

# 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 grat 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 of 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: _____
____	____	Moderate Sedation

\_\_\_\_\_  
Applicant Signature Date

**RECOMMENDATION BY:**

\_\_\_\_\_  
Division Chief Date

\_\_\_\_\_  
Department Chairman Date

**APPROVED BY:**

\_\_\_\_\_  
Medical Board Chairman Date

\_\_\_\_\_  
Governing Body Date