



**Pediatric Pulmonology 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 in pediatrics followed by successful completion of an ACGME accredited fellowship in pediatric pulmonology *and* current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric pulmonology by the ABP within 5 years of completion of training.

Required current experience: Documentation or attestation of the management of at least 24 pediatric pulmonology inpatients or outpatients as the attending/consulting physician, reflective of the scope of privileges requested, during the past 12 months *or* successful completion of an ACGME accredited fellowship within the past 12 months.

Additional Requirements: Maintenance of Basic Life Support certification

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* 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

Core Pediatric Pulmonology Privileges:

Core privileges for pediatric pulmonology include the ability to admit, perform history and physical examinations, evaluate, diagnose, and treat inpatients and outpatient infants, children, and young adults with all types of conditions, disorders, and diseases of the respiratory system and the lungs by using a variety of invasive and noninvasive diagnostic and therapeutic techniques. These same privileges are extended to adults who have disease states that typically manifest in the pediatric population for which a pediatric pulmonologist has expertise in managing. May provide care to patients in the intensive care setting in conformance with unit policies. In addition, they may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services. The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same

techniques and skills:

- Airway management
- Continuous positive airway pressure (CPAP)
- Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
- Emergency cardioversion
- Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
- Flexible fiber-optic bronchoscopy procedures
- Inhalation challenge studies
- Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
- Management of patients with invasive and non-invasive ventilation for respiratory failure, central and obstructive apnea, both during sleep and awake
- Management of pneumothorax (needle insertion and drainage system)
- Operation of hemodynamic bedside monitoring systems
- Pulmonary function tests to assess respiratory mechanics and gas exchange, including spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
- Thoracostomy tube insertion and drainage, including chest tubes
- Use of reservoir masks and CPAP masks for delivery of supplemental oxygen humidifiers, nebulizers, and incentive spirometry
- Use of positive pressure ventilatory modes, including initiation of:
 - Ventilatory support, including bi-level positive airway pressure
 - Weaning and respiratory care techniques
 - Maintenance and withdrawal of mechanical ventilatory support

Special Non-Core Privileges in Pediatric Pulmonology:

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:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Diagnostic thoracoscopy, including biopsy					
Endobronchial ultrasound (EBUS)					
Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters					
Bilateral chemodeneration bilateral parotid and submandibular glands					
Ultrasound needle guided biopsy					
Interpretation and reading polysomnogram studies including diagnostic, titration, and MSLT studies					

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