

FOOTHILL PRESBYTERIAN HOSPITAL
Glendora, CA 91741



CRITERIA FOR GRANTING PEDIATRIC, ADOLESCENT AND NEONATAL PRIVILEGES REQUEST FORM

Please check all categories and privileges for which you have adequate training or expertise. Pediatric Privileges are granted to admit, perform history & physicals, treat and consult with limitation on pediatric (newborn to 13 years of age) and adolescent patients (14-18 years of age). Neonatology privileges are granted for patients less than 30 days of age. Consultation strongly suggested for any case in which diagnosis or management remain in question for a longer than usual period of time.

Pediatricians attending c-sections must have NRP. Pediatricians caring for infants more than 30 days old must have PALS.

Privileges to perform emergency lifesaving procedures are automatically granted to all Medical Staff physicians.

I. ADOLESCENT/PEDIATRIC PRIVILEGES

Category 1

Illness or problem with no apparent serious threat to life. This category usually granted to family physician or internists or after 1 year of pediatric training or its equivalent in experience.

Category 2

Complex or severe illness or potentially life-threatening problems usually requiring skills acquired after pediatric training sufficient for Board eligibility/certification or its equivalent in experience.

Category 3

Illness or problem requiring expertise acquired only during subspecialty training and similar experience. (This category does not necessarily include all others. Please check other categories desired)

II. NEONATAL CARE PRIVILEGES

Category 1

For those requesting Category 1, 2, 3, or 4. Normal care of newborn infants 2,000 gm.

Category 2

For those requesting Category 3 or 4. Care of per-term or low birth weight infants with non-threatening illness and not requiring ventilator request.

Category 3

Foothill Presbyterian Hospital
 Pediatrics/Neonatal Privileges Request Form

For those requesting Category 3 or 4. Care of all newborn infants, including those with potentially life-threatening illness, but excluding ventilator care and advanced life support aspects.

III. SURGICAL PROCEDURES

<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ CIRCUMCISION	_____	_____
_____ MYRINGOTOMY	_____	_____
_____ SIMPLE FRACTURE AND DISLOCATIONS	_____	_____
_____ UMBILICAL CATHETERIZATION	_____	_____
_____ LACERATION REPAIR	_____	_____

IV. OTHER PROCEDURES

<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ SKIN BIOPSY	_____	_____
_____ LUMBAR PUNCTURE	_____	_____
_____ NEONATAL	_____	_____
_____ PEDIATRIC	_____	_____
_____ ADOLESCENT	_____	_____
_____ PERIPHERAL ARTERIAL PUNCTURE	_____	_____
_____ BLADDER TAP	_____	_____
_____ ARTHROCENTESIS	_____	_____
_____ INTUBATION	_____	_____

If requesting new privileges greater in scope than previously held, please briefly indicate why these privileges are desired and warranted.

On the basis of my training and experience, I am qualified to exercise and request the privileges which I have checked.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of medicine and pledge to abide by these laws.

PRIVILEGES APPROVED: AS REQUESTED AS MODIFIED BELOW

 Applicant's Signature Date

 Chair, Pediatrics Department Date
 pedneopriv 7/99, 10/01, 7/02, 12/05, 8/06, 8/07, 10/08, 1/2010