

**SCOTLAND HEALTH CARE SYSTEM**  
**Clinical Privilege Delineation Form**  
**Specialty: PEDIATRICS**

PHYSICIAN NAME: \_\_\_\_\_

I. **General Privileges**

By virtue of being granted any level of clinical privileges, a physician is automatically granted the following privileges:

Performing physical examinations and ordering and interpreting of diagnostic studies that are normally considered part of the practice of Pediatrics, including, but not limited to, laboratory, diagnostic imaging, and electrocardiographic studies.

Prescribing and administering medications normally considered part of the practice of Pediatrics.

Requesting consultations and technical procedures to be performed by other physicians and qualified consultants/technicians.

At the time of a clinical emergency, the provision of whatever care the physician believes to be indicated to prevent loss of life or serious injury to a patient.

II. **Specific Privileges: Clinical**

Three categories of clinical privileges may be granted for each clinical area listed on the following page. The category of privileges being requested, if any, must be indicated next to the specific clinical area being addressed.

**Category 1:** Uncomplicated illnesses or problems that present no serious threat to life, and which are expected to require only a short period of hospitalization. When doubt exists as to the diagnosis, or in cases in which improvement from treatment is not apparent, consultation must be obtained.

**Category 2:** Major illnesses, injuries, or conditions, but with no significant risk to life. When doubt exists as to the diagnosis, or in cases in which improvement from treatment is not apparent, consultation must be obtained.

**Category 3:** Major illnesses, injuries, or conditions that carry substantial threat to life. When doubt exists as to the diagnosis, or in cases in which improvement from treatment is not apparent, consultation must be obtained.

**GENERAL MEDICAL PRIVILEGES:** In the area marked "Level of Privileges Requested" **circle** the number indicating the level of privileges that you wish to be granted in each of the areas listed. **“PLEASE CIRCLE LEVELS REQUESTED”**

Area	Level of Privileges Requested	Area	Level of Privileges Requested
Allergy	1 2 3	Genitourinary Diseases	1 2 3
Cardiac Diseases	1 2 3	Musculoskeletal Diseases	1 2 3
Collagen Diseases	1 2 3	Neurologic Diseases	1 2 3
Hematological Diseases	1 2 3	Pulmonary Diseases	1 2 3
Hepatic Diseases	1 2 3	Renal Diseases	1 2 3
Gastrointestinal Diseases	1 2 3	Metabolic/Endocrine Diseases	1 2 3

**NURSERY PRIVILEGES**

Privilege	Requested
Attend High-Risk Deliveries	
Attend Cesarean Section Deliveries	
Normal Care of Newborn Infants (birthweight $\geq$ 2,000 grams)	
Care of Newborn Infants (birthweight $\geq$ 2,000 grams) with Complications	
Care of Pre-Term or Low Birth Weight Infants without Potentially Life-Threatening Illness	
Care of Pre-Term or Low Birth Weight Infants with Potentially Life-Threatening Illness	

**SURGICAL PROCEDURES**

Procedure	Requested	Procedure	Requested
Local Anesthesia		Bladder Catheterization	
Digital Blocks		CVP Line Placement	
I&D of Abscess		Periph Arterial Cutdown	
Circumcision		Periph Venous Cutdown	
Meatotomy		Periph Arterial Puncture	
Spinal Tap		Periph Venous Puncture	
Subdural Tap		Intubation	
Thoracentesis		Myringotomy	
Paracentesis		Exchange Transfusion	
Pericardiocentesis		Umbilical Catheterization	
Anoscopy		Suture Minor Laceration	

***OTHER***

<b>Procedure</b>	<b>Requested</b>
Transthoracic Echocardiology	
ECG Interpretation	
Holter Interpretation	

I hereby request clinical privileges as outlined above.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_