LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN AHP - NP - PHYSICAL MEDICINE-REHABILITATION

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 years

R	G	C	N	PRIVILEGES WITH SUPERVISION (b)
☐	☐	☐	☐	Answers pages from floors in regards to specific patient (1,2,3,5,6,10,13)
☐	☐	☐	☐	Apply simple dressings and change same as indicated (1,2,3,5,6,10,13)
☐	☐	☐	☐	Certify cause of death and sign death certificate (1,2,3,5,6,10,13)
☐	☐	☐	☐	Dictate discharge summaries which will be reviewed and countersigned by the supervising physician, provide discharge management instructions, and distribute prescriptions as needed (1,2,3,5,6,10,13)
☐	☐	☐	☐	Initiate and take orders for medications appropriate to the conditions he/she evaluates and treats according to established protocol or at direction of supervising physician (1,2,3,5,6,10,13)
☐	☐	☐	☐	Initiate and take orders for other diagnostic studies appropriate to the diseases seen (1,2,3,5,6,10,13)
☐	☐	☐	☐	Initiate and take orders for routine blood tests and interpret their results (1,2,3,5,6,10,13)
☐	☐	☐	☐	Initiate and take orders for routine x-rays and interpret their results (1,2,3,5,6,10,13)
☐	☐	☐	☐	Initiate and take orders to include diet and activity levels according to established protocol or at direction of physician (1,2,3,5,6,10,13)
☐	☐	☐	☐	Initiate appropriate evaluation and emergency management for emergency situations (cardiac arrest, respiratory distress, hemorrhage) (1,2,3,5,6,10,13)
☐	☐	☐	☐	Inject appropriate vaccines and medications including antibiotics, antimigraine medications, antiemetics, corticosteroids, anxiolytic agents, and analgesics (1,2,3,5,6,10,13)
☐	☐	☐	☐	Obtain a comprehensive health history, including an evaluation of physiological function, emotional and social well-being, development and maturation, and activities of daily living (1,2,3,5,6,10,13)
☐	☐	☐	☐	Order blood and blood products (1,2,3,5,6,10,13)
☐	☐	☐	☐	Order restraints and seclusion and conduct/document face to face assessments according to policies* (1,2,3,5,6,10,13)) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Perform and document patient education as appropriate (1,2,3,5,6,10,13)

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R	G	C	N	PRIVILEGES WITH SUPERVISION (b)
☐	☐	☐	☐	Perform history and physical examination of specific patients, interpretation and evaluation of data, and formulation of treatment protocols in conjunction with sponsoring physician(1,2,3,5,6,10,13)
☐	☐	☐	☐	Perform patient hospital rounds and write progress notes (1,2,3,5,6,10,13)
☐	☐	☐	☐	Perform venipuncture (1,2,3,5,6,10,13)
☐	☐	☐	☐	Place intravenous lines when indicated (1,2,3,5,6,10,13)
☐	☐	☐	☐	Prepare patient/family for discharge (1,2,3,5,6,10,13)
☐	☐	☐	☐	Pronouncement of death (1,2,3,5,6,10,13)
☐	☐	☐	☐	Provide and document patient instructions as needed (1,2,3,5,6,10,13)
☐	☐	☐	☐	Provide and document patient teaching as deemed necessary (1,2,3,5,6,10,13)
☐	☐	☐	☐	Review and document in Medical Record ((1,2,3,5,6,10,13)
☐	☐	☐	☐	Triage patient telephone calls and advise, where appropriate, in the treatment of applicable diseases (1,2,3,5,6,10,13)

R	G	C	N	PRESCRIPTIVE PRIVILEGES - Controlled Substances
☐	☐	☐	☐	Schedule 2
☐	☐	☐	☐	Schedule 2N
☐	☐	☐	☐	Schedule 3
☐	☐	☐	☐	Schedule 3N
☐	☐	☐	☐	Schedule 4
☐	☐	☐	☐	Schedule 5

R	G	C	N	PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances
☐	☐	☐	☐	Prescriptive Privileges (1,2,3,5,6,10,13) (See list of exclusions, if any)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - NP - PHYSICAL MEDICINE-REHABILITATION

Name_____

Qualifications:

Will function in joint collaboration with the physician or physician group with which she/he is associated.

All verbal and telephone orders must be signed within seven (7) days.

SITES OF PRIVILEGE

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethlehem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono

DEFINITIONS OF SUPERVISION

(a) DIRECT SUPERVISION - The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the allied health professional when needed.

(b) SUPERVISION - The control and personal direction exercised by the supervising physician over the medical services provided by an allied health professional. Constant physical presence of the supervising physician is not required so long as the supervising physician and the allied health professional are, or can easily be, in contact with each other by radio, telephone or telecommunications. Supervision requires the availability of the supervising physician to the allied health professional.

(c) SUPERVISING PHYSICIAN IN ATTENDANCE - Physical presence of supervising physician in room.

* ATTENTION SUPERVISING PHYSICIAN: Your signature, title and date are required on the first line of the signature page of this document.

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA AHP - NP - PHYSICAL MEDICINE-REHABILITATION

Name_____

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:_____Date:_____/_____/_____

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY) _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date

_____ _____ _____/_____/_____

Title Signature Date