				Initial Renewed
Na	ame			Effective from// to/_/
R = I	Reque	sted	G = R	ecommended As Requested C = Recommended with Conditions N = Not Recommended
R	G	С	N	POPULATION
				Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years)
				Adults: 13 - 65 Years
				Geriatrics: Over 65 Years
R	G	С	N	PRIVILEGES WITH SUPERVISION (b)
				Answers pages from floors in regards to specific patient (1)
				Apply simple dressings and change same as indicated (1)
				Arterial blood gas.* (*Must satisfy certain credentialing criteria to be approved) (1)
				Arterial line insertion.* (*Must satisfy certain credentialing criteria to be approved) (1)
				Assist in opening and closing of all incisions (1)
				Assist in suturing of surgical wounds (1)
				Central line insertion.* (*Must satisfy certain credentialing criteria to be approved) (1)
				Certify cause of death and sign death certificate (1)
				Collaborate with other health care professionals as appropriate (1)
				Dictate discharge summaries which will be reviewed and countersigned by the supervising physician, provide discharge management instructions, and distribute prescriptions as needed (1)
				Dobhoff insertion* (*Must satisfy certain credentialing criteria to be approved) (1)
				Have special equipment/material available as needed for certain procedures under direction of surgeon and through hospital's centralized procurement of supplies not routinely stocked (1)
				Initiate and take orders for medications appropriate to the disease entities he/she diagnoses and treats according to established protocol or at direction of supervising physician (1)
				Initiate and take orders for other diagnostic studies appropriate to the diseases seen (1)
				Initiate and take orders for routine blood tests and interpret their results (1)

Name_____

Initial Renewed

Effective from ___/___ to ___/__/

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R G C N PRIVILEGES WITH SUPERVISION (b)

	Initiate and take orders for routine x-rays and interpret their results (1)
	Initiate and take orders to include diet and activity levels according to established protocol or at direction of physician (1)
	Initiate appropriate evaluation and emergency management for emergency situations (cardiac arrest, respiratory distress, hemorrhage) (1)
	Inject appropriate vaccines and medications including antibiotics, antimigraine medications, antiemetics, corticosteroids, anxiolytic agents, and analgesics (1)
	Make routine rounds independently of supervising physician (1)
	Obtain a comprehensive health history, including an evaluation of physiological function, emotional and social well-being, development and maturation, and activities of daily living (1)
	Order blood and blood products (1)
	Order restraints and seclusion and conduct/document face to face assessments according to policies* (*Must satisfy certain credentialing criteria to be approved) (1)
	Perform a complete examination of patients with specific emphasis on assessment of potential/actual complications (physiological and/or psychological) that may impede or prolong progress (1)
	Perform a complete examination of patients with specific emphasis on assessment of progress toward recovery or adaptation (1)
	Perform a complete examination of patients with specific emphasis on provision of primary, secondary, and tertiary assessments (1)
	Perform and document patient education as appropriate (1)
	Perform application and removal of dressings and bandages (1)
	Perform arterial puncture (1)
	Perform casting and splinting (1)
	Perform cervical collar placement and removal (1)
	Perform chest tube management and removal (1)
	Perform debridement (1)
	Perform history and physical examination of specific patients, interpretation and evaluation of data and formulation of treatment protocols in conjunction with supervising physician (1)
	Perform intradermal tests (1)

Na	ıme			Initial Renewed Effective from// to//
$\mathbf{R} = \mathbf{F}$	Reque	sted	G = R	ecommended As Requested C = Recommended with Conditions N = Not Recommended
R	G	С	Ν	PRIVILEGES WITH SUPERVISION (b)
				Perform intravenous line management and removal (1)
				Perform laceration and wound care (1)
				Perform patient hospital rounds and write progress notes (1)
				Perform removal of superficial foreign bodies (1)
				Perform surgical tube and drain removal (1)
				Perform venipuncture (1)
				Perform venous and arterial Doppler exam (1)
				Place intravenous lines when indicated (1)
				Preparation of patient and positioning on operating table (1)
				Prepare patient/family for discharge (1)
				Pre-op visit/evaluation to see patient prior to surgery (1)
				Pre-operative preparation of the operative site (1)
				Pronouncement of death (1)
				Provide and document patient instructions as needed (1)
				Provide and document patient teaching as deemed necessary (1)
				Remove and/or apply dressings to observe the status of incisions or wounds (1)
				Remove sutures/staples at appropriate time or when requested by supervising physician (1)
				Review and document in Medical Record (1)
				Staff and coordinate the outpatient trauma patient follow-up (1)
				Thoracentesis.* (*Must satisfy certain credentialing criteria to be approved) (1)

Name	Initial Renewed Effective from/ to/						
R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended							
R G C N PR	RIVILEGES WITH SUPERVISION (b)						
	riage patient telephone calls and advise, where appropriate, in the treatment of applicable diseases (1)						
R G C N PR	RIVILEGES WITH SUPERVISING PHYSICIAN IN ATTENDANCE (c)						
First-assist with laparoscopic surgical procedures including Robot (1,2,3,4,7,10,12)							
R G C N PR	RESCRIPTIVE PRIVILEGES - Controlled Substances						
	chedule 2 (1,2,3,4)						
	chedule 2N (1,2,3,4)						
	chedule 3 (1,2,3,4)						
	chedule 3N (1,2,3,4)						
	chedule 4 (1,2,3,4)						
	chedule 5 (1,2,3,4)						
RGCN PR	RESCRIPTIVE PRIVILEGES - Non-Controlled Substances						

U N U

Prescriptive Privileges (1,2,3,4) (See list of approved drug categories below)

LEHIGH VALLEY HEALTH NETWORK CEDAR CREST & I-78 PO BOX 689 ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - NP - TRAUMA AND ACUTE CARE SURGERY

Name

Qualifications:

Will function in joint collaboration with the physician or physician group with which she/he is associated.

All verbal and telephone orders must be signed within seven (7) days.

SITES OF PRIVILEGE

- 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

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 - NP - TRAUMA AND ACUTE CARE SURGERY

Name		
Acknowledgement of Practitioner I hereby request the privileges n	oted.	
Practitioner Signature:		_Date://
	Recommendations	
I have reviewed the request for clini	cal privileges and supporting documentatio	n and
Recommend As Requested the privileges requested above.	Recommend with Exceptions	Do Not Recommend
	EXCEPTIONS	
Exception to Privilege:	Conditions/Modifica	ations
Explanation:	U	
Title	Signature	///////
Title	Signature	//
		////////
Title	Signature	Date / /
Fitle	Signature	Date
Title	Signature	