Adult Medical Critical Care Privileges

Name: _____
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges *(reappointment, on 2 year specialty cycles)*
- ' Modification of privileges *(request for any additional privileges beyond those previously granted)*

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited postgraduate training program in the relevant medical specialty and successful completion of an accredited fellowship in critical care medicine and/or current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of completion of training) leading to subspecialty certification in critical care medicine by the relevant ABMS or the American Osteopathic Association board.

Maintenance of ACLS certification is required.

Required current experience: Inpatient care to at least 30 patients in the ICU, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited critical care fellowship within the past 12 months as well as certification as appropriate for specialty in advanced cardiac life support, advanced trauma life support, pediatric advanced life support, or advanced pediatric life support provider status.

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

** Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics*
***Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center*

Core Adult Medical Critical Care Privileges:

Core privileges for critical care medicine include the ability to admit, evaluate, diagnose, and provide treatment or consultative services for patients of all ages with multiple organ dysfunction and in need of critical care for life-threatening disorders. Physicians in this specialty may also assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The

core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills:

Performance of history and physical exam

Airway maintenance, intubation, including fiber-optic bronchoscopy and laryngoscopy

Arterial puncture and cannulation

Arthrocentesis

Bronchoscopy with bronchoalveolar lavage (BAL)

Calculation of oxygen content, intrapulmonary shunt, and alveolar arterial gradients

Cardiac output determinations by thermodilution and other techniques

Cardiopulmonary resuscitation

Cardioversion and defibrillation

Echocardiography and electrocardiography interpretation

Evaluation of oliguria

Image-guided procedures

Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters

Insertion of hemodialysis dialysis catheters

Interpretation of intracranial pressure monitoring

Lumbar puncture

Management of anaphylaxis and acute allergic reactions

Management of critical illness in pregnancy

Management of life-threatening disorders in ICUs, including but not limited to shock, coma, heart failure, trauma, respiratory arrest, drug overdose, massive bleeding, diabetic acidosis, and kidney injury

Management of massive transfusions

Management of the immune-suppressed patient

Monitoring and assessment of metabolism and nutrition

Needle and tube thoracostomy

Paracentesis

Percutaneous needle aspiration of palpable masses

Percutaneous tracheostomy/cricothyrotomy tube placement

Pericardiocentesis

Preliminary interpretation of imaging studies

Temporary cardiac pacemaker insertion and application

Thoracentesis

Tracheostomy

Transtracheal catheterization

Use of reservoir masks, nasal prongs/cannulas, and nebulizers for delivery of supplemental oxygen and inhalants

Ventilator management, including conventional, specialized, oscillatory and noninvasive ventilation.

Ventilator liberation

Wound care

Special Non-Core Privileges in Adult Medical Critical Care:

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course, or acceptable supervised training in fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff guidelines governing the exercise of specific privileges.

Procedure	*Baroness*	*Children's*	*North*	*East*	*Bledsoe/Sequatchie*
Management of patients on ECMO Requirements: • Completion of an ECMO training course in the last 5 years. • 3 supervised ECMO management weeks, including initiation, daily management, and weaning. • Competency maintained through involvement in 2 ECMO cases per year and regular meeting attendance. • Approval by the ECMO Medical Director					
Large-bore cannulation for ECMO • Initial privileging requires a minimum of 5 proctored cases with ultimate approval by CT Surgery prior to independent cannulation • Competency maintained by performing a minimum of 4 cannulations every 3 years					

Administration of Moderate Sedation (see below for criteria, 5 per year required)					
Administration of Deep sedation and analgesia (see below for criteria, 10 per year required).					

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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Special Procedures Privileges Criteria

Moderate Sedation

CRITERIA – To administer Moderate Sedation

Moderate Sedation (formerly Conscious sedation) is defined as: A medically controlled state of depressed consciousness that (1) allows protective reflexes to be maintained; (2) retains the patient's ability to maintain an airway independently and continuously; and (3) permits age-appropriate response by the patient to physical stimulation or verbal command, e.g. “open your eyes”).

