

Applicant's Name	Position:	Home Site:
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## 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

NOTE: 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					NA	NA	
Outpatient Services					NA	NA	
Research					NA	NA	
Supervision of Trainee/ and or Students					NA	NA	
Other Services					NA	NA	
Core Procedures:							
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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

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Applicant's Name	Position:					Home Site:		
<ul><li>lignocaine</li><li>levopromep</li></ul>	prazine (SAS)							
Sublingual and intra  sufentanil (S  ketamine  midazolam  fentanyl	anasal drug administrations including: SAS)					NA	NA	
Thoracic and abdor	minal paracentesis					NA	NA	NA
Paediatrics: CSCI drug administration – both age groups			NA	NA		NA	NA	NA
Additional Proce	edures:							
Please indicate any a	edures: additional or specific sub-specialty procedures the 'core') you wish to undertake on a site by	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Please indicate any a (i.e. not included in t site basis.  Peri-procedure man procedures, includi epidural and intra v	additional or specific sub-specialty procedures			•	=	Integrated	_	McPherson
Please indicate any a (i.e. not included in t site basis.  Peri-procedure man procedures, includi epidural and intra v	nagement of interventional pain relief ng where applicable, accessing intrathecal, ventricular devices for drug administration			•	=	Integrated Care Centre	Centre	McPherson Private

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:	

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