

UNIVERSITY OF UTAH HOSPITAL
DEPARTMENT OF PEDICATRICS
PRIVILEGE DELINEATION FORM

Name (Please Print)

Date

Inpatient _____

Outpatient _____

I request the following privileges in the Department of Pediatrics at the University Hospital. This request is consistent with my previous training and experience.

Emergency privileges are extended to all members of the Medical and Surgical staff under life threatening emergency situations (i.e. tracheotomy and intubation).

_____ **CATEGORY I**

Illness or problems with no serious threat to life and emergency care. When doubt exists as to the diagnosis or in cases where improvement is not soon apparent, consultation must be obtained.

_____ **CATEGORY II PHYSICIANS WITH ADDITIONAL TRAINING**

Illness or problem requiring skills acquired during post-graduate training in Family Medicine or Pediatrics. Consultation must be obtained when the patient is seriously or critically ill, when diagnosis is in doubt, and when no improvement occurs with therapy, or when unusual diagnostic or therapeutic procedures are to be used. All patients in Intensive Care will require consultation.

_____ **CATEGORY III PEDIATRIC BOARD CERTIFIED OR BOARD ELIGIBLE**

Complex or severe illness or problems and those with immediate or serious threat to life, requiring Skills achieved during training sufficient to attain eligibility for or specialty Board certification in Pediatrics. Physicians in this category may act as consultants. Consultation should be requested when diagnosis or management are in doubt, when unexpected complications arise, or when hazardous procedures or treatments are contemplated.

_____ **CATEGORY IV SUBSPECIALIST BOARD CERTIFIED OR BOARD ELIGIBLE**

Illness or problems requiring an unusual degree of expertise or competence in a subspecialty area acquired through subspecialty training. Board eligibility or certification in the subspecialty is required. The physician in this category is expected to act as a consultant in his field and, in turn, to obtain consultation whenever other subspecialty skills are needed.

GENERAL PROCEDURAL PRIVILEGES IN PEDIATRICS

- Arterial catheterization / puncture
- Digital block anesthesia
- Endotracheal intubation (emergent only)
- External jugular venipuncture
- I & D abscess
- Lumbar puncture
- Skin Biopsy
- Management of simple non-displaced fractures
- Thoracentesis
- Suprapubic bladder aspiration
- Neonatal circumcision
- Peripheral venous cutdown
- Moderate Sedation

At the UNIVERSITY OF UTAH HOSPITAL, general pediatricians do not generally perform the following procedures. Privileging for the following procedures requires documentation of ongoing experience and expertise or recent training with independent assessment of competence.

DOCUMENTATION MUST ACCOMPANY APPLICATION!

- Arthrocentesis
- Central venous access / cutdown
- Exchange transfusion
- Pericardiocentesis
- Thoracotomy / chest tube placement
- Ventilator management

SPECIALTY PROCEDURAL PRIVILEGING

CARDIOLOGY

Extravascular Procedures

- Echocardiography / Doppler
- Exercise stress testing
- Pulmonary function studies
- Electrophysiology
 - Cardioversion
 - ECG – interpretation
 - Holter – interpretation
 - Transesophageal cardioversion
 - Transesophageal electrophysiology

CRITICAL CARE MEDICINE

- Swan-Ganz catheterization
- Pacemaker insertion

EMERGENCY DEPARTMENT

- Paracentesis
- Peritoneal lavage and dialysis
- Management of fractures / dislocations
- Subdural tap
- Ventricular tap
- Cisternal tap
- Digital block anesthesia
- Regional block anesthesia

ENDOCRINE

- Growth hormone evaluation
- Water deprivation

GASTROENTEROLOGY***

- Endoscopy
- Esophagogastroduodenoscopy
- Heat probe / epinephrine injection or control of GI bleeding
- Biopsy of upper intestinal tract
- Esophageal motility and pH study
- Colonoscopy
- Sigmoidoscopy
- Anoscopy
- Liver Biopsy
- Polypectomy
- Rectal biopsy
- Rectal manometry
- Intestinal biopsy
- Percutaneous endoscopic gastrostomy
- Paracentesis
- Sclerotherapy of esophageal varices

GENETICS

- Bone marrow aspiration
- Muscle biopsy

HEMATOLOGY / ONCOLOGY

- Bone marrow biopsy
- Intrathecal chemotherapy

NEONATOLOGY

To achieve Category IV privileges in Neonatology, documentation of 24 hours-in-hospital neonatologist coverage for patients in the Newborn Intensive Care Unit required.

Please indicate how such coverage will be provided:

Category IV privilege/documentation required: ___ Umbilical artery catheterization
Category IV privilege/documentation required: ___ Umbilical venous cannulation

NEPHROLOGY

- Continuous AOV hemofiltration
- Fistula declotting (streptokinase)
- Hemodialysis
- Hemoperfusion
- Dialysis catheter
- Percutaneous renal biopsy
- Insertion of peritoneal dialysis catheter
- Renal transplant rejection

NEUROLOGY

- Electroencephalography – EEG
- Muscle biopsy

PULMONARY***

- _____ Full pulmonary and exercise testing
- _____ Tracheoscopy
- _____ Bronchoscopy

****Must provide documentation of previous training and pediatric endoscopy experience. Specify number of procedures actually performed. New applicants will be proctored for a minimum of three (3) cases.*

Applicant Signature

DATE

RECOMMENDATION BY:

Division Chief

DATE

Department Chair

DATE

APPROVED BY:

Medical Board President

DATE

Governing Board – Vice President for Health Sciences

DATE

