

**Shock Trauma Center
Delineation of Clinical Privileges
Section of Critical Care Medicine**

Type of Request: ____ Initial ____ Renewal

Name: _____ Date: _____

Please check areas in which privileges are requested.

Privileges/Operative Procedures	Check if Privileges Requested	Chair Approval Initial if Yes Write No if Not Approved
Spinal Puncture		
Emergency cardioversion		
Emergency defibrillation		
Emergency EKG interpretation		
Pulmonary artery catheterization and cardiac output determination		
Insertion of central venous lines		
Peripheral venous and arterial cutdowns		
Insertion of arterial lines		
Insertion of jugular bulb catheter		
Gastric intubation		
Emergency insertion of esophageal balloon		
Peritoneal dialysis		
Proctosigmoidoscopy		
Continuous arteriovenous and veno-venous hemodialysis		
Gastroscopy for placement of transpyloric feeding tubes		
Emergency bronchoscopy (for aspiration of occluded airway)		
Transtracheal aspiration		
Liver exclusion therapy (for massive hepatic injury or inferior vena cava injuries)		
Ventilatory management		
-Tracheal intubation		
-Respiratory monitoring		
-Chest x-ray interpretation (for direction of respiratory therapy)		
Hemofiltration management		
Hyperalimentation management		
Insertion of chest tubes		
Insertion of temporary pacemaker (emergency)		
Pericardiocentesis		
Paracentesis		
Insertion of sheldon type arterial and hemodialysis		
Extracorporeal lung assistance		
Plasma exchange therapy		

Applicant's Signature Date

Chief, Critical Care Medicine Date
Shock Trauma Center

Clinical Director Date
Shock Trauma Center

Applicant Verification Signature Date
(to be completed if privilege(s) is/are not approved)