



## Privileges in Pediatric Service for SHC Emergency Department

Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

#### Education/Training

Successful completion of an ACGME or AOA-accredited residency/fellowship in pediatrics or foreign equivalent training.

**AND**

Current certification or active participation in the examination process leading to certification in Pediatrics by the American Board of Pediatrics (or pediatric sub-specialty boards) or by the American Osteopathic Board of Pediatrics or foreign equivalent training/board.

**AND**

Documentation or attestation of the management of at least 25 pediatric (0-18) inpatients or outpatients as the attending physician (or senior resident), during the past two years.

#### FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

5 Chart Reviews -provider must meet with proctor to discuss completed cases/charts - Core; Administration of Moderate

3 chart reviews - Central Venous Catheter Insertion

**Provide care on LPCH patients in specific areas of SHC**

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	<b>Additional Request</b>	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

**Core Privileges**

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	<b>Privileges included in the Core:</b>	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, provide treatment to pediatric patients, and perform procedures that are not life-threatening.	
	Venipuncture	
	Laceration repair	
	Incision and drainage of superficial abscesses	
	Treatment of major complicated illnesses	
	Eating disorders	
	Lumbar puncture	

**Qualifications**

**Renewal Criteria** Minimum 10 Core cases required during the past 2 years  
 Maintain current certification or active participation in the examination process leading to certification in Pediatrics by the American Board of Pediatrics or by the American Osteopathic Board of Pediatrics or foreign equivalent training/board.

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Central Venous Catheter Insertion [CRITERIA - Complete "Getting to Zero" educational module. Minimum 10 cases done in the past two years. Case log required - Initial only]	

**Acknowledgment of Applicant**

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 Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this \_\_\_\_\_ Date \_\_\_\_\_  
privilege request

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - Proctoring Requirements**


Service Chief/Designee - By clicking on the 'Submit' button below, I have \_\_\_\_\_ Date \_\_\_\_\_  
electronically signed, dated and approved this privilege request