

LIST OF CLINICAL PRIVILEGES – PEDIATRIC GASTROENTEROLOGY

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 must also request privileges in Pediatrics

I Scope		Requested	Verified
P390336	The scope of privileges for gastroenterology includes the evaluation, diagnosis, treatment and consultation for patients from birth to young adulthood with diseases, injuries, and disorders of the digestive organs, including the stomach, esophagus, intestines, liver, gallbladder, and pancreas. Privileges include the use of diagnostic and therapeutic procedures using endoscopes to visualize and biopsy digestive organs as well as the management of patients with nutritional disorders requiring total parental nutrition and/or gastrostomy feedings. 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
P390340	Performance and interpretation of wireless capsule endoscopy		
Procedures:		Requested	Verified
P390342	Anorectal manometry		
P390344	Breath hydrogen testing		
P390346	Colonoscopy with / without biopsy		
P388214	Esophagogastroduodenoscopy with / without biopsy		
P390348	Esophagogastroduodenoscopy with sclerotherapy		
P390350	Endoscopic retrograde cholangiopancreatogram		
P390352	Enteroscopy- small bowel		
P388216	Esophageal dilatation		
P390354	Esophageal manometry		
P390356	Flexible proctosigmoidoscopy with/without biopsy		
P388220	Percutaneous liver biopsy		
P390358	pH probe / multichannel intraluminal impedance		
P390360	Suction rectal biopsy		
P390362	Percutaneous endoscopic gastrostomy		

LIST OF CLINICAL PRIVILEGES – PEDIATRIC GASTROENTEROLOGY (CONTINUED)			
Procedures (Cont.):		Requested	Verified
P390364	Gastrostomy button		
P391869	Esophagastroduodenoscopy with / without electrocautery		
P391872	Esophagastroduodenoscopy with foreign body removal		
Other (Facility- or Provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
<div> <div>II</div> <div>CLINICAL SUPERVISOR'S RECOMMENDATION</div> </div> <div> <div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below) <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <div>STATEMENT:</div> </div>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	
		DATE	