

CARDIAC, VASCULAR AND THORACIC SURGERY PRIVILEGES
 Gulf Coast Medical Center
 Department of Surgery

Name: _____

Date: _____

General Privileges	Currently Approved	Requested	Approved
Admit Patients			
Order Diagnostic / Therapeutic Services			
Write Orders / Progress Notes in Patients Charts			
Request Consultation			
Provide Consultation			
Render Any Care in Life Threatening Emergency			
Cardiac Surgery			
Intra-aortic Balloon Pumping			
Pericardiocentesis			
Implantation Permanent Pacemaker			
Cannulation of Artery			
Non-Cardiac Thoracic Surgery			
Surgery of Trachea and Bronchus			
Surgery of Chest Wall Pleura			
Surgery of Diaphragm			
Surgery of the Esophagus			
Thoracoplasty			
Rib Resection			
Lung Resection			
Closed Tube Thoracostomy			
Resection Mediastinal Tumor			
Hiatal Hernia Repair			
Percutaneous Lung Biopsy			
Esophagoscopy			
Bronchoscopy			
Tracheostomy			

Continued on next page.

**Cardio, Vascular, and Thoracic Surgery
Privileges - Page 2 of 2**

Name: _____

Vascular Surgery	Currently Approved	Requested	Approved
Insertion of IVC Umbrella			
IVC Interruption			
Femoral-Popliteal Artery Graft			
Axillary Femoral Artery Graft			
Resection and Graft Peripheral Aneurysm			
Resection and Graft Abdominal Aneurysm			
Resection and Graft AV Fistula			
Aorta-Femoral Bypass Graft			
Resection Ascending-Aortic Aneurysm			
Resection Arch Aorta and Grafting			
Resection Descending Aortic Aneurysm			
Arteriograph, Peripheral			
Amputation			
External Thoracic Revascularization, Endarterectomy, Thrombectomy			
Venous Surgery			
Vascular Access Procedures			
Sedation Analgesia			
NOTE: It is understood that General Surgery procedures may be performed under the purview of Cardio, Vascular and Thoracic Surgery if an emergency is indicated. An emergency being defined as any situation in which any delay in administering treatment would result in serious harm to the patient or an immediate threat to the life of the patient.			
Additional Requests:			

Modifications / Comments:

Physician Signature: _____

Date: _____

Chief of Service: _____

Date: _____

Credentials Approval: _____

Date: _____

Medical Executive Approval: _____

Date: _____

Board Approval: _____

Date: _____