

# Regions Hospital Delineation of Privileges Pediatrics

Applicant's Name: \_\_\_\_\_  
Last First M.

- Instructions:
- Place a check-mark where indicated for each core group you are requesting.
  - Review *education and basic formal training* requirements to make sure you meet them.
  - Review *documentation and experience* requirements and be prepared to prove them.
    - ✓ Note all renewing applicants are required to provide evidence of their current ability to perform the privileges being requested.
    - ✓ When documentation of cases or procedures is required, attach said case/procedure logs to this privileges-request form.
  - Provide complete and accurate names and addresses where requested -- it will greatly assist how quickly our credentialing-specialist can process your requests.

Core I            general pediatrics  
Core II          neonatology/perinatal care  
Core III        cardiology  
Core IV        critical care medicine  
Core V         endocrinology  
Core VI        gastroenterology  
Core VII       pulmonary

Special privileges  
Core procedure list  
Approval page



## CORE I — General Pediatrics

### Privileges

Admit, evaluate, diagnose, treat, and provide consultation to patients from birth to young adulthood concerning their physical, emotional, and social health as well as treating acute and chronic disease, including major complicated illnesses. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

### Basic education and minimal formal training

1. MD, DO, MBBS or MB BCH.
2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada, residency training program in Pediatrics or Internal Medicine/Pediatrics.
3. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Pediatrics by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics or Royal College of Physicians and Surgeons of Canada.

### Required documentation and experience

#### NEW APPLICANTS:

1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name \_\_\_\_\_ Name \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

#### REAPPOINTMENT APPLICANTS:

1. Provide documentation of direct or supervisory experience in the care of at least 24 general pediatric patients in the past 24 months.

**Or**

Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.

Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



## CORE II — Neonatal/Perinatal Medicine Clinical Privileges

Privileges
Admit, evaluate, diagnose, treat, and provide consultation for sick newborns presenting with any life-threatening problems or conditions, such as breathing disorders, infections, and birth defects. Coordinate care and medically manage newborns born prematurely, critically ill, or in need of surgery. Provide consultation to mothers with high-risk pregnancies. May provide care to patients in the newborn nursery and neonatal intensive care unit in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call service.
<b>Basic education and minimal formal training</b>
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics.</li><li>3. Successful completion of an ACGME-, AOA-, or Royal College of Physicians and Surgeons of Canada- approved fellowship training program in Neonatal/Perinatal Medicine.</li><li>4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Neonatal/Perinatal Medicine by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics, or Royal College of Physicians and Surgeons of Canada.</li></ol>
<b>Required documentation and experience</b>
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide documentation of the provision of care to at least 24 neonates during the past 24 months;</li><li>2. Provide contact information from a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide documentation of the provision of care to at least 24 neonates during the past 24 months; <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p>



## CORE III — Pediatric Cardiology

<b>Privileges</b>	
Admit, evaluate, diagnose, consult, and provide comprehensive care to newborns, infants, children and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.	
<b>Basic education and minimal formal training</b>	
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics.</li><li>3. Successful completion of an ACGME-, AOA-, or Royal College of Physicians and Surgeons of Canada-approved fellowship training program in Pediatric Cardiology.</li><li>4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Pediatric Cardiology by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics or Royal College of Physicians and Surgeons of Canada.</li></ol>	
<b>Required documentation and experience</b>	
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol>	
Name _____	Name _____
Name of Facility: _____	Name of Facility: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
<b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide documentation of direct or supervisory experience in the care of at least 24 patients in the past 24 months. <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol>	
Name: _____	
Name of Facility: _____	
Address: _____	
Phone: _____	Fax: _____
Email: _____	



## CORE IV — Pediatric Critical Care Medicine Clinical

<b>Privileges</b>													
Admit, evaluate, diagnose and provide treatment or consultative services and critical care management of life-threatening organ system failure from any cause in children from the term or near-term neonate to the adolescent, as well as support of vital physiological functions. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.													
<b>Basic education and minimal formal training</b>													
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics.</li><li>3. Successful completion of an ACGME-, AOA- or Royal College of Physicians and Surgeons of Canada-approved fellowship training program in Pediatric Critical Care Medicine.</li><li>4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to subspecialty certification in Pediatrics Critical Care Medicine by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics, or Royal College of Physicians and Surgeons of Canada.</li></ol>													
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## CORE V — Pediatric Endocrinology Clinical Privileges

