LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN PEDIATRICS

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 - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years (Consultation Only)
☐	☐	☐	☐	Geriatrics: Over 65 Years (Consultation Only)

R	G	C	N	NO CLINICAL PRIVILEGES
☐	☐	☐	☐	No Clinical Privileges

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,4,5,6,7,8,9,10,11)
☐	☐	☐	☐	Attend Patients in Children's Emergency Room (1)
☐	☐	☐	☐	History and Physical (1,2,3,4,5,6,7,8,9)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,4,5,6,7,8,9)
☐	☐	☐	☐	Certifying of Medical Marijuana (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	GENERAL PROCEDURES
☐	☐	☐	☐	Arterial blood gas (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Bladder catheterization (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Circumcision of male infants (1,2,3,4,7,9,11)
☐	☐	☐	☐	Closed reduction of dislocations (1,2,3,4,7,9)
☐	☐	☐	☐	Emergency defibrillation (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Interpretation of pediatric pneumograms (1,2,3,7)

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R	G	C	N	GENERAL PROCEDURES
☐	☐	☐	☐	Intravenous catheter placement (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Laryngoscopy (1,2,3,4,7,9)
☐	☐	☐	☐	Lumbar puncture (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Nasogastric/Orogastric tube insertion (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Neonatal Lingular Frenotomy* (1,2,3,4,7,9,10,11) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Reduction of radial head subluxation (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Suprapubic bladder tap (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Suturing superficial wounds (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Venipuncture (1,2,3,4,7,9,10,11)

R	G	C	N	ADOLESCENT MEDICINE
☐	☐	☐	☐	Bartholin cyst, Incision and Drainage (I & D) and/or marsupialization (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Breast Aspiration (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Cervix, biopsy (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Colposcopic exam of external genitalia in suspected sexual abuse. (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Colposcopy (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Hymenectomy, hymenotomy (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Incision and drainage of abscesses (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Insertion and removal of Intrauterine Device (IUD)* (1,2,3,4,7,8,9,10,12) (Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Insertion and removal of subdermal contraceptive implants (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Nail removal (1,2,3,4,5,6,7,8,10,11)

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R	G	C	N	ADOLESCENT MEDICINE
☐	☐	☐	☐	Perform pelvic examinations and pap smears as indicated (1,2,5,7,8,10,11)
☐	☐	☐	☐	Removal of foreign body from vagina (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Skin Biopsy (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Vaginal biopsy (1,2,3,4,7,9,10,11)
☐	☐	☐	☐	Vulvar biopsy (1,2,3,4,7,9,10,11)

R	G	C	N	ALLERGY
☐	☐	☐	☐	Allergy testing (1,2,3,7)
☐	☐	☐	☐	Drug desensitization (1,2,3,7)
☐	☐	☐	☐	Food desensitization (1,2,3,7)

R	G	C	N	CARDIOLOGY
☐	☐	☐	☐	Cardioversion (1,2,7,10,11)
☐	☐	☐	☐	Diagnostic Ultrasound (1,2,7)
☐	☐	☐	☐	Echocardiography* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Electrocardiogram (ECG) Interpretation (1,2,7)
☐	☐	☐	☐	Ergometer test (1,2,7)
☐	☐	☐	☐	Fetal ultrasound (1,2,7)
☐	☐	☐	☐	Holter monitor (1,2,7)
☐	☐	☐	☐	Pericardiocentesis (1,2,7)
☐	☐	☐	☐	Treadmill stress test* (1,2,7) (*Must satisfy certain credentialing criteria to be approved)

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R	G	C	N	**CARDIOLOGY**
☐	☐	☐	☐	Two-Dimensional Echocardiography (2D Echo) (1,2,7)

R	G	C	N	**CRITICAL CARE MEDICINE/HOSPITALIST**
☐	☐	☐	☐	Arterial line placement (1,2,7,10,11)
☐	☐	☐	☐	Central venous line placement (1,2,7,10,11)
☐	☐	☐	☐	Chest tube placement (1,2,7,10,11)
☐	☐	☐	☐	Chest tube thoracotomy (1,2,7)
☐	☐	☐	☐	Endotracheal intubation (1,2,7,10,11)
☐	☐	☐	☐	Pericardiocentesis (1,2,7)
☐	☐	☐	☐	Peripherally inserted central catheter (PICC) line placement (1,2,7)
☐	☐	☐	☐	Placement of intraosseous lines (1,2,7,10,11)
☐	☐	☐	☐	Thoracentesis (1,2,7)
☐	☐	☐	☐	Ventilator management (1,2,7)

R	G	C	N	**GASTROENTEROLOGY - Lower Endoscopy**
☐	☐	☐	☐	Anal-rectal motility (1,2,3,4,9)
☐	☐	☐	☐	Colonoscopy (1,2,3,4,9)
☐	☐	☐	☐	Colonoscopy with polypectomy/biopsy (1,2,3,4,9)
☐	☐	☐	☐	Control of bleeding (fulgraton, injection, irrigation therapy) (1,2,3,4,9)
☐	☐	☐	☐	Dilation (rigid, balloon) (1,2,3,4,9)
☐	☐	☐	☐	Removal of foreign body (1,2,3,4,9)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN PEDIATRICS

Initial ☐ **Renewed** ☐

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

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

R	G	C	N	**GASTROENTEROLOGY - Lower Endoscopy**
☐	☐	☐	☐	Sigmoidoscopy - flexible (1,2,3,4,9)

