

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN NEPHROLOGY

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

Name _____

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 GENERAL PRIVILEGES

Admitting (includes inpatient, outpatient procedures, and observation) (1,2,3,4,5,6,7,8)

Consultation Privileges (1,2,3,4,5,6,7,8)

History and Physical (1,2,3,4,5,6,7,8)

Prescribing Privileges (1,2,3,4,5,6,7,8)

R G C N GENERAL PROCEDURES

Apheresis and/or Lipopheresis (1,2)

Continuous Arterial Hemofiltration (1,2,7)

Cortex to Cortex Bone Biopsy (4)

Central Venous Pressure (CVP) Monitoring (1,2,7)

Emergency Defibrillation (1,2,3,4,5,6,7,8)

Hemodialysis (1,2,7)

Insertion of a Dialysis Catheter for Hemodialysis (1,2,7)

Peritoneal Dialysis (1,2,3,7)

Total Parenteral Nutrition (TPN) (1,2,3,7)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN NEPHROLOGY

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)
- 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

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA NEPHROLOGY

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

