



Appendix 5

List of Core and Specialised Procedures for Geriatric Medicine

The list below of privileges for core and specialised procedures is <u>subject to periodic review</u> by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is <u>also subject to review</u> and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.

CORE PROCEDURES	Tick the correct box	
	Yes	No
Urinary Catheterization		
Arterial Puncture		
Intravenous Cannulation		
Venepuncture		
Endotracheal Intubation		
Abdominal Paracentesis		
Central Venous Line Placement		
Chest Tube Insertion		
Tracheostomy/Cricothyroidotomy		
Endotracheal Intubation		
Lumbar Puncture		
Pleurocentesis		
TPN Management		
FNAC		



Date: __



Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.

Please list the procedures that you are performing (if any) for review by the Farrer Park Hospital and/or Farrer Park Medical Centre and/or Medical Boards. Further information and/or interview may be requested after the review.

Name of Referee: _____

Designation:

Note to referee: Please sign against the pro is competent to perform these procedures sa	cedures ticked "Yes" by a afely and independently.	applicant to a	affirm that he/she
SPECIALISED PROCEDURES	Tick the co	Tick the correct box	
	Yes	No	Signature of Referee
Signature of applicant:		Date: _	