

Holy Cross Hospital
CLINICAL PRIVILEGE REQUEST FORM
PEDIATRICS

- Appointment
- Reappointment
- Additional/Change

PHYSICIAN NAME: _____

N = Newborns (0-30 days)

P = Pediatrics (30 days to 18 years)

CLINICAL PRIVILEGE OR PROCEDURE	Requested (Indicate N for Newborns and P for Pediatrics)	Granted (Dept. Chair-s Initials)	Granted with Conditions	No. of Cases Performed in Last 2 Yrs.
PEDIATRICS - NEONATES (0-30 DAYS)				
Care of normal newborn or newborn in Level I nursery				
Care of newborn at Level I nursery (e.g., IV antibiotics for rule-out sepsis/possible pneumonia,) oxygen requirement/IDM/hypoglycemic)				
Stabilization of newborn for transfer				
Attend high-risk or potentially complicated delivery (including C-sections)				
PEDIATRICS - 30 DAYS TO 18 YEARS, CLASS I				
Blood and blood-forming organs (hematology, oncology, e.g., anemia, bleeding disorders without shock)				
Cardiovascular (rheumatic fever, mild CHF, congenital heart disease)				
Gastrointestinal (gastroenteritis with dehydration, PUD, regional enteritis, hepatitis, not including Reye=s syndrome)				
Head and neck (otitis media, tonsillitis)				
Infections of known etiology, excluding meningitis				
Musculoskeletal (RA, polymyositis, osteomyelitis, simple fractures)				
Renal - urinary (pyelo, UTI, etc.)				
Reproductive organs (amenorrhea, PID, etc.)				
Respiratory - chest (acute asthma without respiratory failure, pneumonia, TB)				
Skin (cellulitis, impetigo, burns)				
PEDIATRICS - CLASS II (ICU ADMISSIONS)				
Cardiogenic shock or severe congestive heart failure				
Severe cardiac disturbances, including arrhythmia				

Severe infections including septic shock or meningitis				
Hypovolemic shock or dehydration > 10%				
Diabetic ketoacidosis and coma for hyperosmolarity				
Complicated endocrine disorders				
Acute or accelerating GI system disorders including hemorrhage				
Acute or accelerating respiratory disorders, including status asthmaticus				
Acute or accelerating CNS disturbance excluding Reye=s Syndrome/status epilepticus				
Acute or accelerating renal disease				
Severe electrolyte disturbance				
Severe metabolic disorders				
Hematologic disorders, including coagulopathy, acute leukemia				
PEDIATRIC PROCEDURES				
Arterial puncture				
Lumbar puncture				
Venous cutdown				
Umbilical catheterization (Level I nursery only), UAC artery, UVC vein				
Incision/drainage abscess				
Bladder catheterization				
CVP line placement				
Circumcision				
Exchange transfusion (Level I nursery)				
Central TPN Management				
Nerve block local anesthesia				
Cast, nondisplaced fracture				
Aspiration, pleural				
aspiration, abdomen				
Chest tube, newborn				
Chest tube, pediatric				
Subclavian/internal jugular line placement				

TYPE OF APPOINTMENT REQUESTED (Please Check One):

- ACTIVE**
- AFFILIATE**
- TEMPORARY**
- LOCUM TENENS**

IN REQUESTING PRIVILEGES, I HEREBY:

1. State that I have read the Medical Staff Bylaws and Rules and Regulations, and agree to abide by them;
2. Understand the criteria and supervision requirements for practice in each service and modality for which privileges are requested;
3. Acknowledge that I meet the criteria for the privileges requested. I understand I am responsible for providing information necessary to verify that I meet all applicable criteria, and that the burden of proof is my responsibility;
4. Confirm that I have completed the appropriate application form for appointment to the Medical Staff;
5. Agree to adhere to the ethics and principles of my profession and participate and respond to the results of the Medical Center=s Performance Improvement, and peer review systems; and,
6. State that I have signed a Statement of Conditions release of liability statement allowing representatives of Holy Cross Hospital to request information regarding my current competency, past professional affiliations, and credentials for the privileges requested.

Applicant=s Signature: _____

Print Name: _____

Date: _____