

LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN AHP - NP - NEONATOLOGY

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 (LVHN Surgery Center-Tilghman, and LVHN Children's Surgery Center - 6 months - 18 Years)
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R G C N PRIVILEGE AREAS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ambulatory Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attend patients in Children's ER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inpatient Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inpatient Care - Neonatal Intensive Care Unit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inpatient Care - Pediatric Intensive Care Unit

R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Answers pages from floors in regards to specific patient (1,2,4,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply simple dressings and change same as indicated (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance at Cesarean Sections and other newborn deliveries (Neonatal resuscitation certification required) (1,2,7,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care and access of central venous catheter (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certify cause of death and sign death certificate (1,2,3,7,9)
<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 (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for consultations appropriate to the disease entities he/she diagnoses and treats according to established protocol or at the direction of supervising physician (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for medications appropriate to the disease entities he/she diagnoses and treats according to established protocol or at the direction of supervising physician (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for other diagnostic studies appropriate to the disease seen(1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for routine blood tests and interpret their results (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders for routine x-rays and interpret their results (1,2,3,5,6,7,8,9,10,11)

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R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and take orders to include diet and activity levels according to established protocol or at direction of physician (1,2,3,5,6,7,8,9,10,11)
<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) (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Order blood and blood products (1,2,3,5,6,7,8,9,10,11)
<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) (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform endotracheal intubation (1,2,3,9)
<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, with specific emphasis on the reproductive system, in conjunction with supervising physician (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform lumbar puncture (1,2,3,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform lumbar puncture with administration of intrathecal chemotherapy (1,2,3,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform patient hospital rounds and write progress notes (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform peripheral arterial catheterization (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform peripheral arterial sampling (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform peripheral venous cannulation (1,2,7)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform suprapubic bladder tap (1,2,3,7,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perform venipuncture (1,2,3,5,6,7,8,9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of intraosseous line (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of nasogastric tube (1,2,3,7,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of peripheral central venous line (1,2,3,9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of peripherally inserted central catheter (PICC) line (1,2,3,9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Placement of urinary catheter (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare patient/family for discharge (1,2,3,5,6,7,8,9,10,11)

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R G C N PRIVILEGES WITH SUPERVISION (b)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pronouncement of death (1,2,3,5,6,7,8,9)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient instructions as needed (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide and document patient teaching as deemed necessary (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide care to infants including those with severe illness such as infection, metabolic disturbances, respiratory distress, seizures (1,2,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide care to infants including those with severe illness such as ventilator support and invasive monitoring (1,2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review and document in Medical Records (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review patient records to determine patient's health status (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thoracentesis* (Must* satisfy certain credentialing criteria to be approved) (1,2,3,9)
<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 (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Umbilical artery and venous line (1,2,4,9)

R G C N PRESCRIPTIVE PRIVILEGES - Controlled Substances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2 (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 2N (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3 (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 3N (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 4 (1,2,3,5,6,7,8,9,10,11)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule 5 (1,2,3,5,6,7,8,9,10,11)

R G C N PRESCRIPTIVE PRIVILEGES - Non-Controlled Substances

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prescriptive Privileges (1,2,3,5,6,7,8,9,10,11) (See list of approved drug categories below)
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LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN AHP - NP - NEONATOLOGY

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

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 - NEONATOLOGY

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

