

Department of Neurology
Department of Neurosurgery
NeuroCritical Care
DELINEATION OF PRIVILEGES
PRIVILEGES REQUEST FORM

PRIVILEGES

Please check all that apply to your scope of practice.

GENERAL PRIVILEGES

- ___ General Clinical Privileges Customary to the Practice of Neurology to Include the following:
(Admit, Take History, Examine, Plan and Order Therapy, Laboratory Studies and X-ray
Examinations.)
- ___ Outpatient
- ___ Inpatient

SPECIFIC PRIVILEGES

Perform

- ___ 1. Lumbar Puncture
- ___ 2. Caloric testing
- ___ 3. Arterial Line
- ___ 4. Central Venous Catheter
- ___ 5. PA Catheter Placement
- ___ 6. Lumbar Drain
- ___ 7. ICP Bolt Placement
- ___ 8. External Ventricular Device (EVD) Placement
- ___ 9. Ventilator Management
- ___ 10. Endotracheal Intubation
- ___ 11. Chest Tubes
- ___ 12. Tracheoscopy
- ___ 13. Moderate Sedation

RECORD AND INTERPRET

- ___ Transcranial Doppler

SIGNATURES AND RECOMMENDATIONS

Applicant Signature DATE

Neuro-Surgery Chair DATE

Neurology Chair DATE

Chair, Medical Board DATE

Chair, Governing Body DATE