

Methodist LeBonheur Healthcare
Critical Care Medicine Clinical Privileges

Name: _____

To be eligible to apply for core privileges in Critical Care Medicine, the applicant must meet the following qualifications:

Current board certification by the American Board of Medical Specialties in the applicants primary specialty and Board Certification in Critical Care Medicine.

OR

Successful completion of an approved ACGME –accredited (or its equivalent) Residency program, followed by an ACGME- accredited Critical Care Fellowship and be board certified in Critical Care Medicine within 5 years of program completion.

New applicants will be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Critical Care Medicine Core Privileges

Admit, evaluate, diagnose, treat and provide consultation to patients >13 years of age, except as specifically excluded from practice, presenting with the following conditions: cardiovascular diseases or circulatory disorders; trauma; shock syndromes; sepsis and sepsis syndromes; hypertensive emergencies; acute and chronic respiratory failure; acute metabolic, endocrine, electrolyte and acid-base or nutritional disturbances, including overdosages and intoxication syndromes; multi-organ failures; hematologic and coagulation disorders associated with critical illness; neurological emergencies, renal, gastrointestinal, genitourinary, musculoskeletal, and immune systems, as well as infectious diseases; critical obstetrical and gynecological disorders; management of anaphylaxis and acute allergic reactions; hemodynamic and ventilatory support of patients with organ system damage or in the post operative period; use of paralytic agents and sedative and analgesic drugs; detection and prevention of iatrogenic and nosocomial problems in critical care medicine; and management of end of life issues and palliative care.

Critical Care Core Privileges include but are not limited to:

- Arteriovenous hemofiltration and dialysis (CV VHD, CAVHD or renal replacement modality)
- Bronchoscopy
- Emergency Cardioversion
- Emergent Temporary Pacemaker Placement
- Emergent Airway Management
- Endotracheal Intubation
- Chest Tube Insertion and Drainage System

- Insertion and Management of Central Venous, Pulmonary Artery and Arterial Catheters
- Management of Mechanical Ventilation
- Management of Pneumothorax (needle insertion and drainage system)
- Pericardiocentesis
- Thoracentesis

Limitations: Physician should indicate any requested limitations on the core privileges, if not applicable to his practice, training, experience or current competence.

Special procedures/techniques (see Qualifications and/or specific criteria*)

To be eligible to apply for a special procedure listed below, the applicant must:
Demonstrate successful completion of an approved recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience,
and provide documentation of competence in performing each procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges is required.

Percutaneous Tracheostomy Tube Insertion

[Requires: Documentation of successful completion of 20 proctored percutaneous tracheostomy tube procedures.]

Administration of moderate sedation

See Credentialing Policy for Sedation and Analgesia by Non-Anesthesiologists

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Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Neonates (0-28 days)	Infants (29 days– 2 years)	Children (2-12 years)	Adolescents (13-18 years)	Adults (>18 Years)
Critical Care Medicine Core					
Internal Medicine Core					
Special Privileges					
Percutaneous Tracheostomy					

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Methodist LeBonheur Healthcare, and I understand that:

(a) in exercising any 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 situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Signed: _____

Date: _____