



Privileges in Cardiac Surgery

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In **Cardiac Surgery** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **Cardiac Surgery** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		
	Additional Request	
<input checked="" type="checkbox"/>	provide care of patients in the Emergency Department, ASC, Cath Lab, ICU and regular floors	<input checked="" type="checkbox"/>
ASSIST ONLY		
Request	Request all privileges listed below Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		
<input type="checkbox"/>	ASSIST ONLY	<input type="checkbox"/>
Core Privileges		
Request	Request all privileges listed below Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>		
	Cardiac Surgery Core Privileges Include:	
<input checked="" type="checkbox"/>	Privileges to admit, perform history and physical, evaluate,diagnose, consult, provide pre-, intra-, and postoperative surgical care, and perform surgical procedures to correct or treat various conditions of the heart and related blood vessels, lung or esophagus such as:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	General procedures such as central venous line, arterial line, pulmonary artery flotation catheter, thoracentesis, pericardiocentesis, chest tube insertion, placement of renal dialysis catheter	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Adult cardiac surgery with or without cardiopulmonary bypass	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Aortic procedures with or without cardiopulmonary bypass	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Coronary artery bypass graft	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Heart valve replacement or repair	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Abscess i & d	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Removal of indwelling vascular access catheters	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Wound Debridement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Atrial fibrillation ablation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Adult congenital cardiac surgery	<input checked="" type="checkbox"/>

Special Privileges		
Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation In accordance with Hospital Sedation Policy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Two cases required during the past two years	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Transplantation of heart and lung	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Insertion of mechanical left ventricular or right ventricular assist devices	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	VATS (Video Assisted Thoracoscopic)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Insertion of Cardiac Support Devices	<input checked="" type="checkbox"/>
Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date:.....