

## UNMH Pediatrics Clinical Privileges

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

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective January 27, 2017:*

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

### 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.

### 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 PEDIATRICS CORE:

**Initial Privileges:** To be eligible to apply for core privileges in pediatrics, the applicant must meet the following criteria:

1. Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in pediatrics; **AND**
2. Current certification in, or active participation in the examination process leading to certification in, pediatrics by the American Board of Pediatrics or American Osteopathic Board of Pediatrics; **AND**
3. Current PALS certification for all clinical acute care pediatric providers only; **AND**
4. Required current experience: Demonstrate provision of care, reflective of the scope of privileges requested, for an acceptable volume of pediatric patients with acceptable outcomes during the past twelve (12) months, or demonstrate successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past twelve (12) months.

**Renewal of Privileges:** Demonstrated current competence and provision of care, reflective of the scope of privileges requested for an acceptable volume of patients with acceptable results, for the

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past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current 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 diseases 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. Core privileges in this specialty include the procedures in the below procedure list and other procedures that are extensions of same techniques and skills

Requested

#### Pediatrics Core Procedures List

This list is a sampling of procedures included in the pediatric 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 listed in pediatrics core, strike through then initial and date those procedures you do not wish to request.

1. Perform history and physical examination.
2. Acute pain management.
3. Arterial puncture.
4. Application of dental varnish.
5. Arthrocentesis and joint injection.
6. Bladder aspiration.
7. Bladder catheterization.
8. Circumcision with regional block.
9. Cerumen removal by irrigation/curettage.
10. Contraceptive device insertion and removal, including IUD and implant, when required device-specific training has been obtained.
11. Cryotherapy.
12. Endotracheal intubation/airway management.
13. Electrocardiography interpretation (preliminary).
14. Fluorescein exam of the eye.
15. Frenulotomy.
16. Incision and drainage of abscess/hematoma.
17. Incision and drainage of peritonsillar abscess.
18. Gynecologic evaluation of prepubertal and postpubertal females.
19. Local anesthetic techniques.
20. Lumbar puncture.

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21. Management of burns, superficial and partial thickness.
22. Nail wedge excision/nail bed repair.
23. Reduction and splinting/casting of uncomplicated minor closed fractures and uncomplicated dislocations.
24. Perform simple skin biopsy or excision (foreign body removal).
25. Peripheral nerve block.
26. Placement of anterior and posterior nasal hemostatic packing.
27. Placement of intravenous lines.
28. Placement of intraosseous lines.
29. Placement of NG tube.
30. Removal of non-penetrating foreign body from the eye, nose, or ear.
31. Replacement of tracheostomy tube.
32. Silver nitrate cauterization.
33. Subcutaneous, intradermal, and intramuscular injections.
34. Thoracentesis.
35. Tympanocentesis.
36. Uncomplicated gastrostomy tube replacement/management.
37. Venipuncture.
38. Wound care and closure of uncomplicated lacerations.

### SPECIAL NON-CORE PRIVILEGES

If desired, non-core privileges are requested individually in addition to requesting the core privileges. 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 competency.

#### QUALIFICATIONS FOR SPECIAL NON-CORE PRIVILEGES IN PEDIATRICS:

**Initial Privileges:** To be eligible to apply for special non-core privileges in pediatrics, the applicant must meet the following criteria:

1. Successful completion of an ACGME or AOA-accredited residency in pediatrics that included training in the requested procedure(s); **OR**
2. Documentation of a special course for procedure(s) requested; **AND**
3. Required current experience: Demonstrated current competence and evidence of attendance of an acceptable volume of requested procedure(s) with acceptable results in the past twelve (12) months, or completion of training in the past twelve (12) months.

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

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### 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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### Acknowledgement of Practitioner

I have requested only those clinical 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. 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.

\_\_\_\_\_  
Signature

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

### Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Department Chair Recommendation

I have reviewed the requested clinical privileges and 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 conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: \_\_\_\_\_  
\_\_\_\_\_

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

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

**Criteria Approved by UNMH Board of Trustees on January 27, 2017**