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:

<table>
<thead>
<tr>
<th>General Pediatrics</th>
<th>Infectious Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>Nephrology</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Neurology</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Pulmonology</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>Hematology and/or Oncology</td>
<td></td>
</tr>
</tbody>
</table>

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;
- 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.
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.
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.

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

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: ________________
### Core Privileges

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:**

<table>
<thead>
<tr>
<th>Committee</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials Committee</td>
<td></td>
</tr>
<tr>
<td>Executive Committee</td>
<td></td>
</tr>
<tr>
<td>Board of Trustees</td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

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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