

Applicant's Name

Position:

Home Site:

## CREDENTIALLING AND DEFINING SCOPE OF CLINICAL PRACTICE

### PAEDIATRIC INTENSIVE 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

<b>Core Services</b> Please indicate (with a ✓) those services you wish to undertake on a site by site basis	<b>MCH Clayton</b>	<b>MMC Clayton</b>	<b>Dandeno ng Hospital</b>	<b>Casey Hospital</b>	<b>Moorabbi n</b>	<b>Kingston Centre</b>	<b>Jessie McPherso n Private Hospital</b>
Inpatient Services	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient Services	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Research	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Supervision of trainees or students	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Other services	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Core Procedures:</b> Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	<b>MCH Clayton</b>	<b>MMC Clayton</b>	<b>Dandeno ng Hospital</b>	<b>Casey Hospital</b>	<b>Moorabbi n</b>	<b>Kingston Centre</b>	<b>Jessie McPherso n Private Hospital</b>
Management of life-threatening disorders in intensive care units	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Airway maintenance including intubation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Management of invasive mechanical ventilation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Management of non-invasive mechanical ventilation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Arterial puncture	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Basic and advanced cardiopulmonary resuscitation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

Applicant's Name:	Position:	Home Site:
-------------------	-----------	------------

Bladder catheterisation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Cardiac output determinations by thermodilution and other techniques	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Cardioversion	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Insertion of intercostal catheters	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Insertion of haemodialysis catheters	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Management of renal replacement therapy	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Intracranial pressure monitoring	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Lumbar puncture	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Management of massive transfusions	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Percutaneous needle aspiration	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Interpretation of electrocardiogram	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Care of the dying including organ donation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
<b>Additional Procedures:</b> 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.	MCH Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
Management of paediatric and adolescent patients undergoing cardiac surgery	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Insertion of temporary trans-venous pacemakers	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Echocardiography	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Fibreoptic bronchoscopy	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

<b>Applicant's Name</b>		<b>Position:</b>		<b>Home Site:</b>	
-------------------------	--	------------------	--	-------------------	--

Percutaneous tracheostomy (Seldinger technique) in selected adolescent patients	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Peritoneal dialysis	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
Extracorporeal Membrane Oxygenation	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A
	<input type="checkbox"/>	N/A	N/A	N/A	N/A	N/A	N/A

### Sign-off

<b>Clinician's Name:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Reviewed &amp; Approved by Dept. Head:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Reviewed &amp; Approved by PMD:</b>		<b>Signature:</b>		<b>Date:</b>	
<b>Approved by CMO:</b>		<b>Signature:</b>		<b>Date:</b>	