

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - PA - ALLERGY AND IMMUNOLOGY

Name _____

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

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 (CONSULTATION ONLY for ages Birth - 12 Years) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Geriatrics: Over 65 Years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adults: 13 - 65 Years |

R G C N PRIVILEGES WITH SUPERVISION (b)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Accept lab information from laboratory (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Admit/discharge patients on consultation with supervising physician (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Answers pages from floors in regards to specific patient (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Assist in filling out request forms signed by supervising physician (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dictate discharge summaries which will be reviewed and countersigned by the supervising physician, provide discharge management instructions, and distribute prescriptions as needed (1,2,3,4,5,6) |
| <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 (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for other diagnostic studies appropriate to the diseases seen as directed and countersigned by the supervising physician (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for routine blood tests as directed and countersigned by the supervising physician and interpret their results (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders for routine x-rays as directed and countersigned by the supervising physician and interpret their results (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate and take orders to include diet and activity levels as directed and countersigned by the supervising physician (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiate appropriate evaluation and emergency management for emergency situations (cardiac arrest, respiratory distress, hemorrhage) (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inject appropriate vaccines and medications including antibiotics, antimigraine medications, antiemetics, corticosteroids, anxiolytic agents, and analgesics (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Injection of allergens for allergen immunotherapy (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obtain a comprehensive health history, including an evaluation of physiological function, emotional and social well-being, development and maturation, and activities of daily living (1,2,3,4,5,6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Perform and document patient education as appropriate (1,2,3,4,5,6) |

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - PA - ALLERGY AND IMMUNOLOGY

Name _____

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

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

R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform and interpret allergy testing for environmental, food, insect or medication allergies (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform drug desensitization for medication allergies (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform food challenges and food desensitization (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform history and physical examination of specific patients, interpretation and evaluation of data, and formulation of treatment protocols in conjunction with supervising physician (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform patient hospital rounds and write progress notes countersigned by supervising physician (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Place intravenous lines when indicated (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of vials for allergen immunotherapy (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare patient/family for discharge (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient instructions as needed (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient teaching as deemed necessary (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review and document in Medical Record (1,2,3,4,5,6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Triage patient telephone calls and advise, where appropriate, in the treatment of applicable diseases (1,2,3,4,5,6)

R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2 (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2N (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3 (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3N (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 4 (1,2,3,4,5,6,7,8)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 5 (1,2,3,4,5,6,7,8)

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - PA - ALLERGY AND IMMUNOLOGY

Name _____

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

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

R G C N PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances

| Prescriptive Privileges (1,2,3,4,5,6,7,8) (See list of exclusions, if any)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - PA - ALLERGY AND IMMUNOLOGY

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 PRIVILEGES

- 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

DEFINITION 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 - ALLERGY AND IMMUNOLOGY

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 ____/____/____

Gloribel Nieves

From: Timothy Friel
Sent: Friday, December 23, 2022 4:51 PM
To: Gloribel Nieves
Cc: Jomarie Wintle
Subject: RE: New Privilege form - PA-Allergy and Immunology

Approved

Tim

PS: Have a wonderful holiday!

From: Gloribel Nieves <Gloribel.Nieves@lvhn.org>
Sent: Thursday, December 22, 2022 10:08 AM
To: Timothy Friel <Timothy.Friel@lvhn.org>
Cc: Jomarie Wintle <Jomarie.Wintle@lvhn.org>
Subject: New Privilege form - PA-Allergy and Immunology

Dr. Friel,

We have our first PA in the Division of Allergy and we did not have a privilege form.

With the help of Dr. Zemble the attached privilege form was created and this will go to the credentials meeting in January along with the physician assistant.

Please review and provide your recommendation.

Thank you.

Gloribel Nieves

Credentialing Coordinator
Medical Staff Services

From: Robert M Zemble <Robert_M.Zemble@lvhn.org>
Sent: Thursday, December 22, 2022 8:24 AM
To: Jomarie Wintle <Jomarie.Wintle@lvhn.org>
Cc: Gloribel Nieves <Gloribel.Nieves@lvhn.org>
Subject: Re: DOPs for PA-Cs for Allergy, Asthma and Immunology

Looks good. I will scan the signed form and send it over the weekend unless you want it faxed.

Robert M. Zemble, M.D., FAAAAI, FACAAI

Chief, Division of Allergy, Lehigh Valley Health Network
Assistant Professor of Medicine
University of South Florida, Morsani College of Medicine
LVPG Allergy, Asthma and Immunology
1605 North Cedar Crest Blvd., Suite 605
Allentown, PA 18104
(p) 610 820-9000 (f) 610 820-9078
www.allentownasthma.com