



LANE REGIONAL MEDICAL CENTER  
PRIVILEGES APPLICATION FORM  
Pediatric

R G A

\_\_\_ \_\_\_ \_\_\_ ALLERGIC DISORDERS

\_\_\_ \_\_\_ \_\_\_ Complicated asthma

\_\_\_ \_\_\_ \_\_\_ Serum sickness

\_\_\_ \_\_\_ \_\_\_ Uncomplicated asthma

\_\_\_ \_\_\_ \_\_\_ CARDIOVASCULAR

\_\_\_ \_\_\_ \_\_\_ Hypertension

\_\_\_ \_\_\_ \_\_\_ Management of failure

\_\_\_ \_\_\_ \_\_\_ Rheumatic heart disease

\_\_\_ \_\_\_ \_\_\_ Subacute bacteria endocarditis

\_\_\_ \_\_\_ \_\_\_ DISEASE OF BLOOD & BLOOD-FORMING ORGANS

\_\_\_ \_\_\_ \_\_\_ Aplastic anemia

\_\_\_ \_\_\_ \_\_\_ Hemolytic anemia

\_\_\_ \_\_\_ \_\_\_ Hemophilia

\_\_\_ \_\_\_ \_\_\_ Iron deficiency anemia

\_\_\_ \_\_\_ \_\_\_ Requiring transfusion

\_\_\_ \_\_\_ \_\_\_ DISTURBANCE OF WATER & ELECTROLYTE BALANCE

\_\_\_ \_\_\_ \_\_\_ Mild

\_\_\_ \_\_\_ \_\_\_ Moderate

\_\_\_ \_\_\_ \_\_\_ Severe

\_\_\_ \_\_\_ \_\_\_ ENDOCRINE METABOLIC DISORDERS

\_\_\_ \_\_\_ \_\_\_ Diabetes, uncomplicated

\_\_\_ \_\_\_ \_\_\_ Diabetes in severe acidosis

\_\_\_ \_\_\_ \_\_\_ Diseases of Thyroid

\_\_\_ \_\_\_ \_\_\_ Diseases of adrenal gland

\_\_\_ \_\_\_ \_\_\_ ERYTHROBLASTOSIS

\_\_\_ \_\_\_ \_\_\_ Mild

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\_\_\_ \_\_\_ \_\_\_ Severe

\_\_\_ \_\_\_ \_\_\_ MEDICAL CARE

\_\_\_ \_\_\_ \_\_\_ Central nervous system infections

\_\_\_ \_\_\_ \_\_\_ Complicated infections of:

\_\_\_ \_\_\_ \_\_\_ gastrointestinal tract

\_\_\_ \_\_\_ \_\_\_ genitourinary

\_\_\_ \_\_\_ \_\_\_ peripheral nervous system

\_\_\_ \_\_\_ \_\_\_ respiratory tract

\_\_\_ \_\_\_ \_\_\_ skin

\_\_\_ \_\_\_ \_\_\_ Fever of undetermined origin

\_\_\_ \_\_\_ \_\_\_ Uncomplicated infections of:

\_\_\_ \_\_\_ \_\_\_ gastrointestinal tract

\_\_\_ \_\_\_ \_\_\_ genitourinary

\_\_\_ \_\_\_ \_\_\_ peripheral nervous system

\_\_\_ \_\_\_ \_\_\_ respiratory tract

\_\_\_ \_\_\_ \_\_\_ skin

\_\_\_ \_\_\_ \_\_\_ MISCELLANEOUS

\_\_\_ \_\_\_ \_\_\_ Collagen diseases

\_\_\_ \_\_\_ \_\_\_ Nephritis & nephrosis

\_\_\_ \_\_\_ \_\_\_ Emotional disorders

\_\_\_ \_\_\_ \_\_\_ Disturbances of growth & development

\_\_\_ \_\_\_ \_\_\_ Lipodystrophies

\_\_\_ \_\_\_ \_\_\_ Steroid therapy over 1-week duration

\_\_\_ \_\_\_ \_\_\_ MISCELLANEOUS PROCEDURES

\_\_\_ \_\_\_ \_\_\_ Peripheral arterial puncture

\_\_\_ \_\_\_ \_\_\_ Peripheral IV insertion

\_\_\_ \_\_\_ \_\_\_ Suprapubic needle aspiration of the bladder

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\_\_\_ \_\_\_ \_\_\_ FULL TERM INFANT CARE WITH COMPLICATIONS

\_\_\_ \_\_\_ \_\_\_ Life threatening: Medical/surgical for stabilization only prior to transfer

\_\_\_ \_\_\_ \_\_\_ Non-life threatening: Medical/surgical for stabilization only prior to transfer

\_\_\_ \_\_\_ \_\_\_ NURSERY PRIVILEGES

\_\_\_ \_\_\_ \_\_\_ Routine newborn care

\_\_\_ \_\_\_ \_\_\_ Circumcision

\_\_\_ \_\_\_ \_\_\_ Clip frenulum

\_\_\_ \_\_\_ \_\_\_ PREMATURE INFANT CARE

\_\_\_ \_\_\_ \_\_\_ Without complications - over 4 lbs.

