



**Pediatrics Neonatology KHHM**  
Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**Note:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**Required Qualifications**

<b>Education/Training</b>	Must have successfully completed an ACGME/AOA-accredited residency in Pediatrics.
<b>Certification</b>	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.
<b>Clinical Experience (Initial)</b>	The successful applicant for initial appointment must provide documentation training or experience that they are qualified for the requested privileges or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
<b>Clinical Experience (Reappointment)</b>	To be eligible to renew core privileges in Pediatrics, the applicant must demonstrate competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

## Primary Privileges Pediatrics

**Description:** Core Privileges include: Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood with illness or problems requiring skills usually acquired only after PGY-1 training in pediatrics. The core privileges in this specialty include the procedures on list below and such other procedures that are extensions of the same techniques and skills.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
Admit and manage patients in non-critical care and unmonitored settings		
Consultation privileges in Pediatrics.		
Burns, superficial and partial thickness		
Cardiac life support, including emergent cardioversion - emergent only		
Endotracheal intubation - emergent only		
Frenulotomy (Tongue Clipping)		
I & D abscess		
Insertion and management of chest tubes - emergent only		
Ligation of extra digit		
Local anesthetic techniques		
Lumbar Puncture - emergent only		
Manage uncomplicated minor closed fractures and uncomplicated dislocations		
Perform history and physical exam		
Perform simple skin biopsy or excision		
Peripheral nerve blocks		
Placement of anterior and posterior nasal hemostatic packing		
Preliminary EKG interpretation - emergent only		
Remove non-penetrating foreign body from the eye, nose, or ear		
Skin tag - ligation		
Suprapubic bladder tap - emergent only		
Suture uncomplicated lacerations		
Umbilical catheterization - emergent only		
<b>Neonatal/Perinatal Medicine - Privileges in Regular Nursery</b>		
Attendance at delivery to assume care of normal newborns		
Attendance at delivery of high risk newborns - emergent only		
Observation following Cesarean-section or prolonged ruptured membranes		
Care of infants greater than or equal to 35 weeks gestation and /or greater than 2000 grams		
Cardiac life support, including emergent cardioversion		
Circumcision		
Endotracheal intubation		
Frenulotomy (tongue clipping)		
Hypoglycemia responding to oral feedings		
Laryngoscopy		
Ligation of skin tag		
Ligation supernumerary digit		
Lumbar puncture		

	Placement of intravenous line	
	Preliminary EKG interpretation	
	Suprapubic bladder aspiration	
	Venipuncture	

**Primary Privileges Special Care Nursery**

**Qualifications**

**Education/Training** Must have successfully completed an ACGME/AOA-accredited residency in Pediatric and/or Neonatology Fellowship. Physicians applying for privileges in this category should provide evidence of experience in the care of the seriously ill newborn, or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.

**Certification** The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges.

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request</i>	Dept Chair Rec
	<b>Neonatal-Perinatal Medicine</b> (Core Privileges include: Admit, evaluate, diagnose, treat, and provide consultation regarding newborns presenting with complex or severe illness or problems with immediate or serious threat to life, requiring skills usually achieved only during training sufficient to attain eligibility for board certification in pediatrics. Provide consultation to mothers with high-risk pregnancies (<32 wks). May provide care to patients in the newborn nursery and special care nursery. Assess, stabilize, and determine disposition of patients with emergent conditions. The core privileges in this specialty include the procedures on the list below and such other procedures that are extensions of the same techniques and skills.)	
	Attendance at delivery of high risk newborns	
	Cardiac life support, including emergent cardioversion	
	Endotracheal intubation	
	Exchange transfusion	
	Insertion and management of central lines	
	Insertion and management of chest tubes	
	Lumbar puncture	
	Paracentesis, thoracentesis, pericardiocentesis	
	Perform history and physical exam	
	Peripheral arterial artery catheterization	
	Preliminary EKG interpretation	
	Suprapubic bladder tap	
	Umbilical catheterization	

**Special Privileges Pediatrics/Regular Nursery/Special Care Nursery**

**Description:** The below special privileges are not routinely part of the post-graduate training program. Additional proof of training and/or experience may be necessary to request the privilege and is noted within the privilege block. If documentation is required, please submit all required elements with your application/reapplication.

**Qualifications**

**Education/Training** Moderate Sedation (Requires written examination - please contact Medical Staff Office)

**Certification** Current ACLS certification is also required.

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	Mild/Moderate Sedation	

**Acknowledgment of Applicant**

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in rendering patient care.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Date

**Department Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

\_\_\_\_\_  
Signature of Department Chair/Designee

\_\_\_\_\_  
Date