

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

Paediatrics	Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
<b>(A) Core Privileges</b>			
1. Sedation for Procedures			
2. Lumber Puncture			
3. Bone marrow aspiration			
4. Advanced asthma care with the use of inhalation assisted devices			
5. Minor procedure such as skin biopsy			
6. Percutaneous venous catheter insertion (PICC)			
<b>(B) Special Privileges</b>			
7. Neonate - Ventilatory care of neonates			
8. Neonate - Exchange Transfusion and umbilical vessels cannulation			
9. Haematology/Oncology - Bone marrow harvesting and infusion for BMT			
10. Haematology/Oncology - Chemotherapy			
11. Haematology/Oncology - Paediatric Haematopoietic Stem Cells Transplantation			
12. Haematology/Oncology - Plasmapheresis			
13. Oncology - Intrathecal chemotherapy administration			
14. Oncology - Trephine biopsy			
15. GI/Hepatology - Endoscopic Procedures			
16. GI/Hepatology - Needle Biopsy of the Liver			
17. GI/Hepatology - Paediatric Gastrointestinal Endoscopic procedures			
18. Nephrology - Needle Biopsy of the Kidney			
19. Cardiology - Paediatric Balloon Atrial Septoplasty			
20. Cardiology - Paediatric Balloon Valvuloplasty/ Angioplasty			
21. Cardiology - Paediatric Cardiac Catheterisation			
22. Cardiology - Paediatric Transluminal Occlusive Device Implantation			
23. Cardiology - Paediatric Transoesophageal Echocardiography			
24. PICU/Cardiology - Elective Pericardiocentesis			
25. PICU/ Nephrology - Placement of Peritoneal Dialysis Catheter			
26. Neurology - Muscle or peripheral nerve Biopsy			
27. Neurology - EMG and NCV examination			
28. Neurology - EEG interpretation (including conventional & 24hrs video EEG monitoring)			
29. Neurology - Brain Mapping and Functional MRI Imaging			
30. Neurology - Ketogenic Diet Therapy			
31. Neurology - Neurometabolic enzyme replacement therapy			
32. Respiratory Medicine - Paediatric Sleep Study (Polysomnography)			
33. Respiratory Medicine - Diagnostic flexible fiberoptic nasopharyngolaryngoscopy			
34. Respiratory Medicine - Paediatric flexible Bronchoscopy			
<b>(C) Others (Please specify)</b>			
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\_\_\_\_\_  
Signature of Applicant

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

(Form version: 20241015)

**For Official Use only**

Approved by:

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

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