

MEDSTAR UNION MEMORIAL HOSPITAL  
 DELINEATION OF PRIVILEGES  
 PULMONARY MEDICINE

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 Pulmonary Medicine |           |             |          |
| Bronchoscopy with or without biopsy or brushings  |           |             |          |
| Endotracheal intubation   |           |             |          |
| Laryngoscopy  |           |             |          |
| Needle aspiration - Lung  |           |             |          |
| Needle biopsy - Lung  |           |             |          |
| Needle biopsy - Pleura  |           |             |          |
| Pulmonary function tests  |           |             |          |
| Pulmonary lavage  |           |             |          |
| Swan-Ganz catheter placement  |           |             |          |
| Thoracentesis   |           |             |          |
| Ventilator management   |           |             |          |
| <b>NON CORE PRIVILEGES:</b>   |           |             |          |
| Chest tube insertion, percutaneous (with Heimlich/valved tube)  |           |             |          |
| <b>OTHER:</b>   |           |             |          |

**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