HOSPITAL DR. RAMON E. BETANCES
MAYAGÜEZ MEDICAL CENTER

DEPARTMENT OF INTERNAL MEDICINE

DELINEATION OF PRIVILEGE MEDICAL PROCEDURES

NAME:

	Requested	Not Requested	Recommended	Not Recommended
CARDIOLOGY				
INVASIVE ARTERIAL PRESSURE MONITORING				
VENOUS CUT DOWN				
SUBCLAVIAN VEIN CANNULATION				
ARTERIAL CANNULATION				
FEMORAL VEIN CANNULATION				
SWAN GANZ CATHETER INSERTION				
PERICARDIOCENTESIS AND INTRAPERICARDIAL CATHETER INSERTION				
PERMANENT TRANSVENOUS PACEMAKER INSERTION				
INSERTION				
CARDIOVERSION				
CARDIOPULMONARY RESUCITATION				
TEMPORARY TRANSVENOUS PACEMAKER				
CARDIAC CATHETERISM:				
-RIGHT HEART				
-LEFT HEART				
-CORONARIOGRAPHY				
TREADMILL TEST				
ECHOCARDIOGRAPHY				
HOLTER MONITORING				
T.E.E.				
ANGIOPLASTY CORONARY +				
ANGIOPLASTY PERIPHEL +				
DERMATOLOGY:				
REMOVAL OF CUTANEOUS CYSTS				

	Requested	Not Requested	Recommended	Not Recommended
REMOVAL OF NEVUS CELL				
SKIN BIOPSY				
TRIGGER POINT INJECTION				
LUMBAR PUNCTURE				
SYNOVIAL BIOPSY				
JOINT LAVAGE				
OTHER:				
ENDOCRINOLOGY:				
TONOMETRY				
THYROID CYST ASPIRATION				
FINE NEEDLE ASPIRATION OF THYROID GLAND				
RADIO IODINE THERAPY				
OTHER:				
PULMONARY:				
PLEURODESIS				
ARTERIAL PUNCTURE				
ENDOTRACHEAL ASPIRATION				
THORACENTESIS				
PLEURAL BIOPSY				
TRANSTRACHEAL ASPIRATION				
BRONCHOSCOPY FIBERGETIC TRANSBRONCHIAL BIOPSY BRANCHO ALVEOLAR LAVAGE				
INTERPRETATION PULMONARY FUNTION STUDIES & EXCERCISE TEST				
EMERGENCY TREATMENT OF THE OBSTRUCTED AIRWAY				
ASPIRATION NEEDLE BIOPSY OF LUNG:				
-PERCUTANEOUS				
-ASPIRATION NEEDLE BIOPSY OF LUNG				
MECHANICAL VENTILATION				
OTHER:				

	Requested	Not Requested	Recommended	Not Recommended
GASTROENTEROLOGY:				
GASTRIC INTUBATION				
SPECIALIZED GASTROINTESTINAL-ENDOSCOPY PRODEDURES:				
-ENDOSCOPIC RETROGRADE COLANGIOPANCREPTOGRAPHY				
- PAPILLOTOMY				
-POLILLOTOMY				
-POLIPECTOMY				
-ESOPHAGOGASTRIC VARICOSITIES SCLEROTHERAPHY				
PERCUTANEOUS TRANSHEPATIC COLANGIOGRAFHY				
FEEDING TUBES				
INTESTINAL INTUBATION				
PROCTOSIGMOIDOSCOPY				
ABDOMINAL, PARACENTESIS AND LAVAGE				
LIVER BIOPSY				
SCLEROTHERAPY				
COLONOSCOPY				
UPPER ENDOSCOPY				
ENDOSCOPY RETROGRADE COLANGIOPANCREATOGRAPHY				
HEMATOLOGY-ONCOLOGY				
PHLEBOTOMY				
BONE ASPIRATION AND BIOPSY				
CHEMOTHERAPY				
OTHER:				
: **RHEUMATOLOGY**				
JOINT ASPIRATION AND INFILTRATION OF SYNOVIUM				
FLUID ANALYSIS				
INTERCOSTAL NERVE BLOCK				
OTHER:				

	Requested	Not Requested	Recommended	Not Recommended
NEUROLOGY:				
SPINAL TAP				
EEG INTERPRETATION				
OTHER:				
NEPHROLOGY:				
PERITONEAL DIALYSIS				
HEMODIALYSIS				
PERCUTANEOUS RENAL BIOPSY				
DOUBLE LUMEN CATHETER INSERTION				
OTHER:				

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APPLICANT'S SIGNATURE **DATE**

/ / Recommended **/ / Not Recommended**

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DEPARTMENT DIRECTOR **DATE**