

UPMC

For Reference Only

RADIOLOGY PRACTITIONER ASSISTANT/ RADIOLOGIST ASSISTANT 2014

Summary of Services and Availability (by location)

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as NOT having a privilege/service available, you will NOT be considered for that privilege at that individual facility. Any request made that is identified as not available at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

“x” means Privilege is Available at that location.

“C” means contractual arrangement restricts granting this privilege.

“N/A” means Privilege Not Available at that location

Facility Codes:

UMCK= UPMC McKeesport

Privilege	UMCK
CORE SCOPE OF PRACTICE	N/A
Lumbar Puncture	N/A
Placement of nasoenteric and oroenteric feeding tubes	N/A
Insertion and removal of IVC Filters	N/A
Drainage/ catheter placement under imaging guidance	N/A
Tube/port injections	N/A
Tube checks and tube exchanges including double J stent and gastrojejunostomy tube changes	N/A
Percutaneous gastrostomy and gastrojejunostomy tube placement	N/A
Fistulograms and injection therapy of fluid collections, lymphoceles, and abscesses	N/A
Venography including IV starts and contrast injections	N/A
Placement and revision of tunneled central venous catheters including hemodialysis catheters	N/A
Paracentesis and thoracentesis with ultrasound or CT guidance	N/A
Arterial puncture	N/A
Breast Needle localization	N/A
PICC line placement, non-tunneled dialysis catheters, and central lines	N/A
Chest tube placement for pneumothorax	N/A
Joint aspiration and injection	N/A
Fine needle aspiration	N/A
Biopsy with ultrasound, MRI, or CT guidance (except Breast)	N/A
Breast biopsy with ultrasound, MRI, or CT guidance	N/A
PERFORMANCE OF THE FOLLOWING FLUOROSCOPIC EXAMINATIONS AND PROCEDURES INCLUDING CONTRAST MEDIA ADMINISTRATION AND OPERATION OF FLUOROSCOPIC UNIT: (FLUOROSCOPY CERTIFICATE REQUIRED)	
Small Bowel Studies	N/A

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Privilege	UMCK
Barium Enema	N/A
Barium Swallow	N/A
Cystogram	N/A
Cholangiogram	N/A
Ductogram	N/A
Hysterosalpingogram	N/A
Loopogram	N/A
Myelogram	N/A
Urethrogram	N/A

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