



Privileges in Thoracic Service

Physician name:

Education/Training

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

AND

Current certification or active participation in the examination
Process leading to certification in **Thoracic Surgery** 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"/>
	Thoracic Core Privileges:	
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with illnesses, injuries, and disorders of the thoracic cavity and related structures, including the chest wall.	<input checked="" type="checkbox"/>
	Privileges and treatment modalities include:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Open lung biopsy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Esophagectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Pulmonary lobectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bronchoscopy, esophagoscopy, and associated instrumentation (e.g stents)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Mediastinoscopy, cervical/scalene lymph node biopsy, other superficial biopsy procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Chest wall and pleura procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Tracheobronchial tree and lung procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diaphragmatic procedures and diaphragmatic hernias	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Gastroesophageal reflux disease	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sympathectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Resection, construction, and repair of esophagus	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Feeding tube placement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Thoracoscopy for pleural, mediastinal and pulmonary disease (non-lobectomy)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lung volume reduction surgery, bullectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Resection of mediastinal masses	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of thoracic trauma	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion (Initial and Renewal Criteria - Must complete "Getting to Zero" educational module)	<input checked="" type="checkbox"/>

Special Privileges

Description: Must also meet Required Qualifications for 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"/>
<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"/>	VATS - Lobectomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laser bronchoscopy and/or esophagoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Robotic thoracic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Laparoscopic esophageal surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Stereotactic Body Radiotherapy Performed in collaboration with Radiation Oncology	<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"/>
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<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:.....