



DEPARTMENT OF PEDIATRIC AND ADOLESCENT MEDICINE  
Core Privileges

Name: \_\_\_\_\_

**Purpose**

Physicians who are members of the Department of Pediatric and Adolescent Medicine will provide diagnostic and therapeutic services related to Pediatric and Adolescent Medicine and the sections/sub-specialties within the purview of pediatric and adolescent medicine, including:

- |   |  |
|---|--|
| <input type="checkbox"/> General Pediatrics         | <input type="checkbox"/> Infectious Diseases |
| <input type="checkbox"/> Newborn                    | <input type="checkbox"/> Nephrology          |
| <input type="checkbox"/> Cardiology                 | <input type="checkbox"/> Neurology           |
| <input type="checkbox"/> Endocrinology              | <input type="checkbox"/> Pulmonology         |
| <input type="checkbox"/> Gastroenterology           | <input type="checkbox"/> Rheumatology        |
| <input type="checkbox"/> Hematology and/or Oncology |  |

**Qualifications**

To be eligible for core privileges in the Department of Pediatric and Adolescent Medicine, the applicant must meet the following qualifications:

- Successful completion of an ACGME or AOA-recognized accredited residency program in pediatrics; **and**
- Demonstration of the provision of inpatient or outpatient care for at least 24 patients in the past two years.

Active participation in the examination process leading to certification in pediatrics and adolescent medicine or current certification by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics is highly recommended.

**Privileges included in the Newborn Core with observation requirements**

Requested

Privileges to admit, evaluate, diagnose, and treat infants in newborn nursery or special care nursery and perform procedures that are not life threatening.

**Observation requirements for Newborn Core privileges**

Retrospective review of the first three (3) cases.

**Privileges included in the General Pediatric core with observation requirements**

Requested

Privileges to admit, evaluate, diagnose, and treat patients from birth to 17 years, and perform procedures that are not life threatening.

Privileges include, but are not limited, to: Venipuncture, laceration repair, incision and drainage of superficial abscesses and treatment of major complicated illnesses except for those special procedure privileges listed below.

**Observation requirements for Pediatric Core medical privileges**

Retrospective review of the first three (3) cases.

Name: \_\_\_\_\_

**Privileges included in the Pediatric Cardiology core\* with observation requirements** Requested

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with cardiovascular disease.

Privileges include, but are not limited, to: echocardiography interpretation and cardioversion, except for those special procedure privileges listed below.

\*Current PALS certification is required.

**Observation Requirements for Pediatric Cardiology core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Endocrinology core with observation requirements** Requested

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with illness and disorders of the endocrine systems.

Privileges include, but are not limited, to: provocation testing, including growth hormone release, LHRH, and TRH, except for those special procedure privileges listed below.

**Observation Requirements for pediatric endocrinology core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Gastroenterology core with observation requirements** Requested

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with illness and disorders of the gastroenterology system.

Privileges include, but are not limited, to: liver biopsy-percutaneous, esophagoscopy, endoscopy, recto-sigmoidoscopy and PH probe, except for those special procedure privileges listed below.

**Observation requirements for Pediatric Gastroenterology core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Hematology/Oncology core with observation requirements** Requested

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with illnesses and disorders of the blood, blood-forming tissues and immunologic systems.

Privileges include, but are not limited, to, bone marrow aspiration and/or biopsy.

**Observation Requirements for Pediatric Hematology/Oncology core privileges**

Department Chairman will determine.

Name: \_\_\_\_\_

**Privileges included in the Pediatric Infectious Diseases core with observation requirements** Requested

Privileges to admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with infectious or immunologic diseases, management of an unusually severe infection such as tuberculosis, meningitis, disseminated tuberculosis, systemic mycosis and unusual infections in the immune-compromised host.

**Observation Requirements for Pediatric Infectious diseases core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Nephrology core with observation requirements** Requested

Privileges admit, evaluate, diagnose, and provide treatment or consultative services to children and adolescents presenting with illnesses and disorders of the kidneys.  
Privileges include, but are not limited, to: peritoneal dialysis, hemodialysis and renal biopsy.

**Observation Requirements for Pediatric Nephrology core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Neurology core with observation requirements** Requested

Privileges to provide non-surgical therapy to correct illnesses of the neurologic system, including the provision of consultation.  
Privileges include, but are not limited, to: Electroencephalography interpretation, evoked response interpretation, nerve conduction velocity, and electromyography.

**Observation Requirements for Pediatric Neurology core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Pulmonology core with observation requirements** Requested

Privileges to provide treatment or consultative services for conditions, disorders, injuries, and diseases of the organs of the thorax or chest, the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm and circulatory system.  
Privileges include, but are not limited, to: Rickam reservoir tap, Swan-Ganz catheterization, sleep study interpretation, ventilator support, external pacing, flexible laryngoscopy/bronchoscopy, pulmonary function studies or thoracentesis.

**Observation Requirements for Pediatric Pulmonology core privileges**

Department Chairman will determine.

**Privileges included in the Pediatric Rheumatology core with observation requirements** Requested

Privileges to provide treat or provide consultative services with rheumatic or suspected rheumatic diseases.

**Observation Requirements for Rheumatology Core privileges**

Department Chairman will determine.

Name: \_\_\_\_\_

**Special procedures privileges with observation requirements**

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Requested	Procedure	Criteria
	Spinal tap	
	Newborn circumcision	
	Umbilical artery catheterization	
	Diagnostic (blood gases)	
	Umbilical vein catheterization	
	Venous cut down	
	Suprapubic bladder aspiration	
	Assisted ventilation in either newborn or older child	
	Umbilical cut down, arterial or venous	
	Bone marrow aspiration	
	Dorsal penile nerve block	
	Neonatal resuscitation and intubation	Current NRP Certification is required.
	Moderate Sedation	If requested, specific privileging information will be forwarded to you.

Comments: \_\_\_\_\_

**Provisional year chart review requirement**

All of the extension cases will be retrospectively reviewed, during the quality improvement process, during the first year at 6 and 12month intervals.

If there is not a sufficient level of activity during the provisional period, recommendations for privileges or an extension of provisional status will be at the discretion of the department chair.

Name: \_\_\_\_\_

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **McLaren Greater Lansing**, and

I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

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

Name: \_\_\_\_\_

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**Recommendations:**

- Approve as requested
- Approve with modifications as noted below
- Denial of privileges

Modifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Observers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We attest that in recommending these privileges, due consideration has been given to the applicant's professional performance, training, experience, judgment, and technical skills.

\_\_\_\_\_  
Chairman, Department of Pediatric & Adolescent Medicine

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
Co-Chief of Professional Staff *(if requesting interim privileges)*

\_\_\_\_\_  
*Date*

**Action:**

Credentials Committee                      Date: \_\_\_\_\_

Executive Committee                         Date: \_\_\_\_\_

Board of Trustees                            Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval:  
Pediatric & Adolescent Medicine Department – 5/1/08; 3/12/13  
Credentials Committee – 7/10/08; 4/11/13  
PSEC – 7/28/08; 4/22/13