



**CARDIOLOGY**

**Kettering Medical Center  
Kettering Memorial Hospital/Sycamore Hospital**

**Clinical Privileges Profile**

Must have completed an approved fellowship in cardiovascular diseases and be Board eligible in cardiology to be eligible for cardiology privileges.

Please select the special procedures desired. Approval of privileges is based upon education, clinical training and demonstrated skills.

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	Elective conversion of cardiac arrhythmia	_____
_____	Electrophysiologic studies (see criteria)	_____
_____	Radiofrequency Ablation (see criteria)	_____
_____	Implanting Non-Thoracotomy, Implantable Cardioverter/ Defibrillators (see criteria)	_____
_____	PTCA (percutaneous transluminal coronary angioplasty) (see criteria)	_____
_____	Swan Ganz catheter placement	_____
_____	Intra-aortic balloon pump placement	_____
_____	Pacemaker placement (see criteria)	_____
_____	-temporary pacemakers	_____
_____	-permanent pacemakers	_____
_____	Pericardiocentesis	_____
_____	Placement of arterial lines	_____
_____	Use of intravenous thrombolytic drugs in management of acute myocardial infarction	_____
_____	Use of intracoronary thrombolytic drugs (limited to those with angioplasty privileges)	_____
_____	Right heart catheterization (see criteria)	_____

(over)

<u>Requested</u>	<u>TYPE OF PRIVILEGES</u>	<u>Recommended</u>
_____	Left heart catheterization (see criteria)	_____
_____	Procedural Sedation	_____
_____	Fluoroscopy	_____
_____	Coronary Intravascular Ultrasound (limited to those with angioplasty privileges)	_____
_____	Rotablator (see criteria)	_____
_____	DCA (directional coronary artherectomy) (see criteria)	_____
_____	Coronary STENT placement (see criteria)	_____
_____	TEC (transluminal extraction catheter) (see criteria)	_____
_____	TEE (transesophageal echo) (see criteria)	_____
_____	Other (please specify)	_____
_____	_____	_____
_____	_____	_____

I agree with the delineation of privileges and will, under ordinary circumstances, practice under the conditions outlined. In case of emergencies, it may be necessary to render care outside of these parameters. I agree that when new techniques and skills are mastered, I shall request modification of my privileges.

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Signature of Practitioner \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Clinical Service Chief Hemant Shah, MD Date \_\_\_\_\_