

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - PA - OBSTETRICS AND GYNECOLOGY

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

Name _____

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

R G C N POPULATION

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pediatric: Birth - 25 Years (Fairgrounds Surgical Center, 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geriatrics: Over 65 years

R G C N AMBULATORY OB/GYN - PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for medications as directed and countersigned by the supervising physician (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for routine laboratory tests and diagnostic studies as directed and countersigned by supervising physician and interpret their results (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for x-rays as directed and countersigned by supervising physician (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Obtain a complete health, psychosocial, obstetric, and gynecologic history and record findings in a systematic, accurate, and succinct form (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order blood and platelet transfusions (as set forth in written agreement) (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform a complete physical examination with specific emphasis on the reproductive system (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform Hysterosalpingogram (HSG) (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document assessment and care of gynecologic oncology patients and related oncologic and chemo therapy side effects management as directed by the supervising physician (1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide periodic health assessment of normal, non-pregnant, pregnant, and asymptomatic women including the assessment, education, and management of family planning (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide post-op wound care as directed by physician (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide postpartum care for women who have had uncomplicated pregnancies (1,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide prenatal care for women with uncomplicated pregnancies (1,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triage patient telephone calls and advise when appropriate in the treatment of applicable disease (1,10,11,12)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write ongoing orders for chemotherapy and supportive drugs (as set forth in written agreement) (1)

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R G C N INPATIENT OBSTETRICS - PRIVILEGES WITH SUPERVISION (b)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluate the presence or absence of labor (labor and delivery triage) including performing a cervical exam to assess dilation, effacement and station, and the status of the amniotic membranes (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for medications as directed and countersigned by the supervising physician (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for routine obstetrical laboratory tests as directed and countersigned by supervising physician and interpret their results (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Interpret normal and abnormal electronic fetal heart rate tracings (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Order and/or administer blood and blood products (as set forth in written agreement) (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Order restraints and seclusion and conduct/document face to face assessments according to policies* (*Must satisfy certain credentialing criteria to be approved) (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform daily rounds and discharge routine post-partum patients (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pronouncement of death (1) |

R G C N INPATIENT OBSTETRICS - SUPERVISING PHYSICIAN IN ATTENDANCE (c)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist with the vaginal delivery of routine, uncomplicated, laboring patients (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with deliveries via Cesarean section (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with the performance and repair of episiotomies and the repair of uncomplicated vaginal lacerations (1,10,11) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide local anesthesia to the perineum of laboring or recently delivered patients (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Second-assist with deliveries via Cesarean section (1,10,11) |

R G C N INPATIENT GYNECOLOGY - PRIVILEGES WITH SUPERVISION (b)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluate patients who are to be admitted to the inpatient GYN service, including performing a complete history and physical examination, formulate an assessment and plan, and write appropriate admitting orders (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evaluate patients who are to be admitted to the inpatient GYN/ONC service, including performing a complete history and physical examination, formulate an assessment and plan, and write appropriate admitting orders (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for medications as directed and countersigned by the supervising physician (1,10,11,12) |

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- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform daily rounds and discharge gynecologic patients including post-operative patients (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Place arterial lines* (*Supervising physician must be an active member of the Section of Gynecologic Oncology) (1) |

R G C N INPATIENT GYNECOLOGY - SUPERVISING PHYSICIAN IN ATTENDANCE (c)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist with pericentesis* (*Supervising physician must be an active member of the Section of Gynecologic Oncology) (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist with the placement of central intravenous access lines* (*Supervising physician must be an active member of the Section of Gynecologic Oncology) (1) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist in the event of needing to convert the procedure (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with hysteroscopic surgical procedures (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with laparoscopic surgical procedures (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with laparoscopic surgical procedures including Robot (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with open abdominal surgical procedures (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with operative laparoscopic procedures utilizing laser (Requires proof of baseline retinal examination) (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First-assist with vaginal surgical procedures (1,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First assist with vulvar surgical procedures (1,10,11,12) |

R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 2 (1,2,3,4,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 2N (1,2,3,4,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 3 (1,2,3,4,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 3N (1,2,3,4,10,11,12) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Schedule 4 (1,2,3,4,10,11,12) |

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R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

| Schedule 5 (1,2,3,4,10,11,12)

R G C N PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances

| Prescriptive Privileges (1,2,3,4,10,11,12) (See list of exclusions, if any)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

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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 by the Physician Assistant within seven (7) days. All orders must be countersigned by the Supervising Medical Staff member within ten (10) days for the following:

1. For the first twelve (12) months the Physician Assistant is practicing post-graduation and initial licensure.
2. For the first twelve (12) months the Physician Assistant is practicing in a new specialty.
3. For the first six (6) months the Physician Assistant is practicing in the same specialty, but is located in a new practice area.

All written/electronic orders must be countersigned by the Supervising Physician within ten (10) 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)
- 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

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 - PA - OBSTETRICS AND GYNECOLOGY

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

