

# LEHIGH VALLEY HEALTH NETWORK

## CLINICAL PRIVILEGES IN AHP - INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING SPECIALIST

Initial  Renewed

Name \_\_\_\_\_

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 (Fairgrounds Surgical Center, 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 SUPERVISING PHYSICIAN IN ATTENDANCE (c)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicate to the surgical team significant Intraoperative Neurophysiological Monitoring changes with an interpretation of the data, as needed, under supervision of a Board Certified Clinical Neurophysiologist (ABNM Certified) (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consult with anesthesia regarding protocols (TIVA) for successful recording of neurophysiological signals during Intraoperative Neurophysiological Monitoring (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly perform initial clinical motor and sensory neuro assessment and incorporates data into expectations or changes in OR protocol (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correctly perform post-operative clinical motor and sensory neuro assessment and provides patient follow-up recording as needed (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disconnect the electrodes from the patient following surgery and disassembles equipment (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish medical record in accordance with hospital policy (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify oneself appropriately and make the patient and/or family relaxed and confident in understanding the role of the clinical neurophysiologist (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare patient for Intraoperative Neurophysiological Monitoring by applying electrodes in the holding area and under special circumstances in the OR suite (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide explanation to patient that is understandable and lends itself to appropriate questions related to role on Intraoperative Neurophysiological Monitoring (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record, troubleshoot, and identify and provide description of obligate neurophysiological signals and reports to the surgical team (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Set up neurophysiological equipment properly located in OR following biomedical electrical safety checks as needed, assembled with respect to reduction of artifact (1,2,5,6,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide remote intraoperative neurophysiological monitoring (1,2,5,6,7)

# LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

## CLINICAL PRIVILEGES IN AHP - INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING SPECIALIST

Name \_\_\_\_\_

### Qualifications:

Requires Certificate in Neurophysiologic Intraoperative Monitoring

### SITES OF PRIVILEGE

- 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

### 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**

**CLINICAL AREA AHP - INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING  
SPECIALIST**

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:

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SUPERVISING PHYSICIAN (AHPs ONLY)		
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date
_____	_____	____/____/____
Title	Signature	Date

