



Pulmonary Disease Physician Privileges
Department of Medicine

Name: _____
(Please print)

- Initial privileges (initial appointment)
Renewal of privileges (reappointment, on 3 year cycles)
Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited fellowship in pulmonary disease and current certification or active participation in the examination process...

Required current experience: Inpatient or consultative services for at least 50 patients, reflective of the scope of privileges requested, during the past 12 months...

Maintenance of _____?

Table with 5 columns: Facility (Check ALL that are applicable to your request), Baroness*, Children's**, North, East, Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Pulmonary Disease Privileges:

Core privileges for pulmonary disease include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients of all ages presenting with conditions, disorders, and diseases of the lungs and airways.

Core privileges in this specialty include:

- Performance of history and physical exam
Airway management
Continuous positive airway pressure (CPAP)
Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
Emergency cardioversion
Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue

- Flexible fiber-optic bronchoscopy procedures
- Inhalation challenge studies
- Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
- Management of pneumothorax (needle insertion and drainage system)
- Operation of hemodynamic bedside monitoring systems
- Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
- Thoracostomy tube insertion and drainage, including chest tubes
- Use of reservoir masks and CPAP masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
- Use of positive pressure ventilatory modes, including:
 - Ventilatory support, including bilevel positive airway pressure
 - Weaning and respiratory care techniques
 - Maintenance and withdrawal of mechanical ventilatory support

Special Non-Core Privileges in Pulmonary Disease:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Endobronchial ultrasound					
Administration of Moderate sedation and analgesia (see below for criteria).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Special Procedures Privileges Criteria

Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

_____ Recommended as Requested

_____ Recommended with Modifications (See comments below)

_____ Not Recommended (See comments below)

Chief Comments: _____

Chief Signature

Date

Applicant's Signature

Date