

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - PA - EMERGENCY MEDICINE

Initial Renewed
 Effective from ___/___/___ to ___/___/___

Name _____

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

R G C N POPULATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years)
<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)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assist physician with lumbar puncture (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attend patients in Children's ER* (1) (*Pediatric Advanced Life Support required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Document updates via medical command from paramedics when emergency physician in range of hearing report (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal - Place salem sump tube as directed by emergency physician (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order and/or administer blood and blood products (as set forth in written agreement) (1,2,3,5,7,10,13)
<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.* (1,2,3,5,7,10,13) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronouncement of death (1,2,3,5,7,10,13)

R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Airway control (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alignment of displaced fractures before application of splint (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthrocentesis (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary resuscitation (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check to determine if appropriate x-rays are available for review by physician (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete forms required during care of patient (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complete x-ray request forms with reason for study (1,2,3,5,7,10,13)

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R G C N PRIVILEGES WITH SUPERVISION (b)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dictate emergency evaluation of a patient which will be revised and countersigned by the supervising emergency physician (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Document findings in medical record countersigned by the emergency physician (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye, Ear, Nose, Throat - Apply medication to external ear canal (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye, Ear, Nose, Throat - Place nasal tampon to control anterior nasal bleeding following evaluation (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye, Ear, Nose, Throat - Place wick in ear canal (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye, Ear, Nose, Throat - Remove foreign body from ear, nose, or eye by irrigation (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gastrointestinal - Test stool sample for blood (1,2,3,5,7,10,13) |
| <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 emergency physician (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders to include diet, activity level, or laboratory studies per guidelines or as directed and countersigned by the supervising emergency physician (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laboratory - Obtain laboratory specimen (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Localized Infections - Obtain cultures (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Localized Infections - Perform incision and drainage of localized abscesses on the skin (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Localized Infections - Perform incision and drainage of paronychia or felon (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Localized Infections - Remove part of nail plate to allow drainage (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Notify Poison Control Center to obtain recommended treatment for suspected toxin (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain information from referring physicians sending patients into the Emergency Department for evaluation (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain results of laboratory tests from computer to allow for expedient disposition of patients (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain x-rays from Radiology file room for case conferences (1,2,3,5,7,10,13) |

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R G C N PRIVILEGES WITH SUPERVISION (b)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform follow-up of patient records regarding definitive diagnosis and treatment following admission to the hospital (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform follow-up phone calls to patients (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform hematoma block of upper extremity (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform history and physical examination (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Placement of oropharyngeal or nasopharyngeal airway (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepare a patient for a procedure in emergency treatment area (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide and document patient instructions as needed (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide first aid for injuries as necessary (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide hemostasis for actively bleeding wounds (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide means necessary to allow for fluid volume replenishment in hypotensive patients (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pulmonary - Placement of oxygen on a patient (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Reduction of dislocations (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remove and/or apply dressings to observe the status of incisions or wounds (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remove sutures/staples at appropriate time (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Review medical record for predetermined objective criteria and outcomes (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Strains, Sprains, Fractures - Apply splints (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Take photographs necessary to document medico-legal issues, with appropriate consents (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Update family in reception area on progress of family member in the Emergency Department (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urological - Insert Foley catheter or straight catheter as directed by emergency physician (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urological - Test urine via dipstick (1,2,3,5,7,10,13) |

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R G C N PRIVILEGES WITH SUPERVISION (b)

R	G	C	N	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use of suction (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize Doppler to determine arterial pulses in an extremity (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize other non-invasive type procedures for evaluation of patients as might be reasonably needed (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize peak flow meter to determine peak flow of patient (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize pulse oximetry (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Utilize Snellen's chart to determine visual acuity of patient (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Apply antibiotic ointments (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Apply dressings to wounds (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Apply topical anesthetics (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Cleanse wounds (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Debride partial thickness burns and wounds of devitalized tissue (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Inject local anesthetic to wound edges that require repair (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Irrigate wounds (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Perform digital blocks (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Perform trephination of nail plate for subungual hematoma (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Place drain in a contaminated wound or abscess to promote drainage (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Prepare patient for wound repair and position on litter (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Remove particulate matter and debris from wounds (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Remove sutures from complicated wounds or drains (1,2,3,5,7,10,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wound Care - Repair displaced nail from nail bed or remove nail plate (1,2,3,5,7,10,13)

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R G C N PRIVILEGES WITH SUPERVISION (b)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wound Care - Suture a wound (1,2,3,5,7,10,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Write progress notes countersigned by the emergency physician (1,2,3,5,7,10,13) |

R G C N PRIVILEGES WITH SUPERVISION (b) - Point of Care Ultrasound (POCUS)(*Must satisfy criteria)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abdominal Aorta* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Echocardiography (ECHO) Expanded* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cardiac Echocardiography (ECHO) Limited* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Focused Abdominal Sonography for Trauma/Extended (FAST Exam-Trauma)* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gallbladder* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gastrointestinal-SBO/Appendicitis* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lung* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Musculoskeletal* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ocular* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pelvic (Female)* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Procedural Guidance* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Renal* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Soft Tissue* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vascular-Deep Vein Thrombosis (DVT)/Inferior Vena Cava (IVC)* (1,2,3,5,6,7,8,9,10,11,13,14,15,16) |

R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 2 (1,2,3,4,5,6,7,8,10,13) |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|

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R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

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

R G C N PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescriptive Privileges (1,2,3,4,5,6,7,8,10,13) (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 - PA - EMERGENCY MEDICINE

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

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

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - PA - EMERGENCY MEDICINE

Name _____

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA AHP - PA - EMERGENCY MEDICINE

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 ____/____/____

