

**REHOBOTH MCKINLEY CHRISTIAN HOSPITAL
CLINICAL PRIVILEGES APPLICATION**

NEPHROLOGY

APPLICANT NAME: _____

NEPHROLOGY CORE PRIVILEGES:

Nephrology core privileges include admission, evaluation, diagnosis, and provision of treatment or consultative services to patients of all ages presenting with illnesses, injuries, and disorders of the kidneys. Privileges include placement of temporary vascular access for hemodialysis and related procedures, acute and chronic hemodialysis, peritoneal dialysis (excluding placement of temporary peritoneal catheters), continuous replacement therapy, and percutaneous biopsy of both autologous and transplanted kidneys. **These privileges do not include any of the privileges listed under Special Privileges.**

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

QUALIFICATIONS FOR NEPHROLOGY CORE PRIVILEGES: (Check only the first one which applies to you)

CLASS IV:

____ **Completion of or certification in an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)- approved subspecialty fellowship in Nephrology.**

Members with these privileges are expected to be physicians with experience, training and competence of service as consultants and treating the most extreme illnesses including those within the subspecialty area.

Other training, please explain: _____

SPECIAL NEPHROLOGY PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

PRIVILEGES

YES NO

____ ____ Temporary peritoneal catheter placement.

____ ____

Training/Experience: _____

____ ____ Intravenous conscious sedation.

____ ____

Training/Experience: _____

NOTE: A PRACTITIONER GRANTED IV SEDATION PRIVILEGES MUST ADHERE TO PATIENT CARE SERVICES POLICY # 14.63.

NEPHROLOGY PRIVILEGES APPLICATION

NAME: _____

PRIVILEGES
REQUESTED
YES NO

PRIVILEGES
RECOMMENDED
YES NO

___ ___ Mechanical ventilator management.

___ ___

Training/Experience: _____

___ ___ Pulmonary artery catheterization (Swan-Ganz).

___ ___

Training/Experience: _____

ADDITIONAL NEPHROLOGY PRIVILEGES (Specify, stated with training/experience):

___ ___

___ ___

___ ___

INTERNAL MEDICINE PRIVILEGES:

An applicant applying for nephrology privileges will be required to apply for Internal Medicine privileges **ONLY** if an applicant's practice will include both nephrology **and** general internal medicine.

INTERNAL MEDICINE CORE PRIVILEGES:

Internal medicine privileges include admission, work up, diagnosis, and provision of nonsurgical treatment for adolescent, adult, and elderly patients with common and complex medical problems including consultation for life-threatening conditions or complications. The following procedures/privileges are considered within the scope of Internal Medicine core privileging: Lumbar puncture; Thoracentesis; Paracentesis; Flexible and rigid sigmoidoscopy; Treadmill testing; Diagnostic and therapeutic arthrocentesis of knee and shoulder; Emergent cardioversion; and Final EKG interpretation for all patients. **These privileges do not include any of the privileges listed under Special Privileges.**

NOTE: In the case of an emergency, to the degree permitted by license and regardless of department, staff status or clinical privileges, shall be permitted and shall be assisted by hospital personnel to do everything possible to save a patient from serious harm.

PRIVILEGES
REQUESTED
RECOMMENDED
YES NO

PRIVILEGES

YES NO

___ ___ Core internal medicine privileges.

___ ___

SPECIAL INTERNAL MEDICINE PRIVILEGES: For each special request, you must state the training and number of procedures during training; or number of procedures performed in the last 12 months. If any one or all special privileges are not needed, YOU MUST CHECK "NO" UNDER "PRIVILEGES REQUESTED".

NEPHROLOGY PRIVILEGES APPLICATION

NAME: _____

PRIVILEGES
REQUESTED
YES NO

PRIVILEGES
RECOMMENDED
YES NO

___ ___ Temporary venous pacemaker placement.

___ ___

Training/Experience: _____

ADDITIONAL INTERNAL MEDICINE PRIVILEGES (Specify, stated with training/experience):

___ ___
___ ___
___ ___

APPLICANT SIGNATURE: _____

DATE: _____



DEPARTMENT REVIEW:

Comments/Recommendations/Suggestions:

Proctoring Arrangement: I have discussed the need for proctoring of this applicant. The following practitioner(s) who is/are member(s) of the Active Staff of the Medical Staff has/have been assigned:

Signed: _____
Department Chairperson

Date of Review

INTERNAL MEDICINE DEPARTMENT.
Medical Staff Department

MSS: 03/01.