



Child Neurology Privileges Department of Pediatrics

Name: _____
(Please print)

- ' Initial privileges (initial appointment)
- ' Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- ' Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in child/adolescent neurology *and* current certification in child neurology or active participation in the examination process leading to certification in child neurology by the ABPN or possession of a certificate of special qualifications from the AOBNP within 5 years of training completion.

Required current experience: Neurological services provided to at least 24 inpatients, reflective of the scope of privileges requested, during the past 12 months *or* successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Additional Requirements: Maintenance of Basic Life Support certification

Facility (Check ALL that are applicable to your request)				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Child Neurology Privileges:

Core privileges in child neurology include the ability to admit, perform history and physical exam, evaluate, diagnose, treat, and provide consultation to outpatients and inpatients. Scope of practice including neonates, infants, children, and adolescents with all types of diseases, disorders, or impaired functions, both acquired and congenital, of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous system, as well as the blood vessels that relate to these structures. Physicians may provide care to patients in the intensive care setting in conformance with unit policies. Core privileges also may include the ability to assess, stabilize, and determine the 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 listed below and such other procedures that are extensions of the same techniques and skills.

Core procedures, which are types of activities/procedures/privileges that the majority of practitioners in this specialