



CLINICAL CAPABILITIES

Pediatric Critical Care Medicine

Please list any limitations or comments you may have on a separate sheet

IDENTIFYING INFORMATION	Last Name	First name	Middle name	Previous Surname
				Date of Birth

CERTIFICATIONS	<input type="checkbox"/> BLS expires: _____	<input type="checkbox"/> PALS/APLS expires: _____	<input type="checkbox"/> ACLS expires: _____	<input type="checkbox"/> ATLS expires: _____	<input type="checkbox"/> ABLIS expires: _____	<input type="checkbox"/> NALS expires: _____	<input type="checkbox"/> NRP expires: _____
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AREAS OF INTEREST	<input type="checkbox"/> Critical Care only	<input type="checkbox"/> Hospitalist
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SCOPE OF PRACTICE

Please be aware that this form constitutes your application to be credentialed for specific areas and procedures while on assignments through CompHealth.

The Credentialing Committee may not consider for approval clinical capabilities where a box is not checked, or where indicated, a number is not provided.

Please check the box indicating which clinical capabilities you are able to perform, and where indicated, list the approximate number performed within the last 24 months.

Practice Settings

- Pediatric Critical Care – Diagnosis and management or stabilization for transfer/transport of pediatric patients with:
 - Medical conditions, including cardiac arrest/failure, respiratory arrest/failure, sepsis, metabolic disorders, renal failure, OD/poisoning, drowning, etc.
 - Surgical conditions, including pre- and post-operative management of general surgical, vascular, orthopedic, neurosurgical and cardiovascular/thoracic patients
 - Traumatic injuries, including blunt or penetrating injuries of the head, chest, abdomen, etc., spinal cord injuries, soft tissue injuries (including the eye), fractures, dislocations, etc.
 - Thermal injuries, including burns, electrocution, and hypo/hyperthermia

Procedures

- Ventilation management - *establishing and maintaining an airway; various modes of ventilation*
 - Invasive (ETT/NT/Tracheostomy)
 - Non-invasive (BiPAP/CPAP)
 - Familiarity with use of nitric oxide (iNO)
 - ECMO #
- Chest tube insertion
- Bronchoscopy #
 - w/Bronchial alveolar lavage (BAL)
- Evaluation and management of acute volume / BP issues
 - Insertion of:
 - Central Line #
 - Arterial Line #
 - PA Catheter #
- Exchange transfusions
- EKG interpretation (unofficial) #
- Temporary pacemaker #
- ICP evaluation & management #
 - ICP Monitor Placement #
- Hemodialysis catheter placement #
- Diagnostic/therapeutic taps (including those specified below) #
 - Lumbar puncture
 - Paracentesis
 - Thoracentesis

I affirm that all information given on this page is true and accurate.

Initials _____ Date _____