

Delineation Of Privileges

Pediatric Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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PEDIATRIC CORE PRIVILEGES

Criteria

- a) Active licensure to practice in the state of California
- b) Current board certification or active participation in the examination process leading to certification by the American Board of Pediatrics or American Osteopathic Board of Pediatrics in Pediatrics or Pediatric sub-specialty, with achievement of certification within four years of initial appointment;
OR (if on staff prior to July 1, 2011) Successful completion of an ACGME or AOA accredited Pediatric residency program, requiring verification by a Training Director regarding experience and demonstrated competence to perform the procedure(s) being requested.
- c) Demonstrated evidence of ongoing clinical practice, **OR**, successful completion of an ACGME or AOA accredited residency or clinical fellowship, reflective of the scope of privileges requested, within the past 24 months.

Proctoring Requirement: A minimum of eight (8) cases in accordance with the Medical Staff Proctoring Protocol.

GENERAL PRIVILEGES

Admitting Privileges

Consultation ONLY Privileges

Sedation Analgesia

Criteria: a) Requires successful completion of the Sedation Assessment Test; b) Evidence of current PALS certification from the American Heart Association; AND c) Evidence of completion of an Airway Management Course

Pediatric Core Privileges:

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations, and prescribing medication in accordance with the DEA certificate.

Management of patients in the Newborn Nursery

Criteria: Requires a one-time completion of the Breast Feeding Management course/test. Confirmation of previous completion is acceptable.
 (www.wellstart.org - click on "BFUSA Physician Training and Certification Process")

Management of the following conditions, but excluding overall care of patients in the Neonatal Intensive Care Unit (NICU) or the Pediatric Intensive Care Unit (PICU):

- a) Diabetic ketoacidosis
- b) Dehydration
- c) Hyperbilirubenemia
- d) Anemia
- e) Meningitis
- f) Seizure disorder, recurrent
- g) Renal dysfunction
- h) Croup
- i) Sepsis without shock
- j) Bronchopulmonary dysplasia
- k) Reactive airway disease

Arterial puncture

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Lumbar puncture	—	—	—
Suprapubic puncture	—	—	—
Wound aspiration	—	—	—
Incision and Drainage of superficial abscesses	—	—	—

PEDIATRIC SUPPLEMENTAL PRIVILEGES

Criteria: Must meet the criteria defined for Core Pediatric Privileges, as noted above.

Proctoring Requirements: As part of the core privilege requirements, in accordance with the Medical Staff Proctoring Protocol.

Pediatric Supplemental Privileges:

Allergy skin testing	—	—	—
Endotracheal Intubation	—	—	—
Venous cutdown	—	—	—
Bone marrow aspiration/biopsy	—	—	—
Bronchoscopy	—	—	—
Cancer chemotherapy	—	—	—
Cardioversion (elective)	—	—	—
Circumcision	—	—	—
Closed thoracostomy	—	—	—
Colonoscopy	—	—	—
Continuous arteriovenous hemofiltration	—	—	—
CVP line insertion	—	—	—
Distal Nerve block	—	—	—
Esophageal motility testing	—	—	—
Esophageal tamponade with Sengstaken tube	—	—	—
Esophagoscopy	—	—	—
Esophagogastroduodenoscopy	—	—	—
Fine-needle aspiration biopsy of kidney transplant	—	—	—
Frenulectomy	—	—	—
Gastroscopy	—	—	—
Hemodialysis	—	—	—
Hemoperfusion	—	—	—
Joint injection/aspiration	—	—	—
Liver biopsy	—	—	—

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Provider Name:

Privilege	Requested	Deferred	Approved
Lung biopsy	---	---	---
Nerve Conduction Studies - motor and sensory	---	---	---
Skin test and Oral Challenge	---	---	---
Paracentesis	---	---	---
Parenteral nutrition	---	---	---
Pericardiocentesis	---	---	---
Peritoneal dialysis	---	---	---
Peritoneoscopy	---	---	---
Pneumatic dilation of esophagus	---	---	---
Polypectomy	---	---	---
Proctoscopy	---	---	---
Rectal suction biopsy	---	---	---
Renal biopsy	---	---	---
Sigmoidoscopy	---	---	---
Skin biopsy	---	---	---
Soft Tissue injection, ligaments and tendons	---	---	---
Soft Tissue injection, trigger points	---	---	---
Soft Tissue mobilization	---	---	---
Subdural tap	---	---	---
Thoracentesis	---	---	---
Tracheostomy	---	---	---
24-Hour esophageal pH monitoring	---	---	---
Pediatric EKG Interpretation	---	---	---
Pediatric ECHO Interpretation	---	---	---
Stress testing - Treadmill	---	---	---
TEE - Transesophageal echocardiography	---	---	---
EEG	---	---	---
EMG	---	---	---
BAER	---	---	---
VER	---	---	---

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PEDIATRIC PHYSICAL MEDICINE AND REHABILITATION PRIVILEGES

Criteria: Applicants must meet the criteria as defined for Core Pediatric Privileges, as noted above.

Proctoring Requirement: As part of the core privilege requirements, in accordance with the Medical Staff Proctoring Protocol.

PEDIATRIC PHYSICAL MEDICINE AND REHABILITATION PRIVILEGES:

Includes the management and coordination of care, treatment and services, including: Medical history and physical examinations, consultations, and prescribing medication in accordance with the DEA certificate.

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Management of the following conditions:

— — —

- a) Amputees, upper and lower extremities
- b) Arthritis syndromes
- c) Congenital deformities
- d) Head/brain injuries
- e) Hip fractures
- f) Major/multiple trauma
- g) Neurological disorders (ALS, muscular dystrophy, multiple sclerosis, neuropathies)
- h) Neuromuscular disease/syndromes (peripheral vascular disease, prosthetics and orthotics, spinal cord syndromes)
- i) Skin/wound care
- j) Stroke syndromes
- k) Trauma, sports or industrial injuries
- l) Urological syndromes

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SUBSPECIALTY PEDIATRIC PRIVILEGES

Criteria: Applicants must meet the criteria as defined for core Pediatric privileges, as noted above.

Proctoring Requirement: As part of the core privilege requirements, in accordance with the Medical Staff Proctoring Protocol.

SUBSPECIALTY PEDIATRIC PRIVILEGES:

— — —

Consult on and care of patients in the Neonatal Intensive Care Unit (NICU) and the Pediatric Intensive Care Unit (PICU) in the following Pediatric Subspecialties:

— — —

- Pediatric Allergy/Immunology
- Pediatric Cardiology
- Child Neurology
- Pediatric Endocrinology/Metabolism
- Pediatric Gastroenterology
- Pediatric Genetics
- Pediatric Hematology/Oncology
- Pediatric Infectious Disease

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Delineation Of Privileges

Pediatric Privileges

Provider Name: _____

Privilege	Requested	Deferred	Approved
Pediatric Nephrology	—	—	—
Pediatric Oncology	—	—	—
Pediatric Physical Medicine and Rehabilitation	—	—	—
Pediatric Pulmonary	—	—	—
Pediatric Rheumatology	—	—	—

Revised 05/27/10; 02/27/14; 5/22/14; 7/23/15

ACKNOWLEDGEMENT OF THE PRACTITIONER:

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature of Applicant: _____ **Date:** _____

DEPARTMENT CHAIR RECOMMENDATIONS

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: _____ YES _____ NO

Exceptions/Limitations (Please Specify): _____

APPROVALS:

Department Chair _____

Date: _____

Credential Committee Date: _____

Medical Executive Committee Date: _____

Board of Directors Approved on: _____