Huntington Hospital

Delineation Of Privileges

Critical Care Medicine Privileges

Provider Name:

Privilege	Requested	Deferred	Approved

CRITICAL CARE MEDICINE CORE PRIVILEGES

Criteria:

a) Successful completion of a Fellowship in Critical Care, and holding Board Certification in Critical Care from either the American Board of Internal Medicine, the American Board of Anesthesiology or the American Board of Surgery at the time of application, **OR** Board elligible for Critical Care with successful completion of Certification testing within three (3) years of initial appointment. Certification is to be maintained. Canadian Certification is accepted as equivalent.

b) Grandfather Clause (applicable to members on the medical staff as of 10/1/2008):

1) Successful completion of a Fellowship program in Pulmonary, Anesthesia or Surgery prior to 1987, who are Active Staff and have demonstrated expertise for critical care patients; **OR**

2) Successful completion of Fellowship in Critical Care, certification is strongly recommended. Canadian Certification is accepted as equivalent.

Proctoring Requirements: The Critical Care Section required proctoring to be by direct observation of a minimum of eight (8) representative cases from the "Core" privilege section unless otherwise stated.

GENERAL PRIVILEGES

Admitting Privileges	___	___	___
Consultation Only privileges	___	___	___
Sedation Analgesia: ***Criteria:*** Requires successful completion of the Sedation Assessment Test	___	___	___
a) Adult Sedation	___	___	___
b) Pediatric Sedation (17 years and under)	___	___	___
Restraint and Seclusion ***Criteria:*** Requires successful completion of the Restraint and Seclusion Assessment test	___	___	___
CRITICAL CARE CORE PRIVILEGES Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations and prescribing medication according to DEA certificate.	___	___	___
Arterial line placement	___	___	___
Arterial puncture (blood gas)	___	___	___

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Provider Name:

Privilege	Requested	Deferred	Approved
Endotracheal tube placement	___	___	___
Ventilator Management	___	___	___
TPN Management	___	___	___

CRITICAL CARE SUPPLEMENTAL PRIVILEGES

Criteria: Applicants must meet the criteria outlined for the Core privileges; **AND** provide one of the following:

a) Certification by a Training Program Director regarding experience and demonstrated competence in each procedure requested; **OR**

b) Evident of acceptable practice in the privileges being requested.

Proctoring Requirements: One proctored case for each supplemental privilege.

Pulmonary artery catheter placement (Swan-Ganz)	___	___	___
Thoracentesis on mechanically ventilated patients, at bedside without radiographic imaging assistance	___	___	___
Chest tube placement	___	___	___
Fiberoptic bronchoscopy	___	___	___
Transbronchial biopsy	___	___	___
Bronchoalveolar lavage	___	___	___
Central venous catheter placement	___	___	___

Revised: 09/27/12; 07/25/2013; 10/30/14

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ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ Date:_____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Section Chair: _____ Date: _____

Department Chair: _____ Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____