



Privileges in Cardiovascular Medicine

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In Cardiology or equivalent Training.

AND

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

Provide care for patients in specific areas of Al Kindi hospital

Core 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"/>	Privileges included in the Core:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide Treatment to patients presenting with diseases of the heart, lungs, and blood vessels.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cardioversion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Insertion and management of arterial line	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of thrombolytic agents	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Emergent pericardiocentesis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Interpretation of EKG	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pacemaker evaluation and programming	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Holter scanning	<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	<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"/>	Cardiac catheterization and Angiography	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Temporary transvenous pacemaker placement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Intra-aortic balloon pump placement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Coronary balloon angioplasty and stenting procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endomyocardial biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Peripheral angiography and angioplasty	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Carotid Stenting	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Permanent pacemaker insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pacemaker lead extraction	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Implantable defibrillator insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Electrophysiology studies with or without ablation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Echocardiography interpretation including stress echocardiography and transesophageal echocardiography	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management and care of percutaneous cardiac support device	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management and care of mechanical left ventricular and right ventricular assist devices	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Insertion of percutaneous cardiac support devices	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>

Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date:.....