

## Privileges in Neonatology

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
<b>Initial Core Criteria Education/Training</b>	<p>Successful completion of an ACGME or AOA accredited Residency training program in Pediatrics or foreign equivalent training</p> <p style="text-align: center;"><b>AND</b></p> <p>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 or foreign equivalent training/board.</p> <p style="text-align: center;"><b>OR</b></p> <p>Current certification or active participation in the examination process leading to certification in Neonatal-Perinatal Medicine by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics or foreign equivalent training/board.</p> <p style="text-align: center;"><b>AND</b></p> <p>Documentation or attestation of the management of problems for at least 50 Core inpatients or outpatients as the attending physician (or fellow or senior resident), required during the past 2 years</p>
<b>FPPE</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

## Core Privileges

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Dept Chair Rec
	<b>Level I Core Privileges Include but are not limited to:</b> (Criteria - Minimum 10 cases required during the past 2 years)	
	Privileges to admit evaluate, diagnose, consult, perform history and physical exam, and provide treatment to pediatric patients	
	Procedures that do not carry a significant threat to life	
	Treatment of major or complicated illness	
	Blood drawing	
	IV placement	
	Lumbar puncture	
	Foreign body removal	
	Suturing laceration	
	IM injections	
	Skin abscess and drainage	
	Care of simple fractures or dislocations	
	Frenotomy	
	Care of well newborns in Well Baby Nursery - [Initial Criteria Complete "Baby Friendly Provider Training" Healthstream module or provide a certificate of completion of "Baby Friendly" or "General Breastfeeding Training" from another facility within past two years. Renewal Criteria Complete "Baby Friendly Provider Training" Healthstream module or provide a certificate of completion of "Baby Friendly" or "General Breastfeeding Training" from another facility within past two years]	
	Circumcision	
	<b>Limited Level II Core Privileges include but are not limited to:</b> (Initial Criteria - Must meet criteria in Level I in addition to: 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 or foreign equivalent training/board. -AND- Demonstrable competence in neonatal resuscitation, including current Neonatal Resuscitation Program certification -AND- Demonstrable knowledge and experience in the care of sick and premature newborn infants (excluding those conditions limited to physicians with Level III privileges) Renewal Criteria - Minimum 10 cases required in the past two years. Current Neonatal Resuscitation Program certification. )	
	Core privileges include provision of health supervision, diagnosis and treatment of infants >35 weeks gestation with conditions more serious than those included in Level I privileges, or requiring interventions including any of the procedures enumerated below	
	Administration of supplemental oxygen for a period longer than two hours	
	Management of intravenous fluids or medications for >8 hours	
	Management of congestive heart failure (consultation with neonatologist or pediatric cardiologist)	
	<b>Full Level II Core Privileges include but are not limited to:</b> (Initial Criteria - Must meet criteria in Level I in addition to: 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 or foreign equivalent training/board. AND Demonstrable competence in neonatal resuscitation, including current Neonatal Resuscitation Program certification AND Demonstrable knowledge and experience in the care of sick and premature newborn infants (excluding those conditions limited to physicians with Level III privileges) Renewal Criteria - Minimum 10 cases required in the past two years. Current Neonatal Resuscitation Program certification. )	

	Core privileges include provision of health supervision, diagnosis and treatment of infants 32-35 weeks gestation and those >35 weeks gestation with conditions more serious than those included in Level I privileges or requiring interventions including any of the procedures enumerated below	
	Administration of supplemental oxygen for a period longer than two hours	
	Administration of continuous positive airway pressure (CPAP) for any period up to 8 hours	
	Initiation of mechanical ventilation (immediate consultation with neonatologist required)	
	Tracheal intubation	
	Umbilical vein catheterization	
	Umbilical artery catheterization	
	Needle aspiration of thorax	
	Parenteral nutrition	
	Paracentesis	
	Management of intravenous fluids or medications for >8 hours	
	Exchange transfusion (<30 ml/kg)	
	Management of congestive heart failure (consultation with neonatologist or pediatric cardiologist)	
	<b>Level III Core Privileges include but are not limited to:</b> (Initial Criteria - Must meet criteria for Levels I and II in addition to: Successful completion of an approved fellowship program in Neonatal-Perinatal Medicine or foreign equivalent training. AND Current certification or active participation in the examination process leading to certification in Neonatal-Perinatal Medicine by the American Board of Pediatrics or foreign equivalent training/board. AND Demonstrable competence in neonatal resuscitation, including current Neonatal Resuscitation Program certification. Renewal Criteria - Minimum 50 cases required in the past two years. Current Neonatal Resuscitation Program certification. )	
	Core privileges include provision of health supervision, diagnosis and treatment for infants <32 weeks gestation, and those >32 weeks gestation who have medical conditions requiring specialized knowledge or skills usually achieved during fellowship training in a pediatric subspecialty including any of the interventions enumerated below.	
	Administration of continuous positive airway pressure for any period longer than 8 hours	
	Mechanical ventilation	
	Administration of IV cardiotoxic or vasoactive drugs	
	Maintenance of umbilical vein or artery catheters for a period longer than 48 hours	
	Exchange transfusion (= 30 ml/kg)	
	Placement of CVP catheter	
	Tube thoracostomy	
	Pericardiocentesis	
	Insertion of peripheral arterial catheter	
	Management of cardiac failure or shock	
	Management of liver failure	
	Management of renal failure	
	Arterial cutdown	
	Venous cutdown	

**FPPE**

Core (at the highest level of care requested)

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

<b>Request</b>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Dept Chair Rec</b>
	Extracorporeal Membrane Oxygenation (ECMO) [Initial Criteria - Must provide documentation of additional training and/or experience. Level III privileges required. Renewal Criteria - Minimum 2 cases required in the past two years.]	

**FPPE**

ECMO (by on-call ECMO Neonatologist)

**Acknowledgment of Applicant**

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 Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - FPPE Requirements

\_\_\_\_\_  
Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

\_\_\_\_\_  
Date