



**Pediatric & Adolescent Medicine Privileges
Department of Pediatrics**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency, *and* current certification or active participation in the examination process leading to certification within 5 years of training completion as required per medical staff bylaws.

Required current experience: Documentation or attestation of the management of at least 24 pediatric inpatients or outpatients as the attending physician in the past 12 months *or* successfully completion of an ACGME or AOA accredited residency or clinical fellowship in pediatrics or adolescent medicine within the past 12 months.

Additional Requirements: Maintenance of Basic Life Support certification

Baroness*	Children's**	North	East	Bledsoe/Sequatchie	Community Health Centers***

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics
 **Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center
 ***Includes Dodson Avenue Community Health Center, Premier Community Health Center, and Southside Community Health Center

Core Pediatric Privileges:

Core privileges include the ability to admit, evaluate, diagnose, consult, perform history and physical exam, provide treatment, perform necessary procedures that are not life threatening to inpatients and outpatients from birth to young adulthood (21 years of age) concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. Core privileges may also include providing care to patients in the intensive care setting in conformance with unit policies. In addition, applicants may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the following procedures and other procedures that are extensions of the same techniques and skills:

- Arterial puncture
- Bladder catheterization
- Endotracheal intubation (emergent)
- Incision and drainage of abscesses
- Gynecologic evaluation of pre-pubertal and post-pubertal females
- Local anesthetic techniques and peripheral nerve blocks
- Lumbar Puncture
- Management of burns, superficial and partial thickness
- Performance of simple skin biopsy or excision
- Placement of anterior and posterior nasal hemostatic packing
- Placement of intraosseous lines (emergent)
- Placement of IV lines and venipuncture
- Placement and removal of subdermal contraceptive devices (e.g. Nexplanon)
- Reduction and splinting of uncomplicated, minor closed fractures and uncomplicated dislocations
- Removal of non-penetrating foreign bodies from the eye, nose, or ear
- Subcutaneous, intradermal, and intramuscular injection
- Umbilical artery and vein catheterization (newborn nursery or delivery room)
- Wound care and suture of uncomplicated lacerations

Special Non-Core Privileges in Pediatrics:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

<i>Procedure</i>	<i>Baroness</i>	<i>Children's</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Attendance at delivery to assume care of normal newborns					
Circumcision					

Request for Privilege Not Listed in Core or Special Non-Core

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)

_____ Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date

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