

## UNMH Pediatric Critical Care Medicine Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Expansion of privileges (modification)

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 09/27/2013*

### INSTRUCTIONS

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

**Department Chair:** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

### OTHER REQUIREMENTS

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### ***Qualifications for Pediatric Critical Care Medicine***

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***Initial Applicant*** - *To be eligible to apply for privileges in pediatric critical care medicine, the initial applicant must meet the following criteria:*

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics followed by successful completion of an accredited fellowship in pediatric critical care medicine.

AND/OR

Current subspecialty certification or active participation in the examination process leading to

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subspecialty certification in pediatric critical care medicine by the American Board of Pediatrics.

AND

**Required Current Experience:** Provision of care, reflective of the scope of privileges requested, for an acceptable volume of pediatric critical care patients during the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

***Reappointment Requirements*** - *To be eligible to renew privileges in pediatric critical care medicine, the reapplicant must meet the following criteria:*

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### ***Core Privileges: Pediatric Critical Care***

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, and support of vital physiological functions. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

### **□ Requested**

### ***Pediatric Critical Care Core Procedures List***

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform history and physical exam
2. Evaluation and management of life-threatening disorders or injuries in intensive care units including but not limited to shock, coma and elevated ICP, seizures, infections acute and chronic renal failure, acute endocrine electrolyte emergencies including DKA, non-kenotic hyperosmolar coma, thyrotoxicosis, SIADH, DI, adrenal insufficiency, systemic sepsis, heart failure, trauma, acute and

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chronic respiratory failure, drug overdoses, massive bleeding, CNS dysfunction including cerebral resuscitation, diabetic acidosis, kidney failure, treatment of asthma, pulmonary hypertension, arrhythmias

3. Airway maintenance intubation, including fiberoptic bronchoscopy
4. Basic and advanced cardiopulmonary resuscitation
5. Calculation of oxygen content, intrapulmonary shunt and alveolar arterial gradients
6. Cardiac output determinations by thermodilution and other techniques
7. Cardioversion
8. Establishment and maintenance of open airway in nonintubated, unconscious, paralyzed patients
9. Evaluation of oliguria
10. Insertion and management of chest tubes
11. Insertion of central venous, arterial and pulmonary artery balloon flotation catheters
12. Interpretation of antibiotic levels and sensitivities
13. Intracranial pressure monitoring
14. Maintenance of circulation with arterial puncture and blood sampling;
15. Management of anaphylaxis and acute allergic reactions
16. Management of patient on ECMO
17. Management of massive transfusions
18. Management of pneumothorax (needle insertion and drainage systems)
19. Management of the immunosuppressed patient
20. Management of renal and hepatic failure, poisoning, and complicated hematological, infectious, and immune problems
21. Monitoring and assessment of metabolism and nutrition
22. Percutaneous needle aspiration
23. Pericardiocentesis or tube placement
24. Peritoneal dialysis
25. Peritoneal drain placement
26. Peritoneal lavage
27. Pharmacokinetics
28. Pressure-cycled, volume-cycled, time-cycled, and flow-cycled mechanical ventilation
29. Stabilization for transport
30. Thoracostomy tube placement
31. Use of narcotics, ketamine, pentobarbital, thiopental, etomidate, benzodiazepines, dexmedetomidine and propofol to facilitate airway management/sedation/and/or moderate and deep sedation
32. Use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry
33. Ventilator management, including experience with HFOV (high frequency oscillatory ventilation) and other various modes

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**Acknowledgment 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 UNM Hospitals and clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

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

**Department recommendation(s)**

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 09/27/2013