

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN OCCUPATIONAL MEDICINE

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

Name _____

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

R G C N LIMITED PRIVILEGE SITES

Privileges limited to Employee Health and Occupational Medicine Offices (1,2,3,5,7,10,13,19,20)

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

Geriatrics: Over 65 Years

R G C N GENERAL PRIVILEGES (In Hospital or Limited Privilege Sites)

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)

R G C N GENERAL PROCEDURES (In Hospital or Limited Privilege Sites)

Arthrocentesis (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)

Skin biopsy - Excision (1,2,3,10,11)

Skin biopsy - Punch (1,2,3,10,11)

Skin biopsy - Shave (1,2,3,10,11)

Skin tag excision (1,2,3,10,11)

Trigger Point Injection (1,2,3,8,10,11,13,19,20)

R G C N CORTICOSTEROID INJECTIONS

Bursae/Tendons - Extensor tendons, wrist (1,2,3,8,10,11,13,19,20)

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R G C N CORTICOSTEROID INJECTIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Iliotibial band (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Ischial (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Medial and collateral ligaments (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Medial/lateral elbow epicondyles (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Olecranon (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Pes anserine (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bursae/Tendons - Trochanteric (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpal Tunnel (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plantar fascia (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trigger finger (1,2,3,8,10,11,13,19,20)

R G C N OCCUPATIONAL MEDICINE PRIVILEGES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of acute infections (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of burns and wounds (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of dermatologic conditions and acute allergic disorders (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of drug reactions (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of emergent conditions until stable and transported to Emergency Department (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of eye injuries (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of medical conditions (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of musculoskeletal disorders including fractures (1,2,3,8,10,11,13,19,20)

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of neurological emergency conditions (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform toxicology consults in outpatient settings (1,2,3,8,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognition and initial treatment of shock (1,2,3,8,10,11,13,19,20)
<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 (1,2,3,8,10,11,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN OCCUPATIONAL 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
- 19 - LVH-Carbon
- 20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK
CLINICAL AREA OCCUPATIONAL 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 ____/____/____