LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN AHP - CLINICAL NEUROPHYSIOLOGIST

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 (Fairgrounds Surgical Center, 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 SUPERVISING PHYSICIAN IN ATTENDANCE (c)
☐	☐	☐	☐	Communicate to the surgical team Intraoperative Neurophysiological Monitoring changes with a clinical interpretation of the data* (*Must be Board Certified Clinical Neurophysiologist to request these duties) (1,2,5,6,7)
☐	☐	☐	☐	Consult with anesthesia regarding protocols (TIVA) for successful recording of neurophysiological signals during Intraoperative Neurophysiological Monitoring (1,2,5,6,7)
☐	☐	☐	☐	Correctly perform initial clinical motor and sensory neuro assessment and incorporates data into expectations or changes in OR protocol (1,2,5,6,7)
☐	☐	☐	☐	Correctly perform post-operative clinical motor and sensory neuro assessment and provides patient follow-up recording as needed (1,2,5,6,7)
☐	☐	☐	☐	Disconnect the electrodes from the patient following surgery and disassembles equipment (1,2,5,6,7)
☐	☐	☐	☐	Establish medical record in accordance with hospital policy (1,2,5,6,7)
☐	☐	☐	☐	Identify oneself appropriately and make the patient and/or family relaxed and confident in understanding the role of the clinical neurophysiologist (1,2,5,6,7)
☐	☐	☐	☐	Prepare patient for Intraoperative Neurophysiological Monitoring by applying electrodes in the holding area and under special circumstances in the OR suite (1,2,5,6,7)
☐	☐	☐	☐	Provide explanation to patient that is understandable and lends itself to appropriate questions related to role on Intraoperative Neurophysiological Monitoring (1,2,5,6,7)
☐	☐	☐	☐	Record, troubleshoot, identify and interpret obligate neurophysiological signals and reports to the surgical team with recommendation for specific intervention (e.g., stop surgery, wait and raise blood pressure, initiate methylprednisone protocol, temporary break from surgery, remove instrumentation, etc.) as needed* (*Must be Board Certified Clinical Neurophysiologist to request these duties) (1,2,5,6,7)
☐	☐	☐	☐	Set up neurophysiological equipment properly located in OR following biomedical electrical safety checks as needed, assembled with respect to reduction of artifact (1,2,5,6,7)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - CLINICAL NEUROPHYSIOLOGIST

Name_____

Qualifications:

Requires American Board of Neurophysiological Monitoring Certification

SITES OF PRIVILEGE

1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
4 – Fairgrounds Surgical Center
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
12 - LVH-Schuylkill Surgery Center

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 - CLINICAL NEUROPHYSIOLOGIST

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