

UNIVERSITY OF UTAH

DIVISION OF CARDIOLOGY

DELINEATION OF CLINICAL PRIVILEGES

Name: _____ Date: _____

I certify that I am qualified for and request the following privileges in the Division of Cardiology:

Requested	Approved	
_____	_____	General Internal Medicine Patient Management
_____	_____	General Cardiology Patient Management

DIAGNOSTIC PROCEDURES

Requested	Approved	Abbreviation	
_____	_____	RHC	Right Heart Catheterization (includes Swan-Ganz Catheter insertion)
_____	_____	LHC	Left Heart Catheterization
_____	_____	SCA	Selective Coronary Arteriography (including graft arteriography)
_____	_____	Aortography	Aortography
_____	_____	BX	Endomyocardial Biopsy
_____	_____	Transseptal	Transseptal Puncture
_____	_____	Cntrl	Insertion of Central Venous Lines (includes femoral, subclavian, internal jugular, peripheral)
_____	_____	IALine	Intra-arterial Line Placement
_____	_____	Other:	_____

INTERVENTIONAL PROCEDURES

Requested	Approved	Abbreviation	
_____	_____	PTCA	Coronary Balloon Angioplasty
_____	_____	Stent	Coronary Stenting
_____	_____	Rotoblator	Rotational Atherectomy
_____	_____	IVUS	Intravascular Ultrasound
_____	_____	BRY	Intracoronary Brachytherapy
_____	_____	PBV	Percutaneous Balloon Valvuloplasty
_____	_____	Vasc. Clos.	Vascular Closure (by any means)
_____	_____	IABP	Intra-Aortic Balloon Insertion (Percutaneous)
_____	_____	Petsis	Pericardiocentesis
_____	_____	ASD	Atrial Septal Defect (must have performed 10 cases as primary operator)
_____	_____	PFO	Patent Foramen Ovale (must have performed 5 cases as primary operator)
_____	_____	Other:	_____

ELECTROPHYSIOLOGIC PROCEDURES

Requested	Approved	Abbreviation	
_____	_____	EPS	Comprehensive Electrophysiologic Study
_____	_____	RFCA	Radiofrequency Catheter Ablation
_____	_____	T-Pacer	Temporary Pacemaker Insertion
_____	_____	P-Pacer	Permanent Pacemaker (including implantation, replacement or testing)
_____	_____	ICD	Intracardiac Defibrillator (including implantation, replacement, or testing)
_____	_____	Tilt Table	Tilt Table Testing for Neurally Mediated Hypotension/Syncope
_____	_____	Cdvrns	DC Cardioversion, elective or emergency
_____	_____	Biv Pace	Cardiac resynchronization device implantation (Biventricular pacing)
_____	_____	Lead	Pacemaker or ICD lead extraction
_____	_____	VO2	VO2 Study interpretation
_____	_____	Other:	_____

ECG-BASED PROCEDURES

Requested	Approved	Abbreviation	
_____	_____	ECG	ECG interpretation
_____	_____	Treadmill	Treadmill Stress Testing
_____	_____	Holter	Holter Monitor Interpretation
_____	_____	Event	Event Monitor Interpretation
_____	_____	Other:	_____

ECHOCARDIOGRAPHY PROCEDURES

Requested	Approved	Abbreviation	
_____	_____	Echo	Cardiac Echocardiography
_____	_____	Stress Echo	Dobutamine or Exercise Stress Echocardiography
_____	_____	TEE	Transesophageal Echocardiography
_____	_____	Intra-op Echo	Intra-Operative Transesophageal or Epicardial Echocardiography
_____	_____	Other:	_____

NUCLEAR CARDIOLOGY

Requested	Approved	Abbreviation	
_____	_____	Nuc	Nuclear Cardiology Privileges
_____	_____	Other:	_____

Applicant Signature

Date

RECOMMENDATION BY:

Department Chairman

Date

APPROVED BY:

Medical Board Chairman

Date

Governing Body

Date