UNM SRMC 
LIMITED ULTRASOUND GUIDED PRIVILEGES

Name: 
Effective Dates: ___________ To: ___________

[ ] Initial appointment
[ ] Reappointment

Instructions

For some practitioners, LIMITED ULTRASOUND FOR GUIDED PROCEDURE is requested as a non-core privilege. The individual requesting LIMITED ULTRASOUND FOR GUIDED PROCEDURE privilege must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence. The Medical Director of the SRMC Radiology Department will approve LIMITED ULTRASOUND FOR GUIDED PROCEDURE privileges. All procedures will be performed in accordance with the SRMC ULTRASOUND Policies.

Limited Ultrasound for Guided Procedure:

Qualifications: To be eligible to apply for limited ultrasound for guided procedure privileges the applicant must meet the following criteria:

Initial Appointment:

1. MD or DO or Allied Health Professional with membership on the SRMC Medical Staff.

AND

2. Successful completion of an ACGME or AOA approved residency training program that included training specific to point of care ultrasound. Documentation must include a letter from the Residency Director, Director of Emergency Ultrasound or equivalent Director of Surgical ICU/Surgical Ultrasound documenting training and use of point of care ultrasound.

OR

3. Must have documentation of successful completion of a training course specific to point of care ultrasound. Training course must be specific to the ultrasound exam type requested and include the physics of ultrasound and hands on training. The
appropriateness of the course must be approved by the MEC.

OR

4. Performance of an adequate volume - Provisional Privileges may be granted and cases proctored (by a practitioner who has met the criteria and holds the privilege) or subject to retrospective review until the number is completed. The request for full privileges will then be reviewed.

REAPPOINTMENT: Must submit documentation of the number of cases to maintain Ultrasound Limited Musculoskeletal Guided Procedures.

Core Procedures:

1. Joint aspiration
2. Musculoskeletal foreign body and abscess localization
3. Injection of joint, tendon or nerve.
4. Vessel localization

Note: These privileges are for procedures only. They do not include Ultrasound diagnosis.

☐ Requested
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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Notes:
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Print Name __________________________________________ Signature ___________________________ Date __________________________

Clinical Service Chief or Designee Signature