

**MAYAGÜEZ MEDICAL CENTER**  
**DEPARTMENT OF INTERNAL MEDICINE**  
**PULMONARY**

**DELINEATION OF PRIVILEGE MEDICAL PROCEDURES**

**NAME:**

	<b>Requested</b>	<b>Not Requested</b>	<b>Recommended</b>	<b>Not Recommended</b>
<b>PULMONARY:</b>				
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:				

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

/ / **Recommended**

/ / **Not Recommended**

\_\_\_\_\_  
**DEPARTMENT DIRECTOR**

\_\_\_\_\_  
**DATE**