<b>Privileges</b>	
<p>Admit, evaluate, diagnose and provide consultation and treatment to infants, children and adolescents with diseases or disorders resulting from an abnormality in the endocrine glands, including but not limited to diabetes mellitus, growth failure, unusual size for age, early or late pubertal development, birth defects, defects of the genital region and disorders of the thyroid, adrenal and pituitary glands. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.</p>	
<b>Basic education and minimal formal training</b>	
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics</li><li>3. Successful completion of an ACGME-, AOA-, or Royal College of Physicians and Surgeons of Canada- approved fellowship training program in Pediatric Endocrinology.</li><li>4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to subspecialty certification in Pediatric Endocrinology by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics, or Royal College of Physicians and Surgeons of Canada.</li></ol>	
<b>Required documentation and experience</b>	
<b>NEW APPLICANTS:</b>	
<ol style="list-style-type: none"><li>1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol>	
Name _____	Name _____
Name of Facility: _____	Name of Facility: _____
Address: _____	Address: _____
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Email: _____	Email: _____
<b>REAPPOINTMENT APPLICANTS:</b>	
<ol style="list-style-type: none"><li>1. Provide documentation of direct or supervisory experience in the care of at least 24 patients in the past 24 months. <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol>	
Name: _____	
Name of Facility: _____	
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## CORE VI — Pediatric Gastroenterology Clinical Privileges

<b>Privileges</b>													
Admit, evaluate, diagnose, provide consultation to and treat infants, children and adolescents with diseases of the digestive system, including the performance of complex diagnostic and therapeutic procedures using lighted scopes to see internal organs. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. .													
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<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics.</li><li>3. Successful completion of an ACGME-, AOA-, or Royal College of Physicians and Surgeons of Canada- approved fellowship training program in Pediatric Gastroenterology.</li><li>4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to subspecialty certification in Pediatric Gastroenterology by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics, or Royal College of Physicians and Surgeons of Canada.</li></ol>													
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## CORE VII — Pediatric Pulmonology Clinical Privileges

<b>Privileges</b>													
Admit, evaluate, diagnose, treat, and provide consultation to infants, children, and adolescents presenting with conditions, disorders, and diseases of the lungs and airways. May provide care to patients in the intensive care setting in conformance with unit policies and care to adult patients with childhood-onset respiratory and neurodevelopmental disorders whose clinical condition warrants care by a pediatric pulmonologist. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.													
<b>Basic education and minimal formal training</b>													
<ol style="list-style-type: none"><li>1. MD, DO, MBBS or MB BCH</li><li>2. Completion of an ACGME, AOA, or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics.</li><li>3. Successful completion of an ACGME-, AOA-, or Royal College of Physicians and Surgeons of Canada- approved fellowship training program in Pediatric Pulmonology.</li><li>4. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to subspecialty certification in Pediatric Pulmonology by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics, or Royal College of Physicians and Surgeons of Canada.</li></ol>													
<b>Required documentation and experience</b>													
<b>NEW APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol> <table><tbody><tr><td>Name _____</td><td>Name _____</td></tr><tr><td>Name of Facility: _____</td><td>Name of Facility: _____</td></tr><tr><td>Address: _____</td><td>Address: _____</td></tr><tr><td>Phone: _____</td><td>Phone: _____</td></tr><tr><td>Fax: _____</td><td>Fax: _____</td></tr><tr><td>Email: _____</td><td>Email: _____</td></tr></tbody></table>		Name _____	Name _____	Name of Facility: _____	Name of Facility: _____	Address: _____	Address: _____	Phone: _____	Phone: _____	Fax: _____	Fax: _____	Email: _____	Email: _____
Name _____	Name _____												
Name of Facility: _____	Name of Facility: _____												
Address: _____	Address: _____												
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<b>REAPPOINTMENT APPLICANTS:</b> <ol style="list-style-type: none"><li>1. Provide documentation of direct or supervisory experience in the care of at least 24 patients in the past 24 months. <b>Or</b> Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</li></ol> <table><tbody><tr><td colspan="2">Name: _____</td></tr><tr><td colspan="2">Name of Facility: _____</td></tr><tr><td colspan="2">Address: _____</td></tr><tr><td>Phone: _____</td><td>Fax: _____</td></tr><tr><td colspan="2">Email: _____</td></tr></tbody></table>		Name: _____		Name of Facility: _____		Address: _____		Phone: _____	Fax: _____	Email: _____			
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Name of Facility: _____													
Address: _____													
Phone: _____	Fax: _____												
Email: _____													



