

LEHIGH VALLEY HEALTH NETWORK
CLINICAL PRIVILEGES IN AHP - PA - GYNECOLOGIC ONCOLOGY

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: 18 - 65 Years

Geriatrics: Over 65 years

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

Initiate and take orders for medications as directed and countersigned by the supervising physician (1,2,3,5,6)

Initiate and take orders for routine laboratory tests and diagnostic studies as directed and countersigned by supervising physician and interpret their results (1,2,3,5,6)

Initiate and take orders for x-rays as directed and countersigned by supervising physician (1,2,3,5,6)

Obtain a complete health, psychosocial, obstetric, and gynecologic history and record findings in a systematic, accurate, and succinct form (1,2,3,5,6)

Order blood and platelet transfusions (as set forth in written agreement) (1,2,3,5,6)

Perform a complete physical examination with specific emphasis on the reproductive system (1,2,3,5,6)

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 (1,2,3,5,6)

Provide periodic health assessment of normal, non-pregnant, pregnant, and asymptomatic women including the assessment, education, and management of family planning (1,2,3,5,6)

Provide post-op wound care as directed by physician (1,2,3,5,6)

Triage patient telephone calls and advise when appropriate in the treatment of applicable disease (1,2,3,5,6)

Write ongoing orders for chemotherapy and supportive drugs (as set forth in written agreement) (1,2,3,5,6)

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

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 (1,2,3,5,6)

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 (1,2,3,5,6)

Initiate and take orders for medications as directed and countersigned by the supervising physician (1,2,3,5,6)

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

Perform daily rounds and discharge gynecologic patients including post-operative patients (1,2,3,5,6)

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

- Assist with pericentesis (1,2,3,5,6)
- Assist with the placement of central intravenous access lines (1,2,3,5,6)
- First-assist in the event of needing to convert the procedure (1,2,3,5,6)
- First-assist with hysteroscopic surgical procedures (1,2,3,5,6)
- First-assist with laparoscopic surgical procedures (1,2,3,5,6)
- First-assist with laparoscopic surgical procedures including Robot (1,2,3,5,6)
- First-assist with open abdominal surgical procedures (1,2,3,5,6)
- First-assist with operative laparoscopic procedures utilizing laser (Requires proof of baseline retinal examination) (1,2,3,5,6)
- First-assist with vaginal surgical procedures (1,2,3,5,6)
- First assist with vulvar surgical procedures (1,2,3,5,6)

R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

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

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R G C N PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances

| Prescriptive Privileges (1,2,3,10,11,12) (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 - GYNECOLOGIC ONCOLOGY

Name _____

Reappointment Requirements:

- 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

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA AHP - PA - GYNECOLOGIC ONCOLOGY

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

