

PERFUSIONIST

PRIVILEGE FORM

PRINT NAME: _____ EFFECTIVE DATE: _____ to _____

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.

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

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

1	2	3	4	5	6	7	8	9	10	PRIVILEGES	APPR
										Cardiopulmonary support - Open heart and major thoracic surgery	
										Review patient chart and consult with physician and supervisor (if applicable) to determine procedure and equipment required.	
										Assemble and operate: Heart-lung machine, Cell-saver, hemoconcentrator	
										Assemble and operate: Intra-aortic balloon pump (IABP) in the O.R. and other areas of hospital as requested. Includes remaining on call for assistance and troubleshooting throughout use of IABP.	
										Assist with the use of the Hepcon and ACT machines to provide the anesthesiologist with data for Heparin dose, Heparin maintenance, Protamine dose, Heparin reversal, and adequacy of Heparin reversal.	
										Under order from physician, administer blood products, parenteral fluids and drugs while on bypass.	
										Request lab tests as appropriate during bypass and interpret lab results.	
										Monitor blood gases, calculate lab physiologic values to assess patient's status, and make adjustments as needed during bypass.	
										Setup and operate Ventricular Assist Device (VAD). Includes 24 hour in-house monitoring.	
										Assist with transport of VAD patients	
										Enter and maintain appropriate perfusion records.	
										Provide hyperthermic cytotoxic limb perfusion.	
										Provide complete pacemaker analysis.	
										In consultation with physician or by order of the physician: adjust flow rates; monitor pressures, clotting studies, VAD functions, and physiologic parameters.	
										Provide femoral-femoral bypass (FFB) and subclavian bypass, cardiopulmonary support (CPS) and/or full cardiopulmonary bypass via the femoral artery and vein.	

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:** _____

PERFUSIONIST
PRIVILEGE FORM

PRINT NAME: _____ EFFECTIVE DATE: _____ to _____

Acknowledgment of Supervising Physician: The above named practitioner shall be under my supervision (direct or indirect in accordance with the laws of the State of Florida) in the exercise of clinical privileges. I acknowledge that the above named practitioner is competent and qualified to perform the requested privileges.

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Signature: _____ *Date:* _____

Supervising Physician Signature: _____ *Date:* _____