

Heart Hospital of New Mexico
Medicine Department
Critical Care

Core Privilege Request Form

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.

Privilege	Procedures	Requested	Not Requested
CORE I PRIVILEGES			
	<p>Core privileges include the ability to admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients with neurological or post-neurosurgical, postsurgical, or postcardia/thoracic surgical organ dysfunction and/or who are in need of critical care for life-threatening disorders. Core privileges include, but are not limited to:</p> <ul style="list-style-type: none"> -Assess, stabilize and determine the disposition of patients with emergent conditions -Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy -Arterial puncture -Cardiopulmonary resuscitation -Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients -Cardiac output determinations by thermodilution and other techniques -Temporary cardiac pacemaker insertion and application -Cardioversion -Echocardiography and electrocardiography interpretation -Esophagoscopy and gastroscopy -Evaluation of oliguria -Extracorporeal membrane oxygenation -Insertion of central venous, arterial, and pulmonary artery balloon floatation catheters -Insertion of hemodialysis and peritoneal dialysis catheters -Intracranial pressure monitoring -Lumbar puncture -Management of anaphylaxis and acute allergic reactions -Management of life threatening disorders in ICUs including, but not limited to, shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure -Management of massive transfusions -Management of immunosuppressed patients -Monitoring and assessment of metabolism and nutrition -Needles and tube thoracostomies -Paracentesis -Percutaneous needle aspiration of palpable masses -Percutaneous tracheostomy/cricothyrotomy tube placement 		

	<ul style="list-style-type: none"> -History and physical examinations -Pericardiocentesis -Peritoneal dialysis -Peritoneal lavage -Preliminary interpretation of imaging studies -Thoracentesis -Tracheostomies -Transtracheal catheterizations -Image guided procedures -Use of reservoir masks, nasal prongs/cannulas, and nebulizers for delivery of supplemental oxygen and inhalants -Ventilator management, including experience with various modes and continuous positive airway pressure therapies -BiPAP and CPAP -Wound care
MODERATE SEDATION	
RESTRAINT PRIVILEGES	

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.

Applicant Signature

Date

The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.

___ Yes ___ No

Department Chair Signature

Date

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Delineation of Core Privileges

A) ELIGIBILITY CRITERIA:

Medical Education:

- M.D. or D.O. Degree

Minimum Formal Training:

- Completion of an accredited training program in internal medicine, surgery, or anesthesiology.

AND

- Successful completion of an accredited fellowship in critical care medicine or pulmonary critical care medicine.

OR

Experience:

- Applicants must be able to provide inpatient care, reflective of the scope of privileges requested, to at least 30 patients in the ICU during the past 12 months.

OR

- Demonstrate successful completion of an accredited residency or clinical fellowship within the past 12 months.

Board Certification:

- Certified by the American Board of Internal Medicine, American Board of Surgery, or American Board of Anesthesiology

OR

- Certified in the sub-specialty of Critical Care Medicine, Pulmonary Medicine, General Surgery or Cardiovascular Surgery

Clinical References:

- As outlined in the Procedure for Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico

- B) RECREDENTIALING CRITERIA:** Physicians must demonstrate their maintained competence with evidence that they have provided inpatient care, reflective of the scope of privileges requested, to at least 30 patients in the ICU annually during the reappointment cycle. In addition, continuing education related to critical care medicine is required. Failure to meet the recredentialing criteria will require appeal to the Medical Executive Committee.
- C) PRIVILEGES:** Core privileges include the ability to admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients with neurological or post-

neurosurgical, postsurgical, or postcardia/thoracic surgical organ dysfunction and/or who are in need of critical care for life-threatening disorders. Core privileges include, but are not limited to:

- Assess, stabilize and determine the disposition of patients with emergent conditions
- Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
- Arterial puncture
- Cardiopulmonary resuscitation
- Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients
- Cardiac output determinations by thermodilution and other techniques
- Temporary cardiac pacemaker insertion and application
- Cardioversion
- Echocardiography and electrocardiography interpretation
- Esophagoscopy and gastroscopy
- Evaluation of oliguria
- Extracorporeal membrane oxygenation
- Insertion of central venous, arterial, and pulmonary artery balloon floatation catheters
- Insertion of hemodialysis and peritoneal dialysis catheters
- Intracranial pressure monitoring
- Lumbar puncture
- Management of anaphylaxis and acute allergic reactions
- Management of life threatening disorders in ICUs including, but not limited to, shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis, and kidney failure
- Management of massive transfusions
- Management of immunosuppressed patients
- Monitoring and assessment of metabolism and nutrition
- Needles and tube thoracostomies
- Paracentesis
- Percutaneous needle aspiration of palpable masses
- Percutaneous tracheostomy/cricothyrotomy tube placement
- History and physical examinations
- Pericardiocentesis
- Peritoneal dialysis
- Peritoneal lavage
- Preliminary interpretation of imaging studies
- Thoracentesis
- Tracheostomies
- Transtracheal catheterizations
- Image guided procedures
- Use of reservoir masks, nasal prongs/cannulas, and nebulizers for delivery of supplemental oxygen and inhalants
- Ventilator management, including experience with various modes and continuous positive airway pressure therapies
- BiPAP and CPAP
- Wound care