

POLK MEDICAL CENTER

Medical Staff Privilege Checklist

Pediatric Privileges Requested By: _____

- Board Qualified Board Certified

Staff Category _____ Department _____

Please check all categories and privileges desired. All privileges are first approved by the Credential Committee and the Medical Executive Committee. Final approval is granted by the Governing Board. For privileges not requested, enter Ø.

- I request privileges ordinarily permitted a Pediatrician who has been certified by the American Board of Pediatrics, or who has fulfilled the qualification requirements of the Board, including the following checked surgical, diagnostic, and therapeutic procedures:*
- I request privileges for the following checked surgical, diagnostic, and therapeutic procedures in the Department of Pediatrics.*
- I. *Pediatric Privileges (Privileges to perform emergency lifesaving procedures are automatically granted to all staff physicians.)*

- Category 0**
Privileges usually granted a non-pediatrician specialty consultant who, in the opinion of the attending physician and Chief of Pediatrics, is capable of performing diagnostic consultation and/or specialty services urgently needed in the care of a critically ill patient or one with a diagnostic problem.
- Category 1**
Illness or problem with no apparent serious threat to life. This category is usually granted to family physicians or internists.
- Category 2**
Illness or problem requiring skills usually acquired after one year of pediatric training or the equivalent in experience.
- Category 3**
Complex or severe illness or potentially life-threatening problems usually requiring skills acquired after pediatric training sufficient for Board eligibility/certification or the equivalent in experience. **This includes the stabilization of a critically ill child prior to transport to tertiary care facility including ventilator care.**
- Category 4**
Intensive care of children, including ventilator care and advanced life support **prior to transport to tertiary care facility.**
- Category 5**
Illness or problem requiring expertise acquired only during a subspecialty training or similar experience.

Subspecialty practice: _____

(This category does not necessarily include all others. Please check other categories desired.)

I. Neonatal Care Privileges

- Class A**
(For those requesting Category 1, 2, 3, or 4) Normal care of newborn infants 2,000 gm.
- Class B**
(For those requesting Category 3 or 4) Care of preterm or low-birth-weight infants with non-life-threatening illness, and not requiring ventilator support.
- Class C**
(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.
- Class D**
Intensive care of the newborn infant, including ventilator care, advanced life support, and chest tube insertion.

II. Surgical Procedures (Venipuncture, laceration repair, incision and drainage of superficial abscesses are automatically permitted):

- | | |
|--|---|
| <input type="checkbox"/> Neonatal Circumcision | <input type="checkbox"/> Peripheral venous cut-down |
| <input type="checkbox"/> Exchange transfusion | <input type="checkbox"/> Simple fracture and dislocations |
| <input type="checkbox"/> Umbilical catheterization | |
| <input type="checkbox"/> Intubation | |
| _____ (Specify inclusive ages) | |

Other:

III.B. Diagnostic Procedures

- | | |
|---|---|
| <input type="checkbox"/> Bladder tap | <input type="checkbox"/> Abdominal paracentesis |
| <input type="checkbox"/> Subdural tap | <input type="checkbox"/> Thoracentesis |
| <input type="checkbox"/> Skin biopsy | <input type="checkbox"/> Lumbar puncture |
| <input type="checkbox"/> Laryngoscopy | |
| <input type="checkbox"/> Peripheral puncture arterial | |
| _____ (Specify inclusive ages) | |

Other: Requesting outpatient privileges only: _____

Requesting Physician's Signature

Date

APPROVED:

Credentials Committee Chairman

Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Credential Committee's recommendation and forward to governing body

_____ Return to Credentials Committee for clarification of the following:

Date

BOARD APPROVAL _____ Yes _____ No

Date