



**Delineation of Privileges
Department of Medicine
INTERNAL MEDICINE / PULMONARY /
CRITICAL CARE MEDICINE**

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:

- 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 pulmonary diseases or critical care medicine.
- Current certification or active participation in the examination process leading to certification in Pulmonary Diseases or Critical Care Medicine by the American Board of Internal Medicine the American Osteopathic Board of Internal Medicine.

CATEGORY I: CORE INTERNAL MEDICINE PRIVILEGES

Core Privileges/Procedures - INTERNAL MEDICINE	Requested	Approved
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: <ul style="list-style-type: none"> ➢ Medical Cardioversion ➢ Nasogastric tube insertion ➢ EKG interpretation ➢ Skin biopsy 		

CATEGORY II: SPECIAL INTERNAL MEDICINE PRIVILEGES

Special internal medicine procedures <i>which may require documentation of additional training/experience:</i>	Requested	Approved
1. Flexible sigmoidoscopy		
2. Lumbar puncture		
3. Thoracentesis		

CATEGORY III: CRITICAL CARE PRIVILEGES

Special advanced critical care procedures <i>which will require additional documentation training/experience.</i>	Requested	Approved
1. Patient management in the critical care units		
2. Swan-Ganz catheter placement		
3. Temporary pacemaker insertion		
4. Arterial cannula placement		
5. Endotracheal intubation		
6. CVP line placement		
7. Ventilatory support management		
8. Chest tube insertion		
9. Cut Down		
10.		
11.		
12.		

Name: _____

CATEGORY I: CORE PULMONARY MEDICINE PRIVILEGES		
Core Privileges/Procedures - PULMONARY MEDICINE	Requested	Approved
	1. Diagnosis and medical management of all categories of respiratory diseases, including chronic and acute respiratory failure. 2. Core procedures include PFT testing/interpretation, thoracentesis, pleural biopsy, endotracheal intubation, fiberoptic bronchoscopy with additional skills in transbronchial needle and forceps biopsies as well as routine endobronchial biopsies, brushings, and lavages, arterial cannulation, transtracheal aspiration, and sedation analgesia.	
CATEGORY II: SPECIAL PULMONARY MEDICINE PRIVILEGES		
Special pulmonary procedures <i>which may require additional documentation training/experience:</i>	Requested	Approved
1. Closed tube thoracostomy		
2. Laser therapy of endobronchial obstruction		
3. Rigid bronchoscopy		
4. Nasotracheal and oral endotracheal intubation via direct or indirect technique		
5. Placement of tracheo-bronchial stents		
6. Transtracheal oxygen catheter placement		
7. Nerve conduction in ICU for N-M blockage on ventilator		
8. Anesthesia and Neuromuscular agents		
9.		
10.		
OTHER PRIVILEGES REQUESTED (please list)		
	Requested	Approved
1.		
2.		
3.		
4.		

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

APPROVAL:	
_____	_____
Chief of Medicine	Date