LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN NEUROLOGY

Initial ☐ **Renewed** ☐

Name_____ **Effective from** ___/___/___ **to** ___/___/___

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) (1,2,3,4,5,6,7,8,10,11,12)
☐	☐	☐	☐	Consultation Privileges (1,2,3,4,5,6,7,8,10,11,12)
☐	☐	☐	☐	History and Physical (1,2,3,4,5,6,7,8,10,11,12)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,4,5,6,7,8,10,11,12)
☐	☐	☐	☐	Certifying of Medical Marijuana (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12) (*Must satisfy certain credentialing criteria to be approved)

R	G	C	N	GENERAL PROCEDURES
☐	☐	☐	☐	Acupuncture (1,2,3,4,7,8)
☐	☐	☐	☐	Arterial puncture/catheterization (1,2,3,4,7,8,10,11)
☐	☐	☐	☐	Botulinum Toxin Use for Neurologic Conditions * (1,2,3,4,7,8,10) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Botulism Toxin Chemodenervation with or without Electromyography (EMG) Guidance (1,2,3,4,7,8,10)
☐	☐	☐	☐	Performance of Transcranial Doppler for diagnostic and therapeutic use in Acute Stroke (1,2,3,4,7,8,10) (* Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Electroencephalogram (EEG) and Evoked Potential Interpretation (1,2,3,4,7,8,10,11)
☐	☐	☐	☐	Electromyography and Nerve Conduction (1,2,3,4,7,8,10)
☐	☐	☐	☐	Neuromuscular Ultrasound for Diagnostic Use in Neuromuscular Disorders* (1)(*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Interpretation of CTs and MRIs for the purpose of making treatment decisions (1,2,3,4,7,8,10,11)
☐	☐	☐	☐	Interpretation of Duplex Carotid Ultrasound (1,2,3,4,7,8,10)

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R	G	C	N	GENERAL PROCEDURES
☐	☐	☐	☐	Interpretation of diagnostic Transcranial Doppler (1,2,3,4,7,8,10)
☐	☐	☐	☐	Lumbar Puncture (1,2,3,4,7,8,10,11)
☐	☐	☐	☐	Nerve and Muscle Trigger Point Injection Block (1,2,3,4,7,8,10,11,12)
☐	☐	☐	☐	Place central venous access line (1,2,3,4,7,8,10,11)
☐	☐	☐	☐	Sleep Disorder Polysomnogram Interpretation (1,2,3,4,7,8,10)

R	G	C	N	NEUROCRITICAL CARE - Must be fellowship trained or certified
☐	☐	☐	☐	Arterial Cannulation (1,2,10,11)
☐	☐	☐	☐	Arterial Puncture (1,2,10,11)
☐	☐	☐	☐	Central Venous Pressure (CVP) Monitoring (1,2,10,11)
☐	☐	☐	☐	Continuous-assisted Ventilation - unlimited/limited (1,2,10,11)
☐	☐	☐	☐	Emergency Defibrillation (1,2,10,11)
☐	☐	☐	☐	Insertion of Central Lines (1,2,10,11)
☐	☐	☐	☐	Moderate Sedation - Adult* (18 years or older)*** (1,2,3,4,10,11,12) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Percutaneous Insertion of Dialysis Devices (1,2,10)
☐	☐	☐	☐	Pericardiocentesis - Emergency (1,2)

R	G	C	N	SPECIAL PRIVILEGES
☐	☐	☐	☐	Interpretation of Pediatric Electroencephalograms (EEG)* For patients 4 weeks to 13 years of age (1,2,3,4) (*Must satisfy certain credentialing criteria to be approved)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN NEUROLOGY

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 NEUROLOGY

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