

WEST JEFFERSON MEDICAL CENTER
Marrero, Louisiana
PRIVILEGE REQUEST FORM FOR PEDIATRICS

Minimum Threshold Criteria

To be eligible to request clinical procedures for pediatrics, the following minimum threshold criteria must be met.

1. *Basic education:* M.D. or D.O.
2. *Minimal formal training:* Successful completion of a three-year pediatric residency program approved by the Accrediting Council for Graduate Medical Education or the American Osteopathic Association.
3. *Required previous experience:* The successful applicant must be able to demonstrate that he or she has provided inpatient care to at least 24 patients as the attending physician (or senior resident) during the past 24 months.

Pediatric Core Privileges

Privileges include the treatment of patients between the ages of birth to 21 years, the performance of procedures that may carry a significant threat to life (including related admission, consultation, and work-up; venipuncture, laceration repair; incisions, and drainage of superficial abscesses) and the treatment of major complicated illnesses.

Minimum Threshold Criteria for Requesting Newborn Core Privileges

Applicant must meet threshold criteria as above and produce evidence of the provision of newborn care to at least 24 patients during the past 24 months.

Newborn Core Privileges

Privileges include the ability to provide care to all newborns, including those with potentially life threatening illnesses. Consultation suggested in extremely complex, life-threatening situations.

Surgical Special Requests

Surgical Special Requests include:

- neonatal circumcision
- peripheral arterial cut-down
- peripheral venous cut-down
- exchange transfusion
- chest tube insertion (non-emergency)

Diagnostic Special Requests include:

- proctoscopy
- subdural tap
- abdominal paracentesis
- thoracentesis
- bone marrow aspiration
- laryngoscopy

I understand that in making this request I am bound by West Jefferson Medical Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.

Physician's Signature

Physician's Typed or Printed Name

Date

Approved: 3/97 "In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted."