

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN AHP - PA - RADIOLOGY

Initial ☐ Renewed ☐

Effective from ___/___/___ to ___/___/___

Name _____

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

R	G	C	N	POPULATION
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adults: 13 - 65 Years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 Years

R	G	C	N	PRIVILEGES WITH DIRECT SUPERVISION (a)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accessing ports (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and suturing of minor lacerations (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying out aseptic and isolation techniques (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central line insertion* (1,2,3,5,6,7,8,10,11,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control of external hemorrhage (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify normal and abnormal findings on history, physical examination and commonly performed laboratory studies (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate appropriate evaluation and emergency management for emergency situations such as cardiac arrest, respiratory distress, injuries, burns and hemorrhage (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intradermal tests (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make decisions regarding data gathering and appropriate management and treatment of patients being seen for initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of superficial foreign bodies (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Venipuncture (1,2,3,5,6,7,8,10,11,13,19,20)

R	G	C	N	PRIVILEGES WITH SUPERVISION (b)
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dictate discharge summaries which will be reviewed and countersigned by the supervising physician, provide discharge management instructions, and distribute prescriptions as needed (1,2,3,5,6,7,8,10,11,13,19,20)
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R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for diagnostic studies appropriate to the diseases seen as directed and countersigned by the supervising physician (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for medications as directed and countersigned by the supervising physician (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for routine blood tests as directed and countersigned by the supervising physician and interpret their results (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders to include diet and activity levels as directed and countersigned by the supervising physician (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain a comprehensive health history, including an evaluation of physiological function, emotional and social well-being, development and maturation, and activities of daily living (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain patient consent and prepare patients for fluoroscopic and interventional radiologic procedures at the discretion of and directed by the supervising physician or substitute supervising physician (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order and/or administer blood and blood products (as set forth in your written agreement) (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order restraints and seclusion and conduct/document face to face assessments according to policies* (1,2,3,5,6,7,8,10,11,13,19,20) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform and document patient education as deemed necessary (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform fluoroscopic and interventional radiologic (I/R) procedures-including but not limited to upper gastrointestinal (GI) studies, barium/gastrografin evaluation of the esophagus, speech studies, small bowel follow-through, barium/gastrografin enemas, cystograms, voiding cystourethrograms, fluoroscopy-guided joint injections, thoracentesis, paracentesis, lumbar punctures (LP), and other image-guided procedures (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform patient hospital rounds and write progress notes countersigned by supervising physician (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place intravenous lines when indicated (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronouncement of death (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient instructions as needed (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient teaching as deemed necessary (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide follow-up care with patients and referring physicians (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove and apply dressings to observe the status of surgical incisions or wounds (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review and document in Medical Records (1,2,3,5,6,7,8,10,11,13,19,20)

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R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triage patient telephone calls and advise, where appropriate, in the treatment of applicable diseases (1,2,3,5,6,7,8,10,11,13,19,20)
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R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2 (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2N (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3 (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3N (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 4 (1,2,3,5,6,7,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 5 (1,2,3,5,6,7,8,10,11,13,19,20)

R G C N PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescriptive Privileges (1,2,3,5,6,7,8,10,11,13,19,20) (See list of exclusions, if any)
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LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - PA - RADIOLOGY

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 by the Physician Assistant within seven (7) days. All orders must be countersigned by the Supervising Medical Staff member within ten (10) days for the following:

1. For the first twelve (12) months the Physician Assistant is practicing post-graduation and initial licensure.
2. For the first twelve (12) months the Physician Assistant is practicing in a new specialty.
3. For the first six (6) months the Physician Assistant is practicing in the same specialty, but is located in a new practice area.

All written/electronic orders must be countersigned by the Supervising Physician within ten (10) 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
- 19 - LVH-Carbon
- 20 - LVH-Dickson City

DEFINITION 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.

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - PA - RADIOLOGY

Name_____

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA AHP - PA - RADIOLOGY

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:

_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date