

Applicant's Name

Position:

Home Site:

**CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE**

**PALLIATIVE CARE**

**PLEASE NOTE:** Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act

**Core Services:**

Please indicate (with a ✓) those services that you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of Trainee/ and or Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Core Procedures:**

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
CSCI (continuous subcutaneous infusion) of "off license", but acceptable palliative care practice, drugs including: <ul style="list-style-type: none"> <li>- morphine/hydromorphone/fentanyl/sufentanil (SAS – Special Access Scheme)</li> <li>- ketamine</li> <li>- ketorolac</li> <li>- glycopyrrolate/hyoscine</li> <li>- octreotide</li> <li>- cyclizine (SAS)</li> <li>- midazolam/clonazepam</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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- lignocaine - levopromeprazine (SAS)							
Sublingual and intranasal drug administrations including: - sufentanil (SAS) - ketamine - midazolam - fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Thoracic and abdominal paracentesis	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Paediatrics:							
- CSCI drug administration – both age groups	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA

**Additional Procedures:**

Please indicate any additional or specific sub-specialty procedures (i.e. not included in the 'core') you wish to undertake on a site by site basis.	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Peri-procedure management of interventional pain relief procedures, including where applicable, accessing intrathecal, epidural and intra ventricular devices for drug administration including opioids, midazolam, local anaesthetics, clonidine	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*Sign-off*

Clinician's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PD:		Signature:		Date:	
Reviewed & Approved by CMO:		Signature		Date:	