



**Pediatrics KHDO**  
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. Applicant 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**

**Membership**

I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

**Clinical Experience (Reappointment)**

The privileges granted all applicants and members at reappointment will be those privileges that he/she is deemed worthy of having based on education, training, experience, and skills as demonstrated by personal observation and his/ her willingness to serve in medical education capacities.

**AND**

Those members of the Department of Pediatrics currently possessing privileges in pediatrics will retain such privileges provided they maintain these skills by continuing education and experience to the satisfaction of the Department of Pediatrics.

**Note**

The Department of Pediatrics recognized that in the delineation of privileges of each member of the department, that he or she may, of medical necessity, conduct any procedure that is essential to the welfare of the patient when better alternate sources of care are not reasonably available.

## Primary Privileges Pediatrics

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request</i></p>	Department/Section Chair	Credentials Committee Chair
	<b>CATEGORY I</b>		
	Illness or problem with no apparent serious threat to life		
	<b>CATEGORY II</b>		
	Illness or problem requiring skills usually acquired only after PGY-1 training in pediatrics or board certification in Family Practice. Physicians may apply for privileges in this category if they supply evidence that their training or experience qualified them for these privileges.		
	<b>CATEGORY III</b>		
	Complex of severe illness or problem and those with immediate or serious threat to life, requiring skills usually achieved only during training sufficient to attain eligibility for board certification in pediatrics. Physicians applying for privileges in this category should provide evidence of experience in the care of the seriously ill child.		
	<b>CATEGORY IV</b>		
	Illness or problem requiring expertise or techniques usually only during pediatric subspecialty training or experience: Allergy, Cardiology, Endocrinology, Hematology, Neonatology, Nephrology, Neurology, Pulmonary, and Disease		
	<b>NEONATAL CARE PRIVILEGES</b>		
	CLASS A - Care of normal newborn infant more than 2,000 grams - physicians eligible for Category I or II Hospital Care.		
	CLASS B - Preterm or low birth weight (less than 2,000 grams and greater than 1,250 grams) with significant neonatal problems or illness, e.g., jaundice, fever, suspected infection, mild or moderate RDS) not requiring mechanical ventilation or F102 requirement greater than 50%. Physicians eligible for Class III Hospital Care.		
	CLASS C - Life-threatening illness problem, including respiratory distress, probably needing ventilatory support. Physicians eligible for Category III or IV Hospital Care.		
	<b>DELINEATION OF PROCEDURES</b>		
	<b>Endoscopy</b>		
	Laryngoscopy		
	Proctoscopy		
	<b>Aspirations</b>		
	Bone marrow		
	Cisternal puncture		
	Joint		
	Paracentesis		
	Pericardiocentesis		
	Subdural tap		
	Suprapubic bladder tap		
	Thoracentesis		

	<b>Catheterization</b>		
	Central line placement		
	Insertion of subclavian catheter		
	Percutaneous arterial line placement		
	Peripheral arterial cutdown		
	Umbilical catheterization		
	Venous cutdown		
	<b>Other</b>		
	Chest tubes		
	Circumcision (neonatal)		
	Electrocardioversion other than during CPR		
	Exchange transfusion (neonate, child, adolescent)		
	Hemo & peritoneal dialysis		
	Incision & drainage of abscess		
	Intubation		
	Minor laceration repair		
	Spinal tap		
	Ventilator care		
	<b>Other Privileges</b>		
	Frenulotomy/frenotomy		

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton and Kettering Health Washington Township and I understand that:

- A. In exercising any 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 situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

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

**Clinical Service Chair Recommendation - Privileges**

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

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Chair, Department/Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date