



Perfusionist

Dependent Allied Health Professionals

Applicant's Name:

Instructions:

1. Sign/Date form and submit with required documentation
2. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

NOTE:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Criteria	Board certification or eligibility by the American Board of Cardiovascular Perfusion
Duties	Under the direct supervision of a member of the medical staff with privileges to perform the following procedures:

Perfusionist

Request							<i>Request all privileges listed below.</i>
KHHM	KHDO	KHGM	KHMC	SOIN	KHMB	KHTR	Click shaded blue check box to Request all privileges. Uncheck any privileges you do not want to request.
							- Currently granted privileges
							Perfusionist
							Perfusionist
							Administration of cardioplegic solution.
							Administration of medications, blood components, and anesthetic agents via the extracorporeal circuit
							Anticoagulation and hematologic monitoring/analysis
							Blood conservation techniques (autotransfusion utilizing the Cell Saver)
							Blood gas/chemistry monitoring
							Chart review and consultation with the physician, documentation associated with described duties
							Hemodilution
							Hemofiltration (ultrafiltration)
							Induction of hypothermia/hyperthermia, with reversal, including circulatory arrest
							Maintenance extracorporeal circulation/cardiopulmonary support (including Bypass, CPS, and ECMO)
							Operation of counterpulsation devices (including intra-aortic balloon pump)
							Operation of ventricular assistance devices (including LVAD, and RVAD)
							Physiologic monitoring
							Remain on hospital premises for follow-up care until released by treating physician

Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital and I understand that:

- A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.
- C. I hereby apply for the above duties and attest to my competency to perform same.

Practitioner's Signature

Date

Clinical Service Chair Recommendation - Privileges

I have reviewed and attest to the competence of the above individual and agree to supervise his/her clinical duties.

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

Clinical Service Chair Signature

Date