

Privileges in Nephrology

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	
Initial Core Criteria Education/Training	<p>Successful completion of an ACGME or AOA accredited Residency training program in Pediatrics or foreign equivalent training</p> <p style="text-align: center;">AND</p> <p>Successful completion of an approved Fellowship program in Pediatric Nephrology or foreign equivalent training</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification or re-certification in Pediatric Nephrology by the American Sub-Board of Pediatric Nephrology is required, in accordance with current LPCH policy on maintenance of Sub-Board Certification in subspecialties. Maintenance of board certification in Pediatrics is no longer required.</p> <p style="text-align: center;">AND</p> <p>Documentation or attestation of the management of problems for at least 50 inpatients or outpatients as the attending physician (or senior resident), required during the past 2 years</p>
FPPE	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
CORE Privileges		
	Privileges to admit, evaluate, consult, perform history and physical, and provide treatment to patients presenting with illnesses and disorders of the kidneys	
	Hemodialysis, acute and chronic, excluding placement of vascular access	
	Peritoneal dialysis, acute and chronic, excluding placement of the peritoneal dialysis catheter	
	Continuous renal replacement therapy, excluding placement of vascular access	
	Home peritoneal dialysis training supervision	
	Percutaneous renal biopsy, autologous or transplanted kidneys	
	Intravenous pulse Methylprednisolone therapy for complex renal diseases	
	Intravenous Cyclophosphamide therapy for complex renal diseases	
	Management of severe hypertension (requiring two or more oral agents and/or intravenous antihypertensive therapy)	
	Comprehensive medical management of children with less than 20% of normal renal function (severe chronic renal insufficiency)	
	Medical management of the pediatric patient following renal transplantation, including immunosuppression therapy	
	Management of recombinant human erythropoietin therapy in children with renal disease	
	Management of recombinant human growth hormone therapy in children with renal disease	
	Comprehensive management of pediatric patients who have acute renal failure	
	Plasmapheresis	
	Renal clearance studies	
	Hemoperfusion	
	Interpretation of 24-hour blood pressure monitoring	

Qualifications

Renewal Criteria Minimum 50 Core Pediatric cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

FPPE

- Acute hemodialysis (Chart Review)
- Acute hemodialysis (Direct Observation)
- Continuous Renal Replacement Therapy (CRRT) management (Chart Review)
- Continuous Renal Replacement Therapy (CRRT) management (Direct Observation)
- Kidney biopsy, native
- Kidney biopsy, transplant

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Management of Transplant Patients [Initial Criteria - Formal training and experience in the management of pediatric kidney transplant patients during Fellowship at a pediatric kidney transplant center or Clinical experience after Fellowship in the management of an average of 10 pediatric kidney transplant patients per year for a minimum of 2 years. includes both in-patient and out-patient management. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	SHC Nephrologists - Nephrology care limited to that required to care for toxemia and other kidney disorders in women hospitalized in the Johnson Center. [Initial Criteria - Meeting Core Privilege criteria for pediatric nephrology training or equivalency is not required. Current active privileges at SHC. Renewal Criteria - Minimum 100 cases required at SHC in the past two years.]	

FPPE

In-Patient Transplant management (Chart Review)

In-Patient Transplant management (Direct Observation)

Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital

SHC Nephrologists - Nephrology care limited to that required to care for toxemia and other kidney disorders in women hospitalized in the Johnson Center.

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 _____