

Privileges for: Critical Care - Telemedicine

Request

ST. ELIZABETH - EDGEWOOD  
ST. ELIZABETH - FLORENCE  
ST. ELIZABETH - FT. THOMAS  
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)  
(Critical care services and ventilatory management are not offered at ST. ELIZABETH - GRANT CO.)

MEC approval : Board approval:

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Department/Section Chair Signature

\_\_\_\_\_  
Date

MINIMUM REQUIREMENTS

Degree required: MD or DO  
Current board certification or board eligibility in Critical Care Medicine by the American Board of Internal Medicine, Anesthesia, Surgery or the American Osteopathic Board of Internal Medicine, Anesthesia or Surgery.  
Requests for privileges must be supported by training, experience and current clinical competence.

**NOTE:** For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

DESCRIPTION OF CORE PRIVILEGES

\_\_\_\_\_  
Work-up, diagnosis and management of care for critically ill patients in conjunction with the Admitting/Attending medical staff member. May be inclusive of consultation with other specialists. Conditions include, but are not limited to: Multi-organ failure, hemodynamic instability, acute respiratory failure, acute neurologic insult, acute renal failure, life-threatening medical and surgical conditions, drug overdoses, reactions, and poisonings, serious infections, and nutritional failure.

**I have requested only those privileges that by education, training and current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise. I understand that:**  
**a. in exercising any clinical privileges granted, I am constrained by the applicable rules of the medical staff and;**  
**b. any member with delineated privileges may provide emergency care to any patient in a life-threatening emergency or a situation that threatens serious harm, provided that the care provided is within the scope of the individual's license.**

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_