

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN EMERGENCY MEDICINE - LIMITED DUTY

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

Name _____

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

R G C N PRIVILEGE SITES (PGY 3 Residents with permanent license)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CH-Allentown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CH-Bethlehem |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ExpressCare sites (all Network facilities with ExpressCare) |

R G C N PRIVILEGE SITES (PGY 4 Residents with permanent license and Fellows)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CH-Allentown |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | CH-Bethlehem |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-Carbon |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-Dickson City |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ExpressCare sites (all Network facilities with ExpressCare) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-H (Lehigh Valley Hospital-Hazleton) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Health and Wellness Center at Hazleton |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-Hecktown Oaks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-S East Norwegian (Lehigh Valley Hospital-Schuylkill East Norwegian) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-S South Jackson (Lehigh Valley Hospital-Schuylkill South Jackson) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVH-Tilghman |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | LVHN Surgery Center-Tilghman |

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, 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 |

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN EMERGENCY MEDICINE - LIMITED DUTY

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

Name _____

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

R G C N POPULATION

Geriatrics: Over 65 Years

R G C N GENERAL PRIVILEGES

Admitting Privileges (1,2,3,5,6,7,8,9,10,11,13,14,15,19,20)

Consultation Privileges (1,2,3,5,6,7,8,9,10,11,13,14,15,19,20)

History and Physical (1,2,3,5,6,7,8,9,10,11,13,14,15,19,20)

Prescribing Privileges (1,2,3,5,6,7,8,9,10,11,13,14,15,19,20)

R G C N GENERAL PROCEDURES (PGY 3 Residents with permanent license)

Arterial Puncture (1,2,3,5,6,7,8,10,11,13,15,20)

Cardioversion (Emergent) (1,2,3,5,6,7,8,10,13,14,15,19,20)

Central Venous Pressure (CVP) Monitoring (1,2,3,5,6,7,8,10,13,19,20)

Continuous-assisted Ventilation - Limited (1,2,3,5,6,7,10,13,19,20)

Emergency Defibrillation (1,2,3,5,6,7,8,10,11,13,14,15,19,20)

Intubation - Emergency (1,2,3,5,6,7,10,11,13,14,15,19,20)

R G C N EMERGENCY MEDICINE (PGY 4 Residents with permanent license and Fellows)

Diagnosis and emergency treatment of drug reactions and overdoses (1,2,3,5,7,10,11,13,14,15,19,20)

Diagnosis and emergency treatment of medical or surgical conditions (1,2,3,5,7,10,11,13,14,15,19,20)

Diagnosis and emergency treatment of neurosurgical and neurological emergency conditions (1,2,3,5,7,10,11,13,14,15,19,20)

Diagnosis and emergency treatment of psychobehavioral disorders (1,2,3,5,7,10,11,13,14,15,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN EMERGENCY MEDICINE - LIMITED DUTY

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

Name _____

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

R G C N EMERGENCY MEDICINE (PGY 4 Residents with permanent license and Fellows)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of abdominal or gastrointestinal disorders and emergencies (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of acute infections (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of cardiac dysrhythmias and cardiac arrest (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of the comatose patient (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of dermatologic conditions and emergencies and acute allergic disorders (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of hematologic or oncologic emergencies (1,2,3,5,7,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of metabolic, endocrine, or nutritional emergencies and disorders (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of musculoskeletal disorders including fractures (1,2,3,5,7,10,11,13,14,15,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of obstetrical, gynecological and urological emergencies(1,2,3,5,7,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis and treatment of pediatric emergencies (1,2,3,5,7,10,11,13,19,20)
<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 (1,2,3,5,7,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,5,7,10,11,13,19,20) (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)*** (1,2,3,5,7,10,11,13,19,20) (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)*** (1,2,3,5,7,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medicine Ultrasound (EMU) * (1,2,3,5,7,10,11,13,19,20) (*Must satisfy certain credentialing criteria to be approved for this privilege.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide medical command to emergency personnel providing out of hospital emergency care (1,2,3,5,7,10,11,13,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recognition and treatment of shock (1,2,3,5,7,10,11,13,14,15,19,20)
<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 (1,2,3,5,7,10,11,13,19,20)
<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 (1,2,3,5,7,10,11,13,19,20)

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN EMERGENCY MEDICINE - LIMITED DUTY

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

Name _____

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

R G C N Point of Care Ultrasound (POCUS) (PGY3 & PGY4 Residents and Fellows)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal Aorta*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Echocardiography (ECHO) Expanded*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Echocardiography (ECHO) Limited*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Focused Abdominal Sonography for Trauma/Extended (FAST Exam-Trauma)*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal-SBO/Appendicitis*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lung*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ocular*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pelvic (Female)*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedural Guidance*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft Tissue*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vascular-Deep Vein Thrombosis (DVT)/Inferior Vena Cava (IVC)*** (1,2,3,5,6,7,8,9,10,11,13,14,15,16,19,20)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN EMERGENCY MEDICINE - LIMITED DUTY

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 EMERGENCY MEDICINE - LIMITED DUTY

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 ____ / ____ / ____