UNM SRMC
CRITICAL CARE CLINICAL PRIVILEGES

Name:
Effective Dates: __________ To: __________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 05/28/2014

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
To be eligible to apply for core privileges in Critical Care Medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)—or American Osteopathic Association (AOA)—accredited residency in internal medicine followed by fellowship training in Critical Care.

AND

Current subspecialty certification or active participation in the examination process, leading to subspecialty certification in critical care medicine by the relevant American Board of Medical Specialties or the American Osteopathic Board.

Notwithstanding the foregoing, applicants for clinical privileges may seek an exception to this Board Certification requirement under Section 2.004 of the Bylaws of the Medical Staff of UNM Sandoval Regional Medical Center (the "Medical Staff Bylaws") and may be granted clinical privileges if such applicant is determined, in accordance with Section 2.004 of the Medical Staff Bylaws, to have qualified for one or more of these exceptions.

Required previous experience: Applicants for initial appointment must be able to demonstrate the provision of inpatient, outpatient or consultative services, reflective of the scope of privileges requested during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in Critical Care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience (inpatient, or consultative services) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on the results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
CRITICAL CARE CORE PRIVILEGES

Admit, evaluate, diagnose, and provide treatment or consultative services to critically ill patients of all ages, with postsurgical, multiple organ dysfunction and in need of critical care for life threatening disorders. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested

Internal Medicine Privilege
☐ Check here to request Internal Medicine privileges form (Separate form)

Administration of Sedation and Analgesia privileges
See hospital policy for sedation and analgesia by non-anesthesiologists.
☐ Check here to request Moderate Sedation privileges form (Separate form)

Limited Ultrasound for Guided Procedure
☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

1. Airway maintenance intubation, including fiberoptic bronchoscopy and laryngoscopy
2. Arterial puncture
3. Cardiopulmonary resuscitation
4. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
5. Cardiac output determinations by thermodilution and other techniques
6. Temporary cardiac pacemaker insertion and application
7. Cardioversion
8. Echocardiography and electrocardiography interpretation
9. EKG Interpretation
10. Evaluation of oliguria
11. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
12. Insertion of hemodialysis and peritoneal dialysis catheters
13. Lumbar puncture
14. Management of anaphylaxis and acute allergic reactions
15. Management of life-threatening disorders in intensive care units including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdoses, massive bleeding, diabetic acidosis and kidney failure
16. Management of massive transfusions
17. Management of the immunosuppressed patient
18. Monitoring and assessment of metabolism and nutrition
19. Needle and tube thoracostomy
20. Paracentesis
21. Percutaneous needle aspiration of palpable masses
22. Percutaneous cricothyrotomy tube placement
23. Perform history and physical exam
24. Pericardiocentesis
25. Preliminary interpretation of imaging studies
26. Thoracentesis
27. Image guided procedures
28. Use of reservoir masks, nasal prongs/canulas and nebulizers for delivery of
supplemental oxygen and inhalants

29. Ventilator management, including experience with various modes and continuous positive airway pressure therapies (BiPAP and CPAP)

30. Woundcare
UNM SRMC
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Effective Dates: __________ To: __________

Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. 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.

b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _______________________________ Date ____________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

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<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
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Notes:

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Print Name __________________________  Signature ____________________  Date ____________

Clinical Service Chief or Designee Signature