

## UNMH Pediatric Emergency Medicine Clinical Privileges

**Name:**

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/31/2014*

### **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.

## UNMH Pediatric Emergency Medicine Clinical Privileges

Name:

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

### Qualifications for Pediatric Emergency Medicine

---

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

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

AND

Current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric emergency medicine by the American Board of Pediatrics or the American Board of Emergency Medicine

AND

**Required Current Experience:** Active practice in an ED providing pediatric emergency medicine services with current competence and an adequate volume, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME- or AOA- accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements *To be eligible to renew privileges in pediatric emergency medicine, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege 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 Emergency Medicine**

Admit, consult, assess, evaluate, diagnose, and initially treat patients of all ages who present in the ED with any symptom, illness, injury, or condition and provide services necessary to ameliorate minor illnesses or injuries and stabilize patients with major illnesses or injuries and to assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. No privileges to perform scheduled elective procedures with the exception of procedures performed during routine emergency department follow-up visits. The core privileges in this specialty include the procedures on the attached procedure list and such

## UNMH Pediatric Emergency Medicine Clinical Privileges

Name:

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

other procedures that are extensions of the same techniques and skills.

### Requested

## Pediatric Emergency Medicine 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. Abscess incision and drainage, including Bartholin's cyst
2. Administration of sedation per hospital policy
3. Administration of thrombolytic therapy for myocardial infarction, stroke
4. Airway management and intubation - including airway adjuncts; rapid sequence intubation; oral and nasal endotracheal techniques; and direct and indirect laryngoscopy.
5. Anesthesia: intravenous (upper extremity, local, and regional)
6. Anoscopy/Proctoscopy
7. Arterial puncture and cannulation
8. Arthrocentesis
9. Bladder decompression and catheterization techniques
10. Blood component transfusion therapy
11. Burn management, including escharotomy
12. Cardiac massage, open or closed
13. Cardiac pacing to include, but not limited to, external transthoracic and transvenous
14. Cardioversion (synchronized counter-shock)
15. Central venous access (femoral, jugular, peripheral, internal, subclavian, and cutdowns)
16. Chemical restraint of agitated patient
17. Cricothyrotomy - including surgical and percutaneous needle
18. Defibrillation
19. Delivery of newborn, emergency
20. Dislocation/fracture reduction/immobilization techniques, including splint & cast applications
21. Electrocardiography interpretation
22. Emergency ultrasound as an adjunct to privileged procedure
23. Emergency Ultrasound for a Trauma FAST exam
24. GI decontamination (emesis, lavage, charcoal)
25. Hernia reduction
26. Injection of bursa or joint, to include saline arthrogram
27. Intracardiac injection
28. Intraosseous access, drug administration and infusion
29. Irrigation and management of caustic exposures

## UNMH Pediatric Emergency Medicine Clinical Privileges

**Name:**

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

30. Lumbar puncture
31. Management of epistaxis
32. Mechanical ventilation
33. Nail trephine techniques
34. Nasal cautery/packing – including anterior and posterior
35. Nasogastric/orogastric intubation – to include Blakemore tube
36. Nasal/Pharyngeal Endoscopy
37. Ocular tonometry
38. Oxygen therapy
39. Paracentesis
40. Perform history and physical exam
41. Pericardiocentesis
42. Peripheral venous cut-down
43. Peritoneal lavage
44. Preliminary interpretation of imaging studies
45. Removal of foreign bodies - airway including nose, eye, ear, rectal, soft tissue instrumentation/irrigation, skin, subcutaneous tissue, and vaginal
46. Removal of IUD
47. Repair of lacerations
48. Resuscitation including medical and trauma
49. Slit lamp used for ocular exam, removal of corneal foreign body
50. Spine immobilization
51. Thoracentesis
52. Thoracostomy tube insertion including needle and tube insertion
53. Thoracotomy, open for patient in extremis
54. Tracheostomy
55. Variceal/nonvariceal hemostasis
56. Wound debridement and repair
57. Evaluate and treat, within the scope of the core pediatric privileges delineated above, patients of any age with minor, low acuity isolated complaints (e.g. minor orthopedic injuries, lacerations, abscesses, upper respiratory complaints, and simple urinary tract infections)

## UNMH Pediatric Emergency Medicine Clinical Privileges

Name:

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

### **Special Non-Core Privileges (See Specific Criteria)**

If desired, non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required experience, and maintenance of clinical competence.

### **Qualifications for Emergency Ultrasound for Diagnosis of Emergent Condition**

---

**Criteria:** For ultrasound privileges that exceed those included in the pediatric emergency medicine core privileges, individuals must successfully complete an accredited postgraduate training program in emergency medicine that included training in ultrasound interpretation, or completion of a practice-based pathway and training that meets ACEP recommendations for ultrasound interpretation.

**Required Current Experience** Demonstrated current competence and evidence of satisfactory ultrasound interpretations in the past 12 months.

**Reappointment (Renewal of Privilege)** Demonstrated current competence and evidence of the performance of satisfactory ultrasound interpretations in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON-CORE PRIVILEGES: Emergency (bedside) Ultrasound General Applications**

**General Application Procedures:** trauma, pregnancy, abdominal aorta, cardiac, biliary, urinary tract, deep venous thrombosis, thoracic, soft-tissue/musculoskeletal, ocular, and procedural guidance.

**Requested**

**UNMH Pediatric Emergency Medicine Clinical Privileges**

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

**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 Chair recommendation**

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:

---



---



---



---

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

Criteria approved by UNMH Board of Trustees on 10/31/2014