LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN GENERAL INTERNAL MEDICINE/GERIATRICS

Initial ☐ **Renewed** ☐

Name______________________________________ **Effective from** ___/___/___ **to** ___/___/___

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

R	G	C	N	POPULATION
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

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

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Consultation Privileges ((1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	History and Physical (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Prescribing Privileges(1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Certifying of Medical Marijuana (1,2,3,5,6,7,8,10,11,13,19,20) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	GENERAL PROCEDURES
☐	☐	☐	☐	Arterial Puncture (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Arthrocentesis (1,2,3,4,5,6,7,8,10,13)
☐	☐	☐	☐	Botulinum Toxin Use for Headache ONLY** (1,2) (** Must satisfy certain credentialing criteria to be approved for this privilege)
☐	☐	☐	☐	Central Venous Pressure (CVP) Monitoring (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Emergency Defibrillation (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Keloid Injection (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Lumbar Puncture (1,2,3,5,6,7,8,10,11,13,19,20)

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R	G	C	N	GENERAL PROCEDURES
☐	☐	☐	☐	Paracentesis - Abdominal (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Paracentesis - Thoracic (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Sigmoidoscopy - Flexible (1,2,7,8,10)
☐	☐	☐	☐	Sigmoidoscopy - Rigid (1,2,7,8,10)
☐	☐	☐	☐	Skin Biopsy - Excision (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Skin Biopsy - Punch (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Skin Biopsy - Shave (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Skin Tag Excision ((1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Treadmill Stress Test* (1,2,7,8,10,13) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	CORTICOSTEROID INJECTIONS
☐	☐	☐	☐	Bursae/Tendons - Iliotibial band (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Bursae/Tendons - Ischial (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Bursae/Tendons - Medial and collateral ligaments (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Bursae/Tendons - Olecranon (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Bursae/Tendons - Pes anserine (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Bursae/Tendons - Trochanteric (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Carpal Tunnel (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Intralesional - Alopecia areata (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Intralesional - Discoid lupus (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Intralesional - Granuloma annulare (1,2,3,5,6,7,8,10,11,13,19,20)

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R	G	C	N	CORTICOSTEROID INJECTIONS
☐	☐	☐	☐	Joint (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Morton's neuroma (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Plantar fascia (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Trigger finger (1,2,3,5,6,7,8,10,11,13,19,20)

R	G	C	N	OTHER
☐	☐	☐	☐	Arterial Cannulation (1,2,3,4,5,6,7,8,10,11,13)
☐	☐	☐	☐	Cardioversion (1,2,3,5,6,7,8,10,11,13,19,20)
☐	☐	☐	☐	Continuous-assisted Ventilation - Limited (1,2,7,10,13)
☐	☐	☐	☐	Iliac Bone Marrow Aspiration/Biopsy (1,2,7,8,10)
☐	☐	☐	☐	Intubation - Emergency (1,2,3,4,5,6,7,10,11,13)
☐	☐	☐	☐	Pericardiocentesis - Emergency (1,2,3,4,5,6,7,10,13)
☐	☐	☐	☐	Swan-Ganz Insertion (1,2,7,10)
☐	☐	☐	☐	Temporary Pacemaker Insertion (1,2,3,4,5,6,7,10)
☐	☐	☐	☐	Thoracentesis (1,2,3,4,5,6,7,10,13)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN GENERAL INTERNAL MEDICINE/GERIATRICS

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
19 - LVH-Carbon
20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA GENERAL INTERNAL MEDICINE/GERIATRICS

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