



## Privileges in Nephrology

Physician name: .....

**Education/Training** Successful completion of an accredited Residency/Fellowship  
In **Nephrology** or equivalent Training.

AND

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

**Provide care for patients in specific areas of Al Kindi hospital**

**Core Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
<b>Privileges included in the Core:</b>		
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment or consultative services to patients presenting with illnesses, injuries, and disorders of the kidneys.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Placement of temporary vascular access for hemodialysis and related procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Acute and chronic hemodialysis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Peritoneal dialysis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Continuous renal replacement therapy.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Percutaneous biopsy of both autologous and transplanted kidneys	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Catheter insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Hemoperfusion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Renal clearance studies	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Plasmapheresis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of transplant patients	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>

**Special Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<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"/>

**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:.....