

Applicant's Name	Position			Home Site			
CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE							
EMERGENCY MEDICINE (Adults & Paediatrics)							
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							
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

Core Services:							
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 trainees 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: Adult & Paediatric:							
Application of splints and plaster casts	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Arterial and venous puncture and cannulation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Aseptic technique	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Basic and advanced life support in adults, children & neonates	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Bladder decompression and catheterisation techniques - includes transurethral and suprapubic	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Blood product transfusion therapy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

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Burn management, including escharotomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Cannulation, artery and vein	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Cardiac pacing, external / transthoracic	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Cardioversion & defibrillation, including external pacemaker	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Central venous access and catheter insertion (femoral, internal jugular, subclavian)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Chemical restraint of behaviourally disturbed patient	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Cricothyroidotomy & emergency tracheostomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Delivery of newborn, emergency	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Drainage of abscess	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Drainage of peritonsillar abscess (quinsy) as an emergency procedure	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Electrocardiography (ECG) interpretation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Endotracheal intubation techniques	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
GI decontamination (emesis, lavage, charcoal)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

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Gynaecological examination	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Hernia reduction	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Intercostal catheter insertion/thoracostomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Intraosseous needle insertion and drug and fluid infusion	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Irrigation and management of caustic exposures	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Joint aspiration	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Laryngoscopy, direct and indirect	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Local and regional anaesthesia	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Lumbar puncture	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Management of epistaxis - including nasal cautery & use of nasal packs	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Nail trephine techniques	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Nasogastric / orogastric tube insertion	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Nasopharyngeal & oropharyngeal airway insertion	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

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Needle cricothyroidectomy/surgical cricothyroidectomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Ocular examination - including slit lamp	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Ocular tonometry	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Oxygen therapy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Paracentesis - ascitic tap	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Parenteral sedation and analgesia	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Pericardiocentesis, emergency only	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Peripheral venous cutdown & insertion of rapid infusion devices	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Preliminary interpretation of plain xray	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Procedural sedation & analgesia- including nitrous oxide, ketamine, propofol, opiates, benzodiazepines	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Reduction & immobilisation of dislocations and fractures	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Removal of foreign bodies or chemicals: airway, nose, eye, and ear, skin, or subcutaneous tissue	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

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Resuscitation, all ages - including intravenous fluid administration	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Spine immobilisation & cervical collar application / removal	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Thoracentesis - pleural tap	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Thoracotomy, for patient in extremis	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Ultrasound – FAST, AAA and procedural access	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Venesection	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Ventilation, including bag-valve mask, non-invasive, & invasive mechanical ventilation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
Wound debridement and repair - includes staples, sutures, dermal adhesives	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

Additional Procedures:

	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA
	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	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:	