

Applicant's Name		Position:		Home Site:	
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## CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

### INTENSIVE CARE (Adult)

**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 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 Hospital
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 Hospital
Management of life-threatening disorders in intensive care units, including airway management	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Airway maintenance intubation, including fiberoptic bronchoscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Bronchoscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Bronchoscopic intubation in adults	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Calculation of oxygen content, intrapulmonary shunt, and	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA

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alveolar arterial gradients							
	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
Calibration and operation of haemodynamic recording systems	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Cardiac output determinations by thermodilution and other techniques	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Cardioversion	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Cardiac pacemaker insertion and application	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Echocardiography and electrocardiography interpretation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Extracorporeal membrane oxygenation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Management of common ICU clinical issues	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Evaluation of oliguria	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Insertion and management of chest tubes including pneumothorax and haemopneumothorax (needle insertion and drainage)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Insertion of central venous, arterial, and pulmonary artery balloon flotation catheters	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Insertion of haemodialysis and peritoneal dialysis catheters	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Interpretation of electrocardiogram	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Intracranial pressure monitoring	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Lumbar puncture	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Management of massive transfusions	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Management of the immunosuppressed patient	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Monitoring and assessment of metabolism and nutrition	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA

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	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
Oesophagoscopy and gastroscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Paracentesis	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Percutaneous needle aspiration	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Percutaneous tracheostomy (Seldinger technique)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Pericardiocentesis / transvenous pacemaker insertion	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Peritoneal dialysis	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Management of mechanical ventilation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Thoracentesis	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
Transtracheal catheterisation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	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 Hospital
	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA
	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	NA

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<i>Sign-off</i>					
Clinician's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PD:		Signature:		Date:	
Reviewed & Approved by CMO:		Signature:		Date:	