



## Privileges in Pulmonary Medicine Service

Physician name: .....

**Education/Training**

Successful completion of an accredited Residency/Fellowship  
In **Pulmonary Medicine Service** or equivalent Training

AND

Current certification or active participation in the examination

Process leading to certification in **Pulmonary Medicine Service** from any Equivalent training/board.

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

<b>Core Privileges</b>		
<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 to patients presenting with conditions, disorders, injuries, and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastina contents, diaphragm, and circulatory system;	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	sleep study	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Oral/nasal intubation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Thoracentesis and percutaneous pleural biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bronchoscopy with biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Flexible bronchoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Placement of arterial line	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Arterial puncture	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Interpretation of pulmonary function testing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of pulmonary transplant patients	<input checked="" type="checkbox"/>
<b>Special Privileges</b>		
<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"/>	Use of fluoroscopy equipment (or supervision of other staff using the 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"/>	Thoracostomy tube placement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Rigid Bronchoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endobronchial Tumor Ablation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laser Bronchoscopy	<input checked="" type="checkbox"/>
<b>Additional Privileges:</b>		
<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:.....