



**Delineation of Privileges
Department of Medicine
INTERNAL MEDICINE - NEPHROLOGY**

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:		
<ul style="list-style-type: none"> Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate. Successful completion of an ACGME or AOA-accredited residency/fellowship in nephrology. Current certification or active participation in the examination process leading to certification in Nephrology by the American Board of Internal Medicine with subspecialty in Nephrology or the American Osteopathic Board of Internal Medicine with subspecialty in Nephrology. 		
CATEGORY I: CORE PRIVILEGES		
Core Privileges/Procedures - INTERNAL MEDICINE	Requested	Approved
<ol style="list-style-type: none"> 1. Admit patients 16 years and older, order diagnostic/therapeutic services, history and physical, write orders/progress notes in patient charts, request/provide consultation, and render any care in life threatening emergency. 2. Treatment of patients 16 years through old age through all stages of acute and chronic medical illness. 3. Procedures include: medical cardioversion, nasogastric tube insertion, EKG interpretation, skin biopsy, lumbar puncture. 		
Core Privileges/Procedures - NEPHROLOGY	Requested	Approved
<ol style="list-style-type: none"> 1. Comprehensive examination, consultation, diagnosis and treatment of kidney diseases, including chronic and acute renal failure, total parenteral nutrition, treatment and evaluation of hypertension, and electrolyte abnormalities. 2. Acute/chronic hemodialysis, acute/chronic peritoneal dialysis, continuous venous dialysis, continuous arteriovenous hemodialysis, continuous arteriovenous hemofiltration, dialysis catheter placement, slow continuous hemofiltration, hemoperfusion, plasmapheresis, therapeutic plasma exchange, permcath removal, catheter placement for dialysis, CVVH, CAVH, SCUF. 3. Critical Care Management to include intubation, Swan Ganz catheters, CVP lines, ventilation management, arterial lines, NG suction, cardioversion, and temporary pacemaker placement. 		
CATEGORY II: SPECIAL PROCEDURES		
INTERNAL MEDICINE: <i>Special procedures which may require documentation of additional training/experience:</i>	Requested	Approved
1. Arterial cannula placement		
2. Thoracentesis		
3. Paracentesis		
4. Joint Aspiration - specify joint (s):		
5. Bone Marrow		
6. Esophageal Manometry		
7.		
8.		
NEPHROLOGY: <i>Special procedures which may require documentation of additional training/experience (PLEASE LIST ANY PROCEDURES NOT COVERED UNDER NEPHROLOGY CORE PRIVILEGES/PROCEDURES ABOVE)</i>	Requested	Approved
1.		
2.		
4.		
5.		

Name: _____

CATEGORY III: ADVANCED CRITICAL CARE PRIVILEGES		
Special advanced critical care procedures <i>which may require additional documentation of training/proficiency and should be attached to this request.</i>	Requested	Approved
1. Chest tube insertion.		
2. Cut down.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Category II and III privileges cannot be requested or approved without requesting and approving Category I Core privileges.

Physician Signature

Date

<u>APPROVAL:</u>	
_____	_____
Chief of Medicine	Date