NAME ________________________________

Fort Hamilton Hospital
Specialty: Medicine - Nephrology
Delineation of Privileges

Required Qualifications

**Education/Training/Experience**
Must have successfully completed an ACGME/AOA-accredited residency in internal medicine and successful completion of an accredited fellowship in nephrology. The successful applicant for initial appointment must provide documentation of provision of inpatient or consultative services, reflective of the scope of privileges requested, for at least 24 patients during the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.

**Certification**
The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

**Reappointment Criteria of Nephrology Core Privileges**
To be eligible to renew core privileges in nephrology, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
**CORE PRIVILEGES IN NEPHROLOGY INCLUDE**

Core Privileges include: Admit, evaluate, diagnose, treat and provide consultation to patients presenting with illnesses and disorders of the kidney, high blood pressure, fluid and mineral balance, and dialysis of body wastes when the kidneys do not function. Assess, stabilize, and determine disposition of patients with emergency conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.

**Request all privileges listed below. Uncheck any privileges that you do not want to request.**

- Admit and manage patients in non-critical care and unmonitored settings
- Admit and manage patients in ICU and other monitored settings
- Perform History and Physical Examinations
- Consultation privileges in area of specialty
- Acute and chronic hemodialysis
- Closed needle biopsy of kidney
- Continuous renal replacement therapy (CRRT)
- Hemofiltration
- Percutaneous biopsy of both autologous and transplanted kidneys
- Peritoneal Dialysis
- Placement of acute peritoneal dialysis catheters
- Placement of permanent peritoneal catheters in the abdomen
- Placement of temporary vascular access for hemodialysis and related procedures
- Image-guided techniques as an adjunct to privileged procedures

**SPECIAL PRIVILEGES – Nephrology**

The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

**Fluoroscopy**

All practitioners requesting fluoroscopically-guided procedures at this hospital are required to take a competency assessment examination prior to being granted these privileges. Practitioners may submit documentation of competency from another hospital for consideration by the Radiology Department Chairman. Please contact the Medical Staff Office.

**Mild/Moderate Sedation**

Moderate Sedation (Requires written examination – please contact Medical Staff Office) Current ACLS certification is required.

**Aquapheresis/Ultrafiltration**

**Initial Requirements**

1. Successful completed an ACGME/AOA-accredited fellowship in cardiovascular disease or nephrology.
2. Review of Aquapheresis Training Documents and successful completion (80%) of the review post-test.

**Maintenance of Privilege**

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months.

**Acknowledgement of Applicant**

I hereby request the clinical privileges in the Department of Medicine as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.
I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me in the Department of Medicine shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

Practitioner’s Signature ____________________________ (Date) __________________________

Print Name ____________________________