Privileges in Critical Care Medicine

Name:

Instructions:

1. Click the **Request** checkbox to request a group of ***Core Privileges.***
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications	
Certification	Subspecialty board certification in critical care medicine by the American Board of Medical Specialties, or the American Osteopathic Association, or have completed a critical care fellowship in the past four (4) years or foreign equivalent training/board. **OR** Demonstration of the provision of inpatient care to at least 50 patients in a critical care unit during the past 12 months as an attending physician. **OR** Documentation of successful completion of Cardiac Anesthesia fellowship (with privileges limited to cardiothoracic ICU).
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Provide care on LPCH patients in specific areas of SHC

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec ☐
	Additional Request	
☐	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	☐

Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec ☐
	Privileges included in the Core:	
☐	Privileges to admit, evaluate, diagnose, perform history and physical exam, provide treatment or consultative services to patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below—in need of critical care. Core privileges include the following high-risk, high-volume, and problem-prone procedures, which are commonly performed by the intensivist in the critically ill patient:	☐
☐	Airway maintenance, including intubation	☐
☐	Ventilator management	☐
☐	Insertion and management of arterial and pulmonary artery catheters	☐
☐	Calibration and operation of hemodynamic recording systems	☐
☐	Diagnostic paracentesis	☐
☐	Tube thoracostomy	☐
☐	Gastroesophageal balloon tamponade	☐
☐	Emergency pericardiocentesis	☐
☐	Emergency tracheostomy/cricothyroidotomy	☐
☐	Central Venous Catheter Insertion [CRITERIA - must complete "Getting to Zero" educational module]	☐
☐	Flexible bronchoscopy	☐

Qualifications

Renewal Criteria Minimum 100 cases required during the past 2 years
Maintenance of Certification in primary specialty

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Service Chief Rec ☐
☐	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	☐
☐	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	☐
☐	Percutaneous tracheostomy/cricothyrotomy tube placement (Seldinger technique) [CRITERIA - Initial - Additional training or expertise required, as evident by 10 or more cases either being done under supervision or with privileges at another institution -OR- Completion of 10 cases at SHC with an assigned mentor. Renewal - Minimum 6 cases required during the past 2 years]	☐
☐	Management of Cardiac Support Devices [CRITERIA - Minimum 20 cases required during the past 2 years]	☐

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- ☐ Administration of Moderate Sedation
- ☐ Percutaneous tracheostomy/cricothyrotomy tube placement (Seldinger technique)
- ☐ Management of Cardiac Support Devices

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date