

UNIVERSITY OF MARYLAND MEDICAL CENTER
Shock Trauma Center, Division of Critical Care Medicine
Delineation of Privilege Form

Name: _____ Date: _____

Critical Care Faculty are required to maintain Advanced Cardiac Life Support Certification

ACLS Certification: _____ **Yes** **Date Last Certified:** _____ (copy required)

Privilege/ Procedure	Check (\checkmark) if Requested	Physician in Chief Approval Initial if Yes Write Not Approved if No
<p>Category 0: In the case of an emergency, any member of the Medical Staff, to the degree permitted by his/her license and regardless of Medical Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. <i>*Approved per the Medical Staff Bylaws</i></p>	\checkmark^*	Yes
<p>Category I – Core Privileges: To be eligible for core privileges, applicants must have completed an ACGME approved Critical Care fellowship program and be Board Certified or Equivalent (or a candidate for Board Certification).</p> <p>Procedures Include:</p> <ol style="list-style-type: none"> 1. Placement of percutaneous central lines 2. Placement of arterial lines 3. Intubation 4. Bronchoscopy 5. Placement tube thoracostomy 6. Thoracentesis 7. Pericardiocentesis 8. Paracentesis 9. Lumbar puncture 10. Insertion of transvenous pacemaker 11. Pulmonary artery catheter insertion 12. Emergency cricothyroidotomy 13. Moderate Sedation 14. Cardioversion 15. Defibrillation 16. Placement of esophageal balloon for hemostasis 17. Bedside ultrasonography 	_____	_____

Name: _____ Date: _____

Privilege/ Procedure	Check (√) if Requested	Physician in Chief Approval Initial if Yes Write Not Approved if No	Additional Section Chief Approval (if applicable)
Category II: to be eligible for Category II privileges, applicants must have completed an ACGME approved <u>Critical Care Medicine</u> Fellowship program, be Board Certified or Equivalent (or be a candidate for Board Certification). <u>Additional approval</u> from <u>Trauma Critical Care Section Chief</u> based on prior experience, didactic activities and proctoring, proctored activities or formal fellowship training Category II privileges are as follows:			
Management of CRRT			
Management of ECMO/ECLA			
Management of ventricular assist devices			
Initiation and management of MARS			
Management of plasma exchange			
<u>Additional approval</u> from <u>Trauma Surgery Section Chief</u> based on prior experience, didactic activities and proctoring, proctored activities or formal fellowship training			
Percutaneous tracheostomy			
Diagnostic esophago-gastroduodenoscopy			
Diagnostic sigmoidoscopy			
Diagnostic colonoscopy			
Cannulation for VV ECMO			
Cannulation for VA ECMO			
Placement of REBOA (Documentation of successful completion of BEST© course required)			

_____ Signature _____ Date

_____ Chief, Trauma Critical Care _____ Date

_____ Chief, Trauma Surgery _____ Date
if advanced procedures requested

_____ Physician in Chief _____ Date
Shock Trauma Center

_____ Applicant Verification Signature _____ Date
(to be completed if privilege(s) is/are not approved)