

**MAYAGÜEZ MEDICAL CENTER
HOSPITAL DR. RAMON E. BETANCES
DEPARTMENT OF INTERNAL MEDICINE
CARDIOLOGY**

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				
CARDIOVERSION				
CARDIOPULMONARY RESUSCITATION				
TEMPORARY TRANSVENOUS PACEMAKER				
CARDIAC CATHETERIZATION:				
-RIGHT HEART				
-LEFT HEART				
-CORONARY ANGIOGRAPHY				
-LEFT VENTRICULOGRAPHY				
TREADMILL TEST				
ECHOCARDIOGRAPHY				
HOLTER MONITORING				
T.E.E.				
ANGIOPLASTY CORONARY +				
ANGIOPLASTY PERIPHERAL +				
IMPLANTABLE CARDIOVERTER DEFIBRILATOR				
BIVENTRICULAR PACEMAKER PLACEMENT				
OTHERS:				

APPLICANT'S SIGNATURE

DATE

/ / Recommended

/ / Not Recommended

DEPARTMENT DIRECTOR

DATE