

**DEPARTMENT OF PEDIATRICS**  
**PEDIATRIC PULMONOLOGY**  
Delineation of Privileges

\_\_\_\_\_  
**Please Print Name**

**QUALIFICATIONS:** Licensed physician (MD or DO) as defined in the Pediatric Department Rules and Regulations with appropriate specialty training.

**OF THE FOLLOWING, INDICATE PARTICULAR PRIVILEGES REQUESTED:** Privileges granted herein permit the physician to treat patients without limitation, for all inpatient and outpatient areas, intensive care units, and Emergency Department.

REQ	APP	Privilege Requested
		ADMIT, evaluate, diagnose and provide treatment or consultative services to infants, children and young adults with conditions, disorders and diseases of the respiratory system, lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm and circulatory systems.

(REQ=Requested) - (APP=Approved)

**PEDIATRIC PULMONOLOGY CORE PRIVILEGES:** All Pediatric Pulmonologists are eligible to apply for the following core procedures. Please see attached criteria.

REQ	APP	PRIVILEGE REQUESTED	REQ	APP	PRIVILEGE REQUESTED
		Airway management			Flexible fiberoptic bronchoscopy
		Thoracentesis			Inhalation challenge studies
		Endotracheal Intubation			Pulmonary function test

**SPECIAL PROCEDURES:** Pediatric Pulmonologists with appropriate specialty training/experience are eligible to apply for the following special procedures, provided that specific criteria are met (when applicable). Please submit documentation of training, experience and current practice utilization for these procedures.

REQ	APP	Privilege Requested:
		Conscious Sedation <b>(See attached Criteria)</b>

I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly, by my signature below, I certify that my malpractice insurance will cover, to the dollar limits required by the Board of Directors, my exercise of the above requested privileges.

<b>Applicant's Signature:</b>	<b>Date:</b>
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**DEPARTMENTAL REPORT AND RECOMMENDATION:** Upon review of all the credentialing information available with particular focus on education/training, experience, current competence and ability to perform the specific privileges requested, I recommend the applicant as capable of carrying out duties and is competent to perform each of the specific privileges as designated above.

<b>SIGNATURE:</b> Department of Pediatrics Chairman/Vice Chairman	<b>Date:</b>
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Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Committee - DV                      Executive Committee - NM                      Board of Directors

**PEDIATRIC PULMONOLOGY**  
Criteria for Granting Privileges

**INITIAL APPLICANTS**

A letter from the residency/fellowship program director confirming training/experience in procedures requested is required for all new applicants who have recently (within the past 5 years) completed training. Applicants should provide a copy of procedural case logs from their training program. Applicants out of training over 5 years must provide documentation of training and recent experience.

**RE-APPLICANTS**

Physician must be able to show current demonstrated competence and adequate volume of experience in Pediatric Pulmonology reflective of the scope of privileges requested for the past 24 months.

**SPECIAL PROCEDURES**

**CONSCIOUS SEDATION PRIVILEGES**

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment and reappointment to the Medical Staff and as an Emergency Department Nurse Practitioner include:

**INITIAL REQUEST - CRITERIA FOR GRANTING PRIVILEGES**

ADULT Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Health Network Conscious Sedation Learning Packet; **AND**
- B. ACLS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
  - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
  - ii. Successful completion of the attached Conscious Sedation Post Test

PEDIATRIC Patients

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Management of Conscious Sedation #14.17.0.60 and the John C. Lincoln Health Network Conscious Sedation Patient Learning Packet; **AND**
- B. PALS certification; **AND**
- C. Training and education during residency, fellowship or continuing medical education courses that include:
  - i. Evaluation and care of patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
  - ii. Successful completion of the attached Conscious Sedation Post Test

**REAPPOINTMENT REQUEST - CRITERIA FOR CONTINUING PRIVILEGES**

ADULT & PEDIATRIC Patients:

- A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Management of Conscious Sedation #14.17.0.60; **AND**
- B. ACLS certification. PALS certification for pediatric patients.