\_\_\_ \_\_\_ \_\_\_ Without complications - under 4 lbs.

\_\_\_ \_\_\_ \_\_\_ PREMATURE INFANT CARE WITH COMPLICATIONS

\_\_\_ \_\_\_ \_\_\_ Life threatening: Medical/surgical for stabilization only prior to transfer

\_\_\_ \_\_\_ \_\_\_ Non-life threatening: Medical/surgical for stabilization only prior to transfer

\_\_\_ \_\_\_ \_\_\_ SURGICAL PROCEDURES - MAJOR

\_\_\_ \_\_\_ \_\_\_ Post-Operative care

\_\_\_ \_\_\_ \_\_\_ SURGICAL PROCEDURES - MINOR

\_\_\_ \_\_\_ \_\_\_ Circumcision

\_\_\_ \_\_\_ \_\_\_ Newborn

\_\_\_ \_\_\_ \_\_\_ Less than 6 weeks

\_\_\_ \_\_\_ \_\_\_ I & D abcess

\_\_\_ \_\_\_ \_\_\_ Spinal tap

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_



**Lane Regional Medical Center  
Pediatric/Neonatology Privileges**

**Print Name:** \_\_\_\_\_

**To be eligible to request clinical privileges the applicant must meet the following criteria:**

- Education:** M.D. or D.O. degree
- Training:** Documented successful completion of an ACGME/AOA accredited residency training program in Pediatrics. Neonatology requires the same training along with the successful completion of a fellowship program in neonatal-perinatal medicine.
- Licensure:** Have a current, active license to practice medicine in the State of Louisiana.
- Experience:** Documentation of provision of inpatient care to at least twelve (12) pediatric patients in the past twelve (12) months or demonstrate successful participation in a hospital-affiliated formalized residency or special clinical fellowship. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.
- Certification:** PALS, NALPS, or NRP certification which must be maintained while on staff.
- Reappointment:** Satisfactory Performance Improvement findings at Lane Regional Medical Center or primary hospital of practice.

**If you meet the above criteria, you may request core privileges as specified below. I hereby request core privileges in Pediatrics and Neonatology as follows:**

**Pediatric Core Privileges**

**Requested    Approved**

<p>_____</p> <p>_____</p>	<p><b>Admit, evaluate, diagnose, manage, and provide non-surgical treatment or consultative services to patients from birth to the age of 18 years, admitted with both common and complex illnesses.</b></p>
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Core Privileges includes performing the following procedures; understanding their indications, limitations, contraindications; and complications; and interpreting their results: **(mark through those not applicable to your practice)**

Basic and advanced life support  
 Endotracheal intubation  
 Placement of intraosseous and intravenous catheters  
 Arterial puncture  
 Venipuncture  
 Umbilical artery and vein catheter placement  
 Lumbar puncture  
 Bladder catheterization  
 Thoracentesis  
 Gynecologic evaluation of prepubertal and post-pubertal females  
 Wound care and suturing of lacerations  
 Subcutaneous, intradermal, and intramuscular injections  
 Development screening testing  
 Circumcision  
 Simple removal of foreign bodies (eg. from ears, nose)  
 Inhalation medications  
 Incision and drainage of superficial abscesses  
 Suprapubic tap  
 Reduction and splinting of simple dislocations  
 Pain management  
 Neonatal resuscitation  
 Neonatal Intubation

**Special Privileges/Procedures:**

**To be eligible to apply for a special procedure listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing that procedure.**

Request	Approved	
_____	_____	Neonatal circumcision
_____	_____	Chest tube insertion
_____	_____	Administration of moderate sedation
_____	_____	Central line insertion

**Neonatology core privileges**

**Requested    Approved**

_____	_____	Privileges included in the newborn core: admit, evaluate, diagnose, and treat consult and provide care to all newborns, including those with extremely complex and life-threatening problems such as the following: Respiratory failure Shock Congenital abnormalities Attendance at high-risk deliveries Neonatal Resuscitation
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Intubation  
Spinal tap  
Bladder tap  
Chest tube insertion

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Lane Regional Medical Center. I understand that in exercising any clinical privileges granted, I am constrained by hospital policies and the medical staff bylaws, rules and regulations.

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

**Credentials Committee Recommendation:**

We have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- 1. Recommend all requested privileges
- 1. Do not recommend the following requested privileges:
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PHYSICIAN  
STATEMENT OF ACKNOWLEDGMENT

This is to verify that I have received a copy of the following notice to physicians:

**NOTICE TO PHYSICIANS:** Medicare/Champus payments to hospital is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal Funds may be subject to fine, imprisonment, or civil penalty under applicable Federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_, M.D.  
Printed Name