

NAME: _____

DATE: _____

SIERRA VISTA HOSPITAL
800 East Ninth Street
Truth or Consequences, New Mexico 87901

DELINEATION OF PEDIATRIC PRIVILEGES

I am qualified for and request the following privileges:

MINOR SURGICAL PROCEDURES:

- _____ I & D Abscess
- _____ Meatotomy
- _____ Circumcision

MEDICAL PEDIATRIC CARE

- Uncomplicated infections of
- _____ Respiratory tract
 - _____ Gastrointestinal tract
 - _____ Genitourinary
 - _____ Skin

ALLERGIC DISORDERS

- _____ Uncomplicated asthma

NURSERY PRIVILEGES

- _____ Routine newborn care
- _____ Clip frenulum
- _____ Circumcision

FULL TERM INFANT CARE WITH COMPLICATIONS

- _____ Non-life threatening-medical

MANAGEMENT OF

- _____ Minor pediatric trauma
- _____ Reduction of simple fractures and dislocations
- _____ Major pediatric trauma as a life saving procedure

Chief of Staff Date

Chairman of the Board Date

Administrator Date