

**HOSPITAL DR. RAMON E. BETANCES
MAYAGÜEZ MEDICAL CENTER**

**DEPARTMENT OF INTERNAL MEDICINE
ELECTROPHYSIOLOGY**

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 RESUSCITATION				
TEMPORARY TRANSVENOUS PACEMAKER				
CARDIAC CATHETERISM:				
-RIGHT HEART				
-LEFT HEART				
-CORONARIOGRAPHY				
TREADMILL TEST				
ECHOCARDIOGRAPHY				
HOLTER MONITORING				
T.E.E.				
ANGIOPLASTY CORONARY +				
ANGIOPLASTY PERIPHEL +				
ELECTROPHYSIOLOGIC STUDIES				
CARDIAC ABLATION				

APPLICANT'S SIGNATURE

/ / Recommended

DATE

/ / Not Recommended

DEPARTMENT DIRECTOR

DATE