

Name of the Applicant: \_\_\_\_\_

Intensive Care and Critical Care Medicine	No. of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC			
<p><b>(A) Core Privileges</b></p> <p>1. Independently, comprehensively and holistically manage critically ill patients requiring multiple organ support. Including:</p> <ul style="list-style-type: none"> <li>a) Airway and ventilator Management</li> <li>b) Cardiovascular support including use of vasopressors and IABP</li> <li>c) Continuous renal replacement therapy</li> <li>d) Nutritional support</li> <li>e) Management of antibiotics</li> <li>f) Multi-disciplinary team approach to complex patients</li> <li>g) End of Life care</li> <li>h) Peri-operative support of complex patients/ complex procedures</li> <li>i) Peri-arrest management including temperature control and administration of brain-stem death test.</li> </ul> <p>Associated with the following common procedures:</p> <ul style="list-style-type: none"> <li>a) Tracheal intubation</li> <li>b) Seldinger technique catheter insertion (HD catheters, Pigtail, arterial lines)</li> <li>c) Chest and abdominal drain insertions</li> <li>d) Temporary pacing</li> <li>e) Point of care USG and Transthoracic Echo</li> <li>f) Use of fiberoptic bronchoscopes</li> <li>g) Lumbar punctures</li> <li>h) Sedation and Administration of general anaesthetics</li> </ul>	/					
<p><b>(B) Special Privileges</b></p> <ul style="list-style-type: none"> <li>2. Temporary Transvenous pacing</li> <li>3. Percutaneous Tracheostomy</li> <li>4. Intra-aortic balloon pump (insertion)</li> <li>5. Trans-esophageal echocardiography</li> <li>6. Intermittent Hemodialysis</li> <li>7. Extracorporeal Carbon dioxide removal devices management</li> <li>8. Veno-venous Extracorporeal Membrane Oxygenation (VV-ECMO)</li> <li>9. Veno-arterial Extracorporeal Membrane Oxygenation (VA-ECMO)</li> </ul>						
<p><b>(C) Others</b> (For procedures not traditionally done by Intensivist/ procedures to be done outside of ICU, please specify)</p> <p>_____</p> <p>_____</p>						

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (dd/mm/yyyy)

(Form version: 20240819)

**For Official Use only**

Approved by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_