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years’ duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

Deep Sedation

CRITERIA – To administer deep sedation

Deep Sedation is defined as: A medically controlled state of depressed consciousness or unconsciousness from which the patient is not easily aroused. It may be accompanied by partial or complete loss of protective reflexes, and by the inability to maintain a patient airway independently and respond to physical stimulation or verbal command. Agents considered deep sedatives when used in <u>any dose</u> include, but are not limited to, Propofol, Etomidate, and Ketamine as well as sufficient doses of other analgesics such that the patient achieves the clinical state outlined in the deep sedation definition above. Use of these medications in life-threatening situations or for rapid sequence intubation (RSI) is considered an exception to this definition and is not considered use of deep sedation.)

1. Basic Education: MD, DO, DDS, or DMD and completion of residency/fellowship in at least one of the following:
    a. Anesthesiology, Emergency Medicine, Medical Critical Care, Surgical Critical Care, Pediatric Critical Care
2. Be a credentialed practitioner to order and/or select the medication(s) to achieve Deep Sedation.
    a. Must be credentialed to provide Moderate Sedation, Deep Sedation, and to perform intubation
3. Be familiar with proper dosages, administration, adverse reactions, and interventions for adverse reactions and overdoses. Know how to recognize airway obstruction and demonstrate skill in airway management resuscitation.
4. Have ACLS and/or PALS Certification.
5. Agents likely to produce deep sedation must be administered only by a qualified credentialed physician.
    a. This credentialed physician must be specifically and solely focused on the administration of the medication and monitoring of the patient's response to the medication.
        i. Exception 1: It is recognized that the Emergency Department is a unique environment where patients present on an unscheduled basis with problems that often require urgent or emergent interventions to prevent morbidity and mortality.
        ii. The supervising Emergency Medicine physician may be the same physician that is performing the procedure ONLY when a delay may increase morbidity and mortality, provided that the procedure may be abandoned without compromise to patient safety and there is not a second physician available to provide deep sedation.

iii. If the patient has a secured airway (well positioned endotracheal or tracheostomy tube), deep sedation medications can be given for the purposes of performing a procedure by a CCRN (provided a second RN is present to record vital signs and record assessments). In this case a single credentialed physician may perform the procedure.

6. Pre-Procedure Assessment Responsibilities of the Physician
    a. Obtain baseline history. Assess the airway including mouth and neck and note ASA status. An airway assessment and ASA classification must be present prior to the administration of sedation. Obtain and document appropriate informed consent. Address NPO status.
    b. The patient will be reassessed by the physician performing the sedation immediately prior to the procedure, and the reassessment will be documented in the record.
7. Intra-Procedure Monitoring • Qualified personnel will be present in the room throughout the conduction of all cases requiring deep sedation.
    a. The minimum number of personnel available for all cases requiring deep sedation shall be two: (1) the operator (physician) and (2) the qualified personnel administering and monitoring sedation unless one of the exception rules is met as outlined above.
    b. Please see the full policy for details of required documentation for the sedation procedure
8. Post-Procedure Assessment Responsibilities of the Physician For Deep Sedation, the physician who administered the sedation and analgesia will perform and document a post-procedure evaluation no later than 48 hours following the deep sedation procedure but no earlier than the time from which the patient is considered sufficiently recovered from the sedation so as to participate in the evaluation (e.g. answer questions appropriately, perform simple tasks).
    a. The elements of an adequate post anesthesia evaluation should be clearly documented and include the following: Respiratory function including respiratory rate, airway patency, and oxygen saturation; Cardiovascular function including pulse rate and blood pressure; Mental status; Temperature; Pain; Nausea and vomiting; Post procedure hydration.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

' Recommended as Requested

' Recommended with Modifications (See comments below)

' Not Recommended (See comments below)

Chief Comments: _____

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_____ _____

Provider Signature Date

_____ _____

Chief Signature Date

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