

Privileges for: **Pediatrics**

Request

Document Review: MEC Approval: August 27, 2009; February 27, 2014, March 26, 2015  
 Board Approval: September 14, 2009; Rev. 7/28/2011, 6/27/2013, 5/5/2014, 5/4/2015

ST. ELIZABETH - EDGEWOOD  
 ST. ELIZABETH - FLORENCE  
 ST. ELIZABETH - FT. THOMAS  
 ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

Neonatal and inpatient pediatric services are provided ST. ELIZABETH EDGEWOOD only. Pediatric consultative services may be provided at all locations.

DEPARTMENT APPROVAL

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved

\_\_\_\_\_  
 Department/Section Chair Signature

\_\_\_\_\_  
 Date

MINIMUM REQUIREMENTS

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in Pediatrics or combined Internal Medicine/Pediatrics program

**Note:** For Practitioners (excluding AHPs) who apply for membership after March 2, 2009 be and remain (with a lapse of no longer than one year) board certified in their principal practice specialty, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

PRIVILEGES REQUESTED

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

Refer & Follow

Please select Refer and Follow privileges if you do not wish to exercise any inpatient privileges. You must have an existing arrangement for referral of your patients with a physician having admitting privileges at St. Elizabeth Healthcare.

Refer and Follow - refer patients to the care of a hospitalist or other appropriately privileged Member (that has been previously arranged) and follow the progress of such patients through discharge. Refer and follow privileges include visiting the patient and reviewing medical record contents. Refer and follow privileges alone do not include the ability to admit patients, write orders, make medical record entries or otherwise engage in any form of active medical management regarding inpatients or observation patients. However, the privileges do allow the physician to order outpatient diagnostic testing and therapies. In this situation, the physician, or the physician's designee, must be available to field questions from the hospital staff and, as mentioned above, must have previously arranged for the care of the patient, if the patient requires admission.

Name of physician/group who will be admitting your patients \_\_\_\_\_

**I. Core Privileges:** Core privileges in Pediatrics include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

**Privileges for: Pediatrics**

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**DESCRIPTION OF CORE PRIVILEGES**

Basic Core Privileges: Admit patients, perform histories and physicals and manage common pediatric conditions outside of the newborn period, including administration of intravenous fluids and antibiotics and administration of medical treatment regimens for bronchospasm; and manage the healthy newly born and neonates not requiring Level II management due to illness or prematurity.

Perform the following procedures: Perform the following procedures: intubation of the trachea, I&D of superficial abscesses not requiring sedation, intraosseous needle insertion, intubation and laryngoscopy, lumbar puncture, peripheral arterial puncture, positive pressure ventilation via bag valve mask, frenotomy for ankyloglossia, phototherapy per recognized regional and national guidelines, umbilical artery and vein catheterization, laceration repair, suprapubic tap, venipuncture or intravenous line placement, and obtaining ABG/arterial blood gas.

Care of the term infant (>38 weeks gestation) or the late preterm infant (>35 0/7 and < 38 0/7 weeks gestation), without significant complications or illness and not requiring intravenous fluids or prolonged observational stay in the Special Care Nursery.

Care of both term and preterm infants with non-life threatening illness and without significant cardiorespiratory illness; This does not include preterm less than 35 weeks gestation, with or without other complications, without appropriate pediatric or neonatology consultation

Care of all newborn infants, including those with potentially life threatening illness but excluding ventilatory care and advanced life support aspects (except in emergency situations). Use of assisted ventilation in patient management (e.g. nCPAP) requires either consultation from or communication with Neonatology expertise.

Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Neonatology, Pulmonology or Emergency Medicine or (b) current ACLS Certification or (c) satisfactory completion of the ASA Moderate Sedation course).

\_\_\_\_\_  
Anesthesia Section Chair

\_\_\_\_\_  
Date

**II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.**

**DESCRIPTION OF ADDITIONAL PRIVILEGES**

**General Diagnostic Procedures**

- \_\_\_\_\_  
Emergency management of invasive ventilation
- \_\_\_\_\_  
Advanced airway management via LMA or other similar device (excepting Endotracheal tubes)
- \_\_\_\_\_  
Circumcision (of any recognized method, Gomco and Mogen)

**Neonatal Procedures**

- \_\_\_\_\_  
Exchange transfusion (double volume)
- \_\_\_\_\_  
Exchange transfusion (partial)

**Other Special Procedures**

- \_\_\_\_\_  
Chest tube placement
- \_\_\_\_\_  
Needle aspiration of pneumothoraces
- \_\_\_\_\_  
Fractures and dislocation management
- \_\_\_\_\_  
Thoracentesis

**MEDICAL STAFF RULE & REGULATION 4.1.4: Neonatology will be notified of all admissions to the NICU.**

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Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_