

PERFUSIONIST

Qualifications:

Graduated from a qualified school of perfusion; certified by the American Board of Cardiovascular Perfusion and licensed by the Louisiana State Board of Medical Examiners.

Specific Privileges Requested:

1. Prepare and assemble extracorporeal apparatus to include appropriate adaptations and modifications.

Core privileges: Core privileges in cardiovascular perfusion include those functions necessary for the support, treatment, measurement, or supplementation of the cardiopulmonary and circulatory system of a patient. Privileges also include the safe performance/management of the following:

- Extracorporeal circulation/cardiopulmonary support*
- Counterpulsation*
- Circulatory support/ventricular assistance*
- ECMO*
- Blood conservation techniques/autotransfusion*
- Myocardial preservation*
- Anticoagulation and hematologic monitoring/analysis*
- Physiological monitoring/analysis*
- Blood gas and blood chemistry monitoring/analysis*
- Induction of hypothermia/hyperthermia with reversal*
- Hemodilution*
- Hemofiltration*
- Administration of medications, blood components, and anesthetic agents via the extracorporeal circuit*

2. Operate and maintain constant surveillance of overall performance of the extracorporeal apparatus. Including the following:
 - Angioplasty standby
 - Blood recovery
 - ECMO perfusion
 - Heart-lung machine
 - Hemoconcentrator
 - Intra-aortic balloon pump

Applicant Name: _____

LOUISIANA MEDICAL CENTER AND HEART HOSPITAL

- Ventricular heart assists
- Left heart bypass
- CPS (cardiopulmonary support)

3. Provide consulting service to hospital by providing in-services relative to the equipment.
5. Assist in the investigation and clinical research conducted relative to the cardiovascular program.

In making application for appointment of privileges as an Allied Health Professional, I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested. I hereby agree to uphold the standards of practice at the Louisiana Medical Center and Heart Hospital and to adhere to those privileges granted to me and to abstain from those activities not granted. I certify that I have read the Policy for Credentialing Allied Health Professionals.

Applicant Signature

Date

I certify that the above applicant has had appropriate instruction and experience as an Allied Health Professional and can perform the above scope of services, and that I am aware of the policy governing Allied Health Professionals. I hereby agree to assume responsibility for his/her performance as an Allied Health Professional.





Supervising/Sponsoring Physician (Print)

Date

Signature of Supervising/Sponsoring Physician

Dear Physician:

Every physician seeking appointment/reappointment/advancement to Louisiana Heart Hospital & Medical Center is required to obtain annually 20 hours of AMA PRA Category 1 credit unless exempted. Physicians falling within any of the following categories are exempt from the 20 hour AMA PRA Category 1 requirement.

-  Initially licensed less than 1 year on the basis of examination;
-  Engaged in military service longer than one year's duration outside of Louisiana;
-  Certified or recertified within the past year by a member board of the American Board of Medical Specialties;
-  Currently in a residency training or fellowship.

Please submit copies of your CMEs that you have completed for the past two years.

Thank you,

Medical Staff Coordinator,
Louisiana Medical Center and Heart Hospital