



CRITICAL CARE
Kettering Medical Center
Kettering Memorial Hospital/Sycamore Hospital

Clinical Privileges Profile

Eligibility: Any member of the medical staff in good standing who meets the criteria for Board certification in Critical Care Medicine as defined by the American Board of Internal Medicine.

Record of Procedures Performed: All physicians granted privileges as per above criterion must keep a record of all procedures performed, including indications and complications.

<u>Requested</u>	<u>TYPE OF PRIVILEGE</u>	<u>Recommended</u>
_____	Chest tube insertion:	_____
_____	Classic chest tube	_____
_____	Tube with Heimlich valve	_____
_____	Thoracentesis	_____
_____	Endotracheal intubation:	_____
_____	Nasotracheal	_____
_____	Orotracheal	_____
_____	Transtracheal aspiration	_____
_____	Placement of peritoneal dialysis catheter	_____
_____	Placement of vascular catheters for dialysis	_____
_____	Hemofiltration	_____
_____	Paracentesis	_____
_____	Arthrocentesis	_____
_____	Lumbar puncture	_____
_____	Bone marrow aspiration and biopsy	_____
_____	Electroconversion of cardiac arrhythmias	_____
_____	Pulmonary artery catheter placement and management	_____
_____	Placement of arterial lines	_____

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_____	Pericardiocentesis	_____
_____	Temporary cardiac pacer placement	_____
_____	Placement of central venous catheters	_____
	Other (please specify)	
_____	_____	_____
_____	_____	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlines. In case of emergency it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

Signature of Practitioner _____ Date _____

Signature of Clinical Service Chief **Patrick Mezu, MD** _____ Date _____

June 1989