## Special Privileges in Pediatrics

<b>Privileges</b>	
<input style="width: 30px; height: 20px;" type="checkbox"/>	Circumcision
<b>Basic education and minimal formal training</b>	
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS or MB BCH</li> <li>2. Completion of an ACGME, AOA or Royal College of Physicians and Surgeons of Canada residency training program in Pediatrics or Internal Medicine/Pediatrics.</li> <li>3. Current certification or active participation in the examination process (with achievement of certification within 5 years), leading to certification in Pediatrics by the American Board of Pediatricians, the American Osteopathic Board of Pediatrics, or Royal College of Physicians and Surgeons of Canada.</li> </ol>	
<b>Required documentation and experience</b>	
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of 5 proctored circumcisions in the last 12 months.</li> <li>2. Provide contact information for two physician peers whom the credentialing specialist may contact for an evaluation of your clinical competency.</li> </ol> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Name _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> </div> <div style="width: 48%;"> <p>Name _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p> </div> </div> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of the number of circumcisions performed in the past 24 months;</li> </ol> <p style="margin-left: 20px;"><b>Or</b></p> <p style="margin-left: 20px;">Provide contact information for a physician peer whom the credentialing specialist may contact for an evaluation of your clinical competency.</p> <div style="margin-left: 100px;"> <p>Name: _____</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> </div>	

# Core Procedure List

**Applicant:** Strike through procedures you do not want to request.

## **General pediatrics**

1. Performance of history and physical exam
2. Arterial puncture
3. Arthrocentesis and joint injection
4. Bladder catheterization
5. Frenectomy
6. Management of burns, superficial and partial thickness
7. Incision and drainage of abscesses
8. Gynecologic eval of pre- and postpubertal females
9. Lumbar puncture
10. Reduction and splinting of uncomplicated, minor closed fractures and uncomplicated dislocations
11. Performance of simple skin biopsy or excision
12. Place anterior/ posterior nasal hemostatic packing
13. Placement of IV lines
14. Placement of introsseous lines
15. Remove nonpenetrating foreign bodies from eye, nose, ear
16. Skin biopsy
17. Subcutaneous, intradermal and intramuscular injections
18. Thoracentesis
19. Wound care and suture of uncomplicated lacerations

## **Critical care and neonatal/perinatal medicine**

1. Performance of history and physical exam
2. Attendance at delivery of high-risk newborns
3. Bone marrow aspiration
4. Bronchoscopy
5. Cardiac life support, including emergent cardioversion
6. Endotracheal intubation
7. Exchange transfusion
8. Insertion and management of central lines
9. Insertion and management of chest tubes
10. Laryngoscopy
11. Lumbar puncture
12. Lung biopsy
13. Neonatal resuscitation
14. Nutritional support
15. Paracentesis, thoracentesis, pericardiocentesis
16. Peripheral arterial artery catheterization
17. Peritoneal dialysis w/consultation as appropriate
18. Post operative care
19. Skin biopsy
20. Suprapubic bladder tap
21. Umbilical catheterization
22. Ventilator care beyond emerging stabilization

## **Pediatric cardiology**

1. Performance of history and physical exam
2. Ambulatory EKG monitoring studies
3. Cardioversion
4. Electrocardiography and echocardiography interpretation
5. Exercise testing with EKG monitoring
6. Pericardiocentesis and thoracentesis
7. Transesophageal echocardiography (TEE)

## **Pediatric clinical endocrinology privileges**

1. Performance of history and physical exam
2. Interpret laboratory studies, including the effects of nonendocrine disorders
3. Growth hormone release
4. Interpret of hormone assays
5. Luteinizing-hormone-releasing hormone and thyrotropin-releasing testing
6. Perform/ interpret stimulation and suppression tests
7. Provocation testing
8. Skin biopsy

