required: Bachelor's degree (unless accredited and employed by St. Elizabeth Healthcare on March 2, 2009)

Successful completion of Accredited Perfusion Education Program as recognized by the Accreditation Committee for Perfusion Education(AC-PE); or the Commission on Accreditation of Allied Health Education (CAAHEP)

Certification by the American Board of Cardiovascular Perfusion within three years of completion of the perfusion education program and maintenance of certification

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 perfusion 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.

DESCRIPTION OF CORE PRIVILEGES

_____ Extra corporeal circulation/cardiopulmonary support
_____ Counter pulsation
_____ Circulatory support ventricular assistance.
_____ Extra corporeal membrane oxygenation (ECMO)
_____ Blood conservation techniques/auto transfusion
_____ Myocardial preservation
_____ Anticoagulation and hematologic monitoring/analysis
_____ Physiological monitoring/analysis
_____ Blood gas and blood chemistry monitoring/analysis
_____ Introduction of hypothermia/hypothermia with reversal
_____ Hemodilution
_____ Hemofiltration
_____ Administration of medications, blood components and anesthetic agents via the extra corporeal circuit
_____ Production of platelet gel

Applicants Signature: _____ **Date:** _____