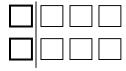
LEHIGH VALLEY HEALTH NETWORK CLINICAL PRIVILEGES IN INFECTIOUS DISEASES

Name	Initial Renewed Effective from /
R = Requested G = I	Recommended As Requested C = Recommended with Conditions N = Not Recommended
RGCN	POPULATION
	Adults: 13 - 65 Years
	Geriatrics: Over 65 Years
RGCN	GENERAL PRIVILEGES
	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,4,5,6,7,8,10,11,12)
	Consultation Privileges (1,2,3,4,5,6,7,8,10,11,12)
	History and Physical (1,2,3,4,5,6,7,8,10,11,12)
	Prescribing Privileges (1,2,3,4,5,6,7,8,10,11,12)
	Certifying of Medical Marijuana (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) (*Must satisfy certain credentialing criteria to be approved)
RGCN	GENERAL PROCEDURES
	Arthrocentesis (1,2,3,4,5,6,7,8,10,11,12)
	Paracentesis (1,2,3,4,5,6,7,8,10,11,12)
	Perform pelvic examinations and pap smears as indicated (1,2,3,4,5,6,7,8,10,11,12)
	Lumbar Puncture (1,2,3,4,5,6,7,8,10,11,12)
	Thoracentesis (1,2,3,4,5,6,7,8,10,11,12)
	Wound Debridement (non-excisional) (1,2,3,4,5,6,7,8,10,11,12)
RGCN	OTHER



Arterial Puncture (1,2,3,4,5,6,7,8,10,11,12)

Emergency Defibrillation (1,2,3,4,5,6,7,8,10,11,12)

LEHIGH VALLEY HEALTH NETWORK CLINICAL PRIVILEGES IN INFECTIOUS DISEASES

Name	Initial Renewed Effective from/ to//				
R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended					
R G C N OTHER					
Penicillin Skin Testing (1,2,3,4,5,6,7,8,	10,11,12)				
Pericardiocentesis - Emergency (1,2,3,	4,5,6,7,8,10,11,12)				
Skin Biopsy (1,2,3,4,5,6,7,8,10,11,12)					

LEHIGH VALLEY HEALTH NETWORK CEDAR CREST & I-78 PO BOX 689 ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN INFECTIOUS DISEASES

Name

Privileges by Location:

- 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

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA INFECTIOUS DISEASES

Name			
Acknowledgement of Practitioner I hereby request the privileges no	ted.		
Practitioner Signature:		Date:///	
	***Recommendations	***	
I have reviewed the request for clinica Recommend As Requested the privileges requested above.	Recommend with Ex		ımend
	EXCEPTIONS		
Exception to Privilege:	Condition	ns/Modifications	
Explanation:	1		
SUPERVISING PHYSICIAN (AHPs ONI	(Y)	/	/
Title	Signature	Date	
Title	Signature	////	/
		/	/
Title	Signature	Date	/
Title	Signature	Date	/
T* 41	<u></u>	/	/
Title	Signature	Date	