

## UNMH Pediatric 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: 02/28/2014*

### **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.

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### **Qualifications for Pediatric Core**

**Initial Applicant** - *To be eligible to apply for privileges in pediatrics, 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.

AND

Current certification or active participation in the examination process leading to certification in pediatrics by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics.

AND

Current PALS certification for all clinical acute care pediatric providers only

AND

**Required current experience:** Provision of care, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients 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 pediatrics, 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: *Pediatrics***

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. 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**

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This list is a sampling of procedures included in the pediatric core (1-37). 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. Acute pain management
2. Arterial puncture
3. Application of dental varnish
4. Arthrocentesis and joint injection
5. Bladder aspiration
6. Bladder catheterization
7. Management of burns, superficial and partial thickness
8. Circumcision with regional block
9. Cerumen removal by irrigation/curettage
10. Cryotherapy
11. Endotracheal intubation/airway management
12. Electrocardiography interpretation, preliminary
13. Fluorescein exam of the eye
14. Frenulotomy
15. I & D abscess/hematoma
16. I & D peritonsillar abscess
17. Gynecologic evaluation of prepubertal and postpubertal females
18. Local anesthetic techniques
19. Lumbar puncture
20. Nail wedge excision/nailbed repair
21. Reduction & splinting/casting of uncomplicated minor closed fractures & uncomplicated dislocations
22. Perform simple skin biopsy or excision (foreign body removal)
23. Perform history and physical exam
24. Peripheral nerve block
25. Placement of anterior and posterior nasal hemostatic packing
26. Placement of intravenous lines
27. Placement of intraosseous lines
28. Placement of NG tube
29. Remove non-penetrating foreign body from the eye, nose, or ear
30. Replacement of tracheostomy tube
31. Silver nitrate cauterization
32. Subcutaneous, intradermal, and intramuscular injections
33. Thoracentesis
34. Tympanocentesis
35. Uncomplicated gastrostomy tube replacement/management
36. Venipuncture
37. Wound care and closure uncomplicated lacerations

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### **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 Special Procedures in Pediatrics***

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**Criteria:** Successful completion of an ACGME or AOA accredited residency in pediatrics which included training in requested procedure(s), or documentation of a special course for procedure(s) requested.

**Required Current Experience:** Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results, in the past 12 months or completion of training in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

### **NON- CORE PRIVILEGES: *Colposcopy***

**Requested**

### **NON- CORE PRIVILEGES: *Pharmacologic Treatment of Substance Abuse***

**Requested**

### **NON- CORE PRIVILEGES: *PICC Line Placement***

**Requested**

### **NON- CORE PRIVILEGES: *Umbilical artery and vein catheterization***

**Requested**

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### **Qualifications for Contraceptive implant - insertion & removal**

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**Criteria:** Completion of training program required for device specific insertion.

**Required Current Experience:** Demonstrated current competence and evidence of performance of an acceptable volume of implant insertions & removals with acceptable results in the past 12 months.

**Renewal of Privilege:** Demonstrated current competence and evidence of performance of an acceptable volume of implant insertions/removals with acceptable results in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

**NON- CORE PRIVILEGES: *Contraceptive implant - insertion & removal***

**Requested**

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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:

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

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

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

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

Criteria approved by UNMH Board of Trustees on 02/28/2014