

MEDSTAR UNION MEMORIAL HOSPITAL
 DELINEATION OF PRIVILEGES
 CRITICAL CARE

Name (print or type): _____
Last First M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Admitting/Consulting privileges for diagnoses generally regarded as part of the specialty of Critical Care			
Management of Ventilators			
Metabolic assessment and nutritional management (TPN, PPN)			
Hemodynamic Monitoring			
Invasive catheters for monitoring:			
Arterial line			
Swan-Ganz			
Central venous line			
Endotracheal intubation			
Insertion of Blakemore tube			
lumbar puncture			
Intracranial pressure monitoring			
NON CORE PRIVILEGES:			
Insertion of Hickman-Broviac catheter			
Tracheostomy			
Thoracocentesis			
Peritoneal dialysis catheter insertion			
Temporary pacemaker insertion			
OTHER:			

BOARD CERTIFICATION: Must obtain within 6 years of graduating residency.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

 Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

 Department Chief Signature Date