
Applicant Name

St. Elizabeth Healthcare
Pediatrics

Minimum Requirements

Degree required: MD or DO

Successful completion of ACGME or AOA approved residency training program in Pediatrics or combined Internal Medicine/Pediatrics program

Note: Members who first apply for membership after March 2, 2009 must be and remain (with a lapse of no longer than one year) board certified in pediatrics, or become and remain (with a lapse of no longer than one year) board certified within six years of completion of their post-graduate medical training. Only those boards recognized by the American Board of Medical Specialties or the American Osteopathic Association are acceptable. This board certification requirement does not apply to applicants who on March 2, 2009 were members in good standing on the medical staff of the St. Luke Hospitals or St. Elizabeth Medical Center.

Privileges Requested

I. Core Privileges: Core privileges in Pediatrics include the care, treatment or services listed immediately below. I specifically acknowledge that board certification alone does not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

Request

Description of Privilege

_____ **Basic Core Privileges:** Admit patients, perform histories and physicals and manage common pediatric conditions outside of the newborn period, including administration of intravenous fluids and antibiotics and administration of medical treatment regimens for bronchospasm; and manage the healthy newly born and neonates not requiring Level II management due to illness or prematurity.

_____ Care of the term infant (>38 weeks gestation) or the late preterm infant (>35 0/7 and < 38 0/7 weeks gestation), without significant complications or illness and not requiring intravenous fluids or prolonged observational stay in the Special Care Nursery.

- _____ Care of both term and preterm infants with non-life threatening illness and without significant cardiorespiratory illness; This does not include preterm less than 35 weeks gestation, with or without other complications, without appropriate pediatric or neonatology consultation

- _____ Care of all newborn infants, including those with potentially life threatening illness but excluding ventilatory care and advanced life support aspects (except in emergency situations). Use of assisted ventilation in patient management (e.g. nCPAP) requires either consultation from or communication with Neonatology expertise.

- _____ Attendance at delivery for neonatal resuscitation requires current successful completion of the Neonatal Resuscitation Program course content determined by the American Academy Pediatrics and American Heart Association or ongoing NRP Instructor activity. Documentation of Current NRP training required

- _____ Moderate Sedation (requires proof of (a) board certification in Anesthesiology, Cardiology, Critical Care, Pulmonology or Emergency Medicine *or* (b) current ACLS Certification *or* (c) satisfactory completion of the ASA Moderate Sedation course).

- _____ Refer patients to the care of a hospitalist or other appropriately privileged Member and follow the progress of such patients through discharge. Refer and follow privileges include visiting the patient and reviewing medical chart contents. Refer and follow privileges alone *do not* include the ability to admit patients, write orders, make medical chart entries or otherwise engage in any form of active medical management.

II. Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (fellowship completion, training course certification, letter from program director or department chair at primary hospital, etc.) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

Request

Description of Procedure

General Diagnostic Procedures

- _____ Emergency management of invasive ventilation
- _____ Advanced airway management via LMA or other similar device (excepting Endotracheal tubes)
- _____ Intubation of the trachea
- _____ Incision and drainage of superficial abscesses not requiring sedation
- _____ Intraosseous needle insertion
- _____ Intubation and laryngoscopy
- _____ Lumbar puncture
- _____ Peripheral arterial puncture
- _____ Positive pressure ventilation via bag valve mask

Neonatal Procedures

- _____ Exchange transfusion (double volume)
- _____ Exchange transfusion (partial)
- _____ Frenulotomy for ankyloglossia
- _____ Phototherapy per recognized regional and national guidelines
- _____ Umbilical artery and vein catheterization

Other Special Procedures

- _____ Chest tube placement
- _____ Needle aspiration of pneumothoraces
- _____ Laceration repair
- _____ Fractures and dislocation management
- _____ Suprapubic tap
- _____ Thoracentesis

_____ Venipuncture or intravenous line placement

_____ Obtaining ABG/arterial blood gas

Applicant Signature

Date

Applicant Printed Name

_____ Approved

_____ Disapproved

Chair, Section of _____

Date:

Remarks: