LIST OF CLINICAL PRIVILEGES – PEDIATRIC CARDIOLOGY

PRINCIPAL PUR performance.	le 10, U.S.C. Chapter 55, Sections 1094 and 1102. POSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual providers.		
professional stan during or after se	Information on this form may be released to government boards or agencies, or to professional societies or organizations dards of health care providers. It may also be released to civilian medical institutions or organizations where the provider parating from military service. S VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges		
	INSTRUCTIONS		
forward to your C CLINICAL SUPE check appropriate	Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability linical Supervisor RVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3 or 4 in each VERIFIED block in answer to e block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and a correct set of the	ach requested privile	ege. In Part II,
2. Supe	s Office. • competent within defined scope of practice. • rvision required. (Unlicensed/uncertified or lacks current relevant clinical experience). • approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Crede	ntials Committee/Fun	ction.)
	equested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation. change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileg	ing policy	
NAME OF APP			
NAME OF ME	DICAL FACILITY:		
ADDRESS:			
PROVIDERS F	REQUESTING PRIVILEGES IN THIS SPECIALTY MUST ALSO REQUEST PRIVILEGES IN PEDIATRIC	s	
I Scope		Requested	Verified
P390286	The scope of privileges in Cardiology includes the evaluation, diagnosis, treatment and consultation for patients from birth to adulthood presenting with diseases and congenital abnormalities of the heart, lungs, and blood vessels. Cardiologists manage complex cardiac conditions. Practitioners may admit to the facility and provide care to patients in the intensive care setting in accordance with MTF policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with		
Diagnosis ar	emergent conditions in accordance with medical staff policy.	Demuseted	Verified
J		Requested	Verified
P388343	Interpret holter monitor/event monitor		
P390328	Pulmonary artery catheter insertion and Interpretation		
Procedures		Requested	Verified
	Angiography		
P390288	Cardiac biopsy		
P390290	Cardiac catheterization, diagnostic and interventional		
P390292	Pericardiocentesis and/or pericardial drain placement		
P388164	Transesophageal echocardiography		
P390296	Fetal echocardiography		
P390298	Pacemaker insertion		
P388184	Implant Implantable cardioverter/defibrillator		
P390300	Comprehensive electrophysiologic study and ablation using radio frequency and/or cryotherapy, including trans-septal puncture		
P388160	Tilt table testing		
P390302	High frequency ventilation		
P390304	Nitrous Oxide administration		
P390306	Extracorporeal membrane oxygenation (ECMO)		
P390308	Balloon atrial septostomy		
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P390310	Intracardiac echocardiograp	ny (ICE)							
P391125	Cardiac stress test								
P388409	Echocardiographic interpreta								
P418845	Nitric oxide administration								
Other (Facility- or provider-specific privileges only)					Verified				
SIGNATURE OF APPLICANT									
II CLINICAL SUPERVISOR'S RECOMMENDATION									
RECO	OMMEND APPROVAL	RECOMMEND APPROVAL WITH MODIFICATION (Specify below)		RECOMMEND DI (Specify below)	SAPPROVAL				
STATEMENT:									
CLINICAL SUI	PERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMF	P DATE						