

**LEHIGH VALLEY HEALTH NETWORK**  
**CLINICAL PRIVILEGES IN EMERGENCY MEDICINE**

Name \_\_\_\_\_

Initial  Renewed   
 Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**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 - 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 NO CLINICAL PRIVILEGES**

- |                          |                          |                          |                          |                        |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No Clinical Privileges |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|

**R G C N GENERAL PRIVILEGES**

- |                          |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admitting Privileges (1,2,3,5,6,7,8,9,10,11,13)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attend Observation Patients on Observation Unit Only (1,3,5,7,13)                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Attend Patients in Children's Emergency Room (1)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform Toxicology Consults in both the inpatient and outpatient settings (1,2,3,5,6,7,8,9,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescribing Privileges (1,2,3,5,6,7,8,9,10,11,13)  |

**R G C N EMERGENCY MEDICINE**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and treatment of drug reactions, overdoses and addiction (1,2,3,5,7,10,11,13)                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and emergency treatment of medical or surgical conditions (1,2,3,5,7,10,11,13)                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and emergency treatment of neurosurgical and neurological emergency conditions (1,2,3,5,7,10,11,13) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and emergency treatment of psychobehavioral disorders (1,2,3,5,7,10,11,13)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and treatment of abdominal or gastrointestinal disorders and emergencies (1,2,3,5,7,10,11,13)       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diagnosis and treatment of acute infections (1,2,3,5,7,10,11,13)  |

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**R   G   C   N   EMERGENCY MEDICINE**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of cardiac dysrhythmias and cardiac arrest (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of the comatose patient (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of dermatologic conditions and emergencies and acute allergic disorders (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of hematologic or oncologic emergencies (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of metabolic, endocrine, or nutritional emergencies and disorders (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of musculoskeletal disorders including fractures (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of obstetrical, gynecological and urological emergencies (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of pediatric emergencies (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of thoracic or respiratory emergencies with establishment and maintenance of airways, including endotracheal intubation, ventilatory assistance, and rapid sequence intubation (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,5,7,10,11,13) (Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation - Adult (13 years or older)*** (1,2,3,5,7,10,11,13) (Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deep Sedation - Adult (age 15 or above)*** (1,2,3,5,7,13) (*Must satisfy certain credentialing criteria to be approved)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide medical command to emergency personnel providing out of hospital emergency care (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognition and treatment of shock (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognition of hypovolemia with control of hemorrhage and treatment with colloid or blood replacement (1,2,3,5,7,10,11,13)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treatment of lacerations of the skin, which do not involve major arteries or nerves (1,2,3,5,7,10,11,13)

**R   G   C   N   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)

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<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)

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN EMERGENCY MEDICINE

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 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

