

LIST OF CLINICAL PRIVILEGES – NEONATOLOGY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

PROVIDERS REQUESTING PRIVILEGES IN THIS SPECIALTY WILL ALSO REQUEST PRIVILEGES IN PEDIATRICS IN ACCORDANCE WITH INDIVIDUAL PROVIDER COMPETENCIES AND MISSION REQUIREMENT

I Scope		Requested	Verified
P387377	The scope of privileges in Neonatology and Perinatology includes the evaluation, diagnosis, treatment and consultation for term, preterm, and critically ill newborns and infants. Neonatologists manage pre-, peri-, and post-operative patients requiring ventilatory care, neurological, neurosurgical, surgical, or cardiac/thoracic surgical care for organ dysfunction, patients with issues due to prematurity, and / or who are in need of critical care for life-threatening disorders. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. In addition, privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M):		Requested	Verified
P390302	High frequency ventilation		
P387263	Neonatal and pediatric interfacility transport		
P390328	Pulmonary artery catheter insertion and interpretation		
P391469	Conventional mechanical ventilation		
P391478	Non-invasive respiratory support (e.g., CPAP, HHFNC, NIPPV)		
P391476	Therapeutic hypothermia for hypoxic-ischemic encephalopathy (HIE)		
P390306	Extracorporeal membrane oxygenation (ECMO)		
Procedures		Requested	Verified
P391447	Echocardiography (screening echocardiogram)		
P387393	Emergency bedside ultrasound / echocardiography		
P391449	Screening ultrasound (bedside screening ultrasonography, e.g., cranial, abdominal, procedure guidance)		
P390487	Umbilical artery catheter and umbilical vein catheter line insertion		
P391454	Partial exchange transfusion		
P391456	Double volume exchange transfusion		
P388411	Suprapubic bladder aspiration		

LIST OF CLINICAL PRIVILEGES – NEONATOLOGY (CONTINUED)			
P385158	Pericardiocentesis		
P388481	Paracentesis		
P390724	Exogenous surfactant administration		
P391465	Venous cutdown		
P391467	Peripheral arterial cutdown		
P388370	Endotracheal intubation		
P391472	Emergency tracheostomy		
P391474	Infraumbilical vessel cutdown		
P418845	Nitric oxide administration		
P419738	Needle thoracentesis		
P419739	Chest tube thoracostomy		
P419740	Peripherally-inserted arterial line (PAL)		
P419741	Deep sedation (sedative and narcotic medications not to include propofol and ketamine)		
P390716	Peripherally inserted central catheter (PICC)		
P419742	Percutaneous central venous line (PCVL)		
P388537	Newborn lumbar puncture		
Other (Facility- or provider-specific privileges only)			
SIGNATURE OF APPLICANT		DATE	

II

CLINICAL SUPERVISOR'S RECOMMENDATION

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RECOMMEND APPROVAL

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RECOMMEND APPROVAL WITH MODIFICATION
(Specify below)

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RECOMMEND DISAPPROVAL
(Specify below)

STATEMENT:

CLINICAL SUPERVISOR SIGNATURE

CLINICAL SUPERVISOR PRINTED NAME OR STAMP

DATE