

INTERNAL MEDICINE / NEPHROLOGY

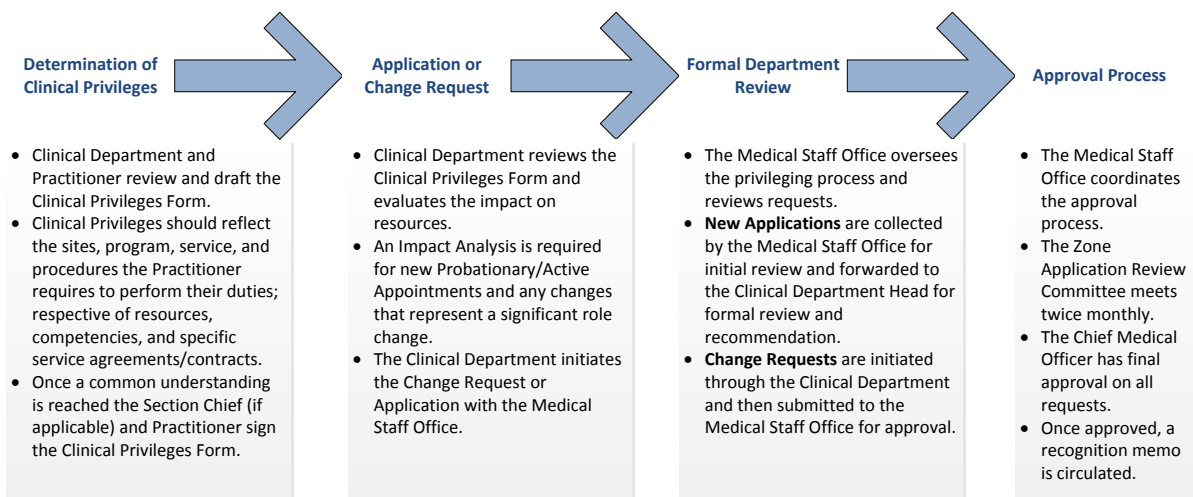
The granting of Clinical Privileges for Procedures for all Practitioners is made on the basis of each Practitioner's documented training, experience, demonstrated abilities and skill, and current competence, as well as the available AHS resources.
(AHS Medical Staff Bylaws article 3.2.6.3)

Please review the procedures listed below and select privileges using the corresponding checkbox. Upon completion, please sign and date where indicated and submit with the Appointment Application Form or Change Request Form per the process summarized below.

Practitioner Signature	Practitioner Name	Date

This Form cannot fulfill a request unless attached to a New Appointment Application or a Change Request Form.

The following summarizes the document flow in the typical application and change processes.



RECOMMENDATION

Zone Clinical Department Head Signature	Printed Name	Date
Nephrology Section Chief Signature	Printed Name	Date

The personal information on this form is collected under the legal authority of section 33(c) of the Freedom of Information and Protection of Privacy Act. The information will be used by or disclosed for employment purposes. For questions, concerns or more information about the collection, use or disclosure of the personal information, please contact Information and Privacy at 1-877-476-9874 or by email at privacy@albertahealthservices.ca

Section	New	Add	Remove	Change	Locum	Primary
<i>Select new, add, remove, or change then locum and/or primary if applicable</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Legend for Selecting Sites of Clinical Privileges for the Section of Nephrology

SITE NAME	Primary Site (select 1 site only)
ACH – Alberta Children's Hospital	<input type="checkbox"/>
FMC – Foothills Medical Centre	<input type="checkbox"/>
PLC – Peter Lougheed Centre	<input type="checkbox"/>
RGH – Rockyview General Hospital	<input type="checkbox"/>
SHC – South Health Campus	<input type="checkbox"/>
SMCHC – Sheldon M Chumir Health Centre	<input type="checkbox"/>

General Privileges	ACH	FMC	PLC	RGH	SHC	SMCHC	Exclusions
Admitting <i>Includes; assessment, evaluating, consulting, diagnosing & treating</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Consultation <i>Includes; conduct history and assessment for the purpose of making recommendations and implement management related to care and treatment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nephrology Clinical Privileges	ACH	FMC	PLC	RGH	SHC	SMCHC	Exclusions
Acute and chronic hemodialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acute and chronic peritoneal dialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continuous renal replacement therapy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Coordination of end-stage renal care including conservative care pathway and palliative support		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exteriorization of peritoneal dialysis catheters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hemofiltration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Immunosuppression for kidney disease, auto-immune disease, or kidney transplantation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management of home hemodialysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management of renal transplant recipient and/or donor patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multidisciplinary care for chronic kidney disease		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Native percutaneous renal biopsy and aspiration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Performance and interpretation of urinalysis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement of central venous catheters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placement of peritoneal dialysis catheters		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plasmapheresis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preoperative evaluation and preparation for living kidney donation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preoperative evaluation and preparation for transplantation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transplant percutaneous renal biopsy		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nephrology Privileges Requiring Additional Training/Experience/Skills	ACH	FMC	PLC	RGH	SHC	SMCHC	Exclusions
Diagnostic renal sonography <i>Demonstrated training and experience to satisfy ZCDH.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Point of care ultrasound <i>Demonstrated training and experience to satisfy ZCDH.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Removal of hemodialysis catheters <i>Demonstrated training and experience to satisfy ZCDH.</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Note: No recommendation on Clinical Privileges is meant to prevent any licensed Practitioner from performing any medical procedure on any person in an emergency situation where failure to perform that procedure may result in death or serious injury or harm to the person