R	G	C	N	**GASTROENTEROLOGY - Upper Endoscopy**
☐	☐	☐	☐	Banding ligation of varies (1,2,3,4,9)
☐	☐	☐	☐	Control of bleeding (coagitive fulgration, injection) (1,2,3,4,9)
☐	☐	☐	☐	Esophagogastroduodenoscopy (EGD) (1,2,3,4,9)
☐	☐	☐	☐	Esophagogastroduodenoscopy (EGD) with polypectomy/biopsy (1,2,3,4,9)
☐	☐	☐	☐	Esophageal dilation (1,2,3,4,9)
☐	☐	☐	☐	Esophageal dilation: balloon - esophagel/pyloric (1,2,3,4,9)
☐	☐	☐	☐	Esophageal dilation: over guidewire, Maloney (1,2,3,4,9)
☐	☐	☐	☐	Esophageal dilation: pneumatic (1,2,3,4,9)
☐	☐	☐	☐	Esophagel manometry (1,2,3,4,9)
☐	☐	☐	☐	Injection with botox therapy (1,2,3,4,9)
☐	☐	☐	☐	Liver Biopsy (1)
☐	☐	☐	☐	Percutaneous Gastrostomy/Percutaneous Jejunostomy (PEG/PEJ) (1,2,3,4,9)
☐	☐	☐	☐	Percutaneous Gastrostomy/Percutaneous Jejunostomy (PEG/PEJ) - Laser* (1,2,3,4,9) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Removal of foreign body (1,2,3,4,9)
☐	☐	☐	☐	Sclerotherapy of esophagel/gastric varies (1,2,3,4,9)
☐	☐	☐	☐	Wireless/Camera Endoscopy* (1,2,9) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	24 hour pH probe (1,2,3,9)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN PEDIATRICS

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

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R	G	C	N	HEMATOLOGY-MEDICAL ONCOLOGY
☐	☐	☐	☐	Bone marrow aspiration/biopsy (1,2,3,9)
☐	☐	☐	☐	Bone marrow interpretation (1,2,3)
☐	☐	☐	☐	Erythrocytopheresis (1,2)
☐	☐	☐	☐	Intrathecal administration of chemotherapy (1,2,3,9)
☐	☐	☐	☐	Plasmapheresis (1,2)
☐	☐	☐	☐	Skin biopsy (1,2,3)

R	G	C	N	NEONATOLOGY
☐	☐	☐	☐	Attendance at Cesarean Sections and Newborn deliveries (1,2,7,11) (Pediatricians who attend deliveries of newborns must be certified in Neonatal Resuscitation with participation in a review course on a cyclical basis.)
☐	☐	☐	☐	Chest tube insertion (1,2,7,11)
☐	☐	☐	☐	Endotracheal intubation (1,2,7,11)
☐	☐	☐	☐	Exchange transfusion (1,2,7)
☐	☐	☐	☐	Needle thoracotomy or thoracostomy tube placement (1,2,7,11)
☐	☐	☐	☐	Paracentesis (1,2,7)
☐	☐	☐	☐	Percutaneous central line placement (1,2,7)
☐	☐	☐	☐	Percutaneous intravenous catheter (1,2,7)
☐	☐	☐	☐	Pericardiocentesis (1,2,7)
☐	☐	☐	☐	Peripheral venous catheters (1,2,7)
☐	☐	☐	☐	Pleurocentesis (1,2,7)
☐	☐	☐	☐	Radial artery cannulation (1,2,7,11)

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Initial ☐ **Renewed** ☐

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R	G	C	N	NEONATOLOGY
☐	☐	☐	☐	Thoracentesis (1,2,7)
☐	☐	☐	☐	Umbilical artery placement (1,2,7,11)
☐	☐	☐	☐	Umbilical vein placement (1,2,7,11)
☐	☐	☐	☐	Ventilator management (1,2,7)

R	G	C	N	NEPHROLOGY
☐	☐	☐	☐	Apheresis and/or Lipopheresis (1,2)
☐	☐	☐	☐	Continuous Arterial/Venous/Venous Hemofiltration (1,2,7)
☐	☐	☐	☐	Cortex to Cortex Bone Biopsy (4)
☐	☐	☐	☐	Hemodialysis (1,2,7)
☐	☐	☐	☐	Percutaneous biopsy of kidney including transplanted kidney (1,2,4)
☐	☐	☐	☐	Peritoneal Dialysis (1,2,3,7)

R	G	C	N	NEUROLOGY
☐	☐	☐	☐	Botulinum toxin use for neurologic conditions* (1,2,3,9) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Electroencephalogram (EEG) interpretation (1,2,3)
☐	☐	☐	☐	Nerve conduction (1,2,3)

R	G	C	N	PULMONARY
☐	☐	☐	☐	Flexible bronchoscopy (1,2,3,4,9)
☐	☐	☐	☐	Flexible bronchoscopy with bronchoalveolar lavage and biopsy (1,2,3,4,9)

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R	G	C	N	**PULMONARY**
☐	☐	☐	☐	Polysomnography interpretation (1,2,3,4,9)

R	G	C	N	**RHEUMATOLOGY**
☐	☐	☐	☐	Arthrocentesis (1,2,3,4,7,9)
☐	☐	☐	☐	Intra-articular steroid injection (1,2,3,4,7,9)

R	G	C	N	**OTHER**
☐	☐	☐	☐	Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,4,5,6,7,8,10,12) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Moderate Sedation - Adult* (13 years or older)*** (1,2,3,4,5,6,7,8,10,12) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN PEDIATRICS

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)
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

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA PEDIATRICS

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