## **Pediatric clinical gastroenterology privileges**

1. Performance of history and physical exam
2. Biliary tube/stent placement
3. Botulinum toxin injection
4. Biopsy of the mucosa of esophagus, stomach, small bowel and colon
5. Breath test performance and interpretation
6. Colonoscopy with or without polypectomy
7. Flexible sigmoidoscopy
8. Diagnostic & therapeutic esophagogastroduodenoscopy
9. Esophageal dilation
10. Change of gastrostomy tube
11. Interpret gastric, pancreatic and biliary secretory tests
12. Interpretation of percutaneous cholangiography
13. Nonvariceal hemostasis (upper and lower)
14. Pancreatic stimulation test
15. Paracentesis
16. Percutaneous endoscopic gastrostomy
17. Proctoscopy
18. Sengstaken/Minnesota tube intubation
19. Snare polypectomy
20. Rectal biopsy
21. Endoscopic ultrasound
22. Variceal hemostasis (upper and lower)

### **Pediatric pulmonology**

1. Perform history and physical exam
2. Airway management
3. CPAP
4. Diagnostic and therapeutic procedures, including thoracentesis, endotracheal intubation, and related procedures
5. Emergency cardioversion
6. Examination and interpretation of sputum, bronchopulmonary secretions, pleural fluid, and lung tissue
7. Flexible fiber-optic bronchoscopy procedures
8. Inhalation challenge studies
9. Insertion of arterial, central venous, and pulmonary artery balloon flotation catheters
10. Management of pneumothorax (needle insertion and drainage system)
11. Operation of hemodynamic bedside monitoring systems
12. Pulmonary function tests to assess respiratory mechanics and gas exchange, to include spirometry, flow volume studies, lung volumes, diffusing capacity, arterial blood gas analysis, and exercise studies
13. Thoracostomy tube insertion and drainage, to include chest tubes
14. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
15. Use of a variety of positive pressure ventilatory modes, to include initiation:
  - ventilatory support to include BiPAP;
  - weaning, and respiratory care techniques; and
  - maintenance and withdrawal of mechanical ventilatory support.

## 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 that I wish to exercise at Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## DIVISION / SECTION HEAD RECOMMENDATION

I have reviewed and/or discussed the clinical privileges requested and supporting documentation for the above-named applicant and make the following recommendation/s:

- ☐ Recommend all requested privileges
- ☐ Recommend privileges with the following conditions/modifications
- ☐ Do not recommend the following requested privileges

Privilege	Condition / Modification / Explanation
1.	
2.	
3.	
4.	

Notes:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Regions Hospital

## Delineation of Privileges — Moderate Sedation

Privilege
<input type="checkbox"/> Administer and manage moderate sedation/analgesia, a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accomplished by light tactile stimulation. A patent airway is maintained and spontaneous ventilation is adequate. Cardiovascular function is always maintained.
Basic education and minimal formal training
<ol style="list-style-type: none"> <li>1. MD, DO, MBBS, MB BCH, DPM, DMD, DDS,</li> <li>2. Successful completion of an ACGME or AOA or Royal College of Physicians and Surgeons of Canada, approved residency training program.</li> <li>3. Current ACLS, ATLS or PALS certification.</li> </ol>
Required documentation and experience
<p><b>NEW APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of successful completion of an examination provided by the Regions medical staff services  <b>Or</b>            Document experience by providing one of the following:           <ul style="list-style-type: none"> <li>• Evidence of successful completion of a moderate sedation test with passing score from another hospital;</li> <li>• Governing board letter from another hospital indicating the applicant has moderate sedation privileges;</li> <li>• Letter from Medical Staff Office at another hospital indicating specifically that the practitioner has moderate sedation privileges and the date they were granted;</li> <li>• If a recent graduate, attestation of competency from program director.</li> </ul> </li> <li>2. Provide documentation of current ACLS, ATLS or PALS certification.</li> </ol> <p><b>REAPPOINTMENT APPLICANTS:</b></p> <ol style="list-style-type: none"> <li>1. Provide documentation of performing moderate sedation for at least ten (10) patients within the past 24 months;  <b>Or</b>            Provide documentation from Division/Section Head that attests to ongoing current competence.</li> <li>2. Provide documentation of current ACLS, ATLS or PALS certification.</li> </ol>

**TO BE COMPLETED BY APPLICANT:** I agree to supply all of the information being requested of me for the privileges I am applying for. I understand my application for privileges will not proceed until the information is received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:** I have reviewed and/or discussed the privileges requested and find them to be commensurate with this applicant's training and experience. I recommend this application proceed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date