

LIST OF CLINICAL PRIVILEGES – PEDIATRIC CRITICAL CARE

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
P390312	The scope of privileges in critical care medicine includes the evaluation, diagnosis, treatment and consultation to critically ill patients from birth to young adulthood with life-threatening illness or injury including neurological failure, respiratory failure, cardiovascular failure, renal failure, hepatic failure, gastrointestinal failure, and multi-organ system failure due to illness or injury. Physicians also provide post-operative care to critically ill patients after general, neurological, cardiac, thoracic, abdominal, orthopedic, head and neck, and spine surgery. Physicians may admit to the facility and may provide care to patients in the intensive care setting in accordance with medical staff policies. Critical care medicine specialists assess, stabilize, treat and perform invasive procedures and determine the disposition of patients with emergent or critical conditions in accordance with medical staff policies.		
Diagnosis and Management (D&M):		Requested	Verified
P390302	High frequency ventilation		
P388917	Pulmonary artery pressure monitoring		
P390314	Bedside ultrasound		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
P391825	Cardiac output monitoring		
P391827	Inhalational gas therapy for bronchospasm or airway obstruction		
Procedures:		Requested	Verified
P390318	Percutaneous placement of hemodialysis catheter		
P390320	Peritoneal dialysis		
P390322	Bronchial lavage		
P388370	Endotracheal intubation		
P390324	Bronchoscopy		
P390326	Esophagoscopy (flexible or rigid)		
P390304	Nitrous oxide administration		
P390306	Extracorporeal membrane oxygenation (ECMO)		
P390328	Pulmonary artery catheter insertion and interpretation		

LIST OF CLINICAL PRIVILEGES – PEDIATRIC CRITICAL CARE (CONTINUED)			
P390332	Deep sedation		
P388413	Temporary transvenous pacemaker insertion		
P390334	Emergency needle cricothyrotomy		
P390292	Pericardiocentesis and/or pericardial drain placement		
P385198	Tube thoracostomy		
P384774	Electrocardiogram (EKG) interpretation		
P391843	Laryngeal mask airway		
P388473	Needle thoracostomy		
P391845	Intra-aortic assist devices		
P391847	Ventricular assist devices		
P390423	Hypothermic therapy		
P391849	Extra-ventricular drains		
P390456	Electroencephalogram (EEG) interpretation		
P391851	Suprapubic catheter		
P390403	Parenteral nutritional support		
P391853	Resting energy expenditure (REE)		
P387135	Local/topical anesthesia		
P387333	Regional nerve block anesthesia		
P390707	Central venous catheter insertion		
P390703	Arterial line insertion		
P390716	Peripherally inserted central catheter (PICC)		
P390711	Intraosseous line placement		
P391856	Surgical line placement		
P388359	Lumbar puncture		
P388315	Continuous renal replacement therapy (CRRT)		
P388409	Echocardiographic interpretation 2-D		
P418845	Nitric oxide administration		
P392038	Ultrasound guided vascular access		
Other (Facility- or Provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	

II CLINICAL SUPERVISOR'S RECOMMENDATION		
<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below)	<input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below)
STATEMENT:		
CLINICAL SUPERVISOR SIGNATURE	CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE