

DEPARTMENT OF PEDIATRICS
Delineation of Privileges

PHYSICIAN NAME

QUALIFICATIONS: Licensed physician (DO or MD) who has successfully completed residency training program necessary for or who has board certification in pediatrics.

Privileges within this department are divided into two types, cognitive and procedural. The cognitive privilege list includes those illnesses and problems commonly seen in this specialty. The procedure list includes those procedures commonly performed in treating patients in this department. The list is only representative and are not the entire scope of disease process treated and managed, or skills performed. Privileges granted will allow you to admit and treat patients as delineated, including the prescription of drugs, and including intensive care units, subacute care facility, emergency department and outpatient areas.

*(REQ=Requested)

I. PEDIATRIC PRIVILEGES - (Please select ONE category)

*REQ	PRIVILEGE REQUESTED
	Category 1: Complex or severe illness or potentially life-threatening problems usually requiring skills acquired during pediatric training sufficient for Board Certification or Eligibility
	Category 2: Illness or problem requiring expertise acquired only during subspecialty training or similar experience.

II. NEONATAL CARE PRIVILEGES - (Please select ONE category)

*REQ	PRIVILEGE REQUESTED
	Category 1: Care of well newborns with non-life-threatening illness.
	Category 2: Care of preterm or low birth weight infants with non-life-threatening illness.
	Category 3: Care of all newborn infants, including those with potentially life-threatening illness, including advance life support aspects.

SURGICAL and DIAGNOSTIC PROCEDURES

Neonatal circumcision, Bladder tap and Lumbar puncture are automatically granted.

Please submit documentation of training, experience and current practice utilization for these surgical and diagnostic procedures.

*REQ	PRIVILEGE REQUESTED
	Intubation **Attach Neonatal Resuscitation Card
	Umbilical catheterization

*REQ **MODERATE/CONSCIOUS SEDATION** - A drug-induced minimally depressed level of consciousness that retains a patient's ability to maintain a patent airway independently and continuously.

- I have reviewed the above list and have checked the procedures to which I am limiting my practice; and having been trained accordingly I am requesting permission to do these procedures.
- 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.

Applicant's Signature:		Date:
APPROVALS:		
Credentials Committee Designee (DV ONLY):		Date:
SIGNATURE Department Chairman/Designee		Date:
Executive Committee – DV Date:	Executive Committee - NM Date:	Board of Directors Date:

Criteria for Granting Privileges
CONSCIOUS SEDATION

PURPOSE and DEFINITION

To provide guidelines to Medical Staff members who apply for privileges to administer conscious sedation.

Conscious sedation is a drug-induced minimally depressed level of consciousness (LOC) that retains a patient's ability to maintain a patent airway independently and continuously. The patient is able to respond to physical and verbal stimulation.

Members of the Medical Staff shall be privileged to administer conscious sedation.

INITIAL REQUEST – CRITERIA FOR GRANTING PRIVILEGES

Qualifications and competency requirements for privileges to administer conscious sedation by an applicant at the time of appointment to the Medical Staff include:

1. ADULT Patients
 - A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation. **AND**
 - B. 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. Documentation of at least five (5) procedures performed during the past two years in which patients have received conscious sedation.

2. PEDIATRIC Patients
 - A. Signed acknowledgment that the applicant has reviewed and understands the John C. Lincoln Health Network Patient Services Policy, Conscious Sedation; **AND**
 - B. Current Basic Life Support, or equivalent certification or training; **AND**
 - C. Training and education during residency, fellowship or continuing medical education courses that include:
 - i. Evaluation and care of pediatric patients receiving conscious sedation and a course of study that includes conscious sedation medications; **OR**
 - ii. Documentation of at least five (5) procedures performed during the past two years in which pediatric patients have received conscious sedation.

MAINTENANCE OF PROFICIENCY TO RENEW CONSCIOUS SEDATION PRIVILEGES

Practice shall meet acceptable standards for performance at John C. Lincoln Hospitals as determined by the applicable clinical department.

APPROVED : 10/05