



CLINICAL PRIVILEGE DELINEATION DESCRIPTION

PRACTICE SPECIALTY: PULMONOLOGY	DEPARTMENT: MEDICINE
--	-----------------------------

Please print:

Name _____
Last
First
Middle Initial

Basic Qualifications:

- **Basic Education:** MD or DO
- **Minimal Formal Training:** Completed an ACGME-approved internal medicine residency and a fellowship training program in Pulmonology.
- **Board Certified:** (obtain certification in (3) three years from the date of membership) in Pulmonology.
- **Requested Previous Experience:** Provision of inpatient service to at least 100 patients in the past 24 months.
- **Current, unrestricted license in Kentucky.**
- **Malpractice Liability Coverage of 1,000,000/3,000,000**

R=Requested

Peds (Ages 2-17)

**A=Approved;

T=Tabled; D=Denied

R	PULMONARY PRIVILEGES	CRITERIA for PRIVILEGES (Education/Training/Experience)	APPLIES TO: (setting/age group)	**A/T/D	RESTRICTIONS
	Pulmonary Core Privileges: Admission, consultation, evaluation, and treatment of patients presenting with pulmonary conditions.	See Basic Qualifications	__ Adults __ Peds		
	Internal Medicine Core Privileges: Admission, work-up, diagnosis, and provision of non-surgical treatment and management, including consultation for patients admitted or in need of care to treat general medical problems. Some complex medical management may require specialty consultation.	See Basic Qualifications	__ Adults __ Peds		
	Management of the critically ill patient on an intensivist sub-specialty level.	See Basic Qualifications AND Documentation of training and/or experience in critical care management. Reappointment: Provision of inpatient service to at least 50 patients in the past 24 months.	__ Adults __ Peds		
R	PULMONARY PROCEDURES	CRITERIA for PROCEDURES (Education/Training/Experience)	APPLIES TO: (setting/age group)	**A/T/D	RESTRICTIONS
	Internal Medicine Core Procedures: CPR, ECG Interpretations, Endotracheal Intubation, I&D Abscess, Joint Aspiration, Lumbar Puncture, Nasal Packs, Repair Laceration, Skin Biopsy, Subclavian Line, Gastric Lavage, Removal of Nails	See Basic Qualifications	__ Adults __ Peds		
	Non-Invasive Core Procedures: Electro cardioversion (elective), interpretation of pulmonary function tests and exercise tests	See Basic Qualifications	__ Adults __ Peds		
	Invasive Core Procedures: Central venous catheters, Swan Ganz insertions, Arterial puncture and line placement, Transtracheal aspirations, Bronchoscopy, Bronchoscopic biopsy, Endotracheal intubation, Thoracentesis, Paracentesis	See Basic Qualifications	__ Adults __ Peds		
R	PULMONARY SPECIAL REQUESTS	CRITERIA for PRIVILEGES (Education/Training/Experience)	APPLIES TO: (setting/age	**A/T/D	RESTRICTIONS

	All Special Requests require Basic Qualifications.	group)		
Transvenous Pacemaker Insertions	Initial Appointment: Supply a letter from Chairman of Training Program or a letter from the Department Chairman where Active Staff Privileges are held providing a list of cases and complications for the previous 12 months. Reappointment: Documentation of acceptable outcomes based on peer review, where applicable.	__ Adults __ Peds		
Pleural Biopsy	See Basic Qualifications AND Evidence of special training or demonstrated proficiency.	__ Adults __ Peds		
Chest Tube Placements	See Basic Qualifications AND Evidence of special training or demonstrated proficiency.	__ Adults __ Peds		
Other (list individually)	See Basic Qualifications AND Evidence of special training or demonstrated proficiency.	__ Adults __ Peds		
Conscious Sedation	Moderate Sedation -ACLS Certification, OR BLS, pass the medication test, and demonstrate 3 successful intubations (to be signed off on by anesthesia) Reappointment: Either current ACLS, or BLS, and demonstrate 3 successful intubations (to be signed off on by anesthesia) Demonstrated current clinical competence Deep Sedation – ACLS Certification and completion of the medication test. Reappointment: current ACLS certification. Demonstrated current clinical competence. *Medication Test can be obtained from the Medical Staff Office	__ Adults __ Peds		

***Evidence of Special Training/Demonstrated Proficiency**

Initial Requests: Must provide location of training facility, if within the past five years (submit copy of certification of completion if possible) or location of facility (and city) where current experience and privileges are held (if training greater than five years ago). Authentication may be required.

Reapplicants: Document the number performed within the past two years for each procedure requested. Authentication may be required.

NOTE: The above list of procedures/medical management is not intended to be all-inclusive, but representative of those procedures/medical management usually associated with these specialties. It is understood that any physician may take appropriate emergency action in a situation where such immediate action is necessary for the patient's welfare.

Requested by _____
Signature of Applicant Date

BOARD APPROVAL DATE _____