

HOSPICE AND PALLIATIVE MEDICINE PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF HealthJax/UF TCU 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	HOSPICE & PALLIATIVE MEDICINE CORE PRIVILEGES	APPR
										Work-up, admission, evaluation, history and physical examinations, diagnosis, primary care or consultative services to all patients with life-threatening illness who require, or may require, specialist-level palliative care services, including care to patients in the intensive care setting. Includes management of psychological, social and spiritual issues of palliative care patients and their families. Includes management of symptoms, including various pharmacologic and non-pharmacologic modalities and pharmacodynamics of commonly used agents.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that may not be part of residency/fellowship training, and/or may require additional proof of training or experience.	APPR
										Parenteral infusional techniques for advanced symptom control	
										Long-Term Ventilator Management [++ Hospital 6]	
										Moderate Sedation [++Hospital 1, 2, 3, 4, 5, 6, 7, 9, 10]	
										Short-Term Ventilator Management (up to 48 hours) [++ Hospital 6]	
										Ultrasound Guided PICC Line Insertion [++Hospital 6]	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (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 each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

■ Privilege not available in this specialty at this hospital.
++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.