Privileges for: Perfusionist

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)

Document Review MEC Approval: August 27, 2009, Revised August 22, 2013

Board Approval: September 14, 2009, Revised September 13, 2010, Revised 9/9/2013

DEPARTMENT APPROVAL

_____Approved _____Disapproved

_____ _____
Department/Section Chair Signature **Date**

_____ _____
Supervising Physician Signature **Date**

Nursing Administration Approval

_____ _____
Sr. VP of Nursing or Designee Signature **Date**

MINIMUM REQUIREMENTS

EDUCATION:
Minimum - Graduate of an Accredited Perfusion Education Program as recognized by the Accreditation Committee for Perfusion Education (AC-PE) and the Commission on Accreditation of Allied Health Education Program (CAAHEP). A copy of which must be maintained in the individual's credentials file.

Desirable - Bachelor's Degree or Masters Degree, a copy of which must be maintained in the individual's credentials file.

NOTE: Documentation of the highest level of education is needed for the Laboratory to meet its accreditation standards for those providers who perform non-waived laboratory testing.

CERTIFICATION:
1. **Certified by the American Board of Cardiovascular Perfusion, OR**
2. **Certificate Eligible by the American Board of Cardiovascular Perfusion, and must complete the certification process within 2 years of hire date. The Certificate Eligible status is exclusively held for recent Accredited Perfusion School Graduates.**
3. **Maintain Certification annually as outlined by the American Board of Cardiovascular Perfusion - Recertification Process.**

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

I. Core Privileges: Core privileges in perfusion include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

Privileges for: Perfusionist

Request

DESCRIPTION OF CORE PRIVILEGES

_____	Extra corporeal circulation/cardiopulmonary support
_____	Counter pulsation
_____	Circulatory support ventricular assistance.
_____	Extra corporeal membrane oxygenation (ECMO)
_____	Blood conservation techniques/auto transfusion
_____	Myocardial preservation
_____	Anticoagulation and hematologic monitoring/analysis
_____	Physiological monitoring/analysis
_____	Blood gas and blood chemistry monitoring/analysis
_____	Introduction and reversal of hypothermia
_____	Hemodilution
_____	Hemofiltration
_____	Administration of medications, blood components and anesthetic agents via the extra corporeal circuit
_____	Production of platelet gel
_____	Medical record entries relating to the foregoing services, subject to countersignature requirements of the Rules and Regulations.

Applicants Signature: _____ **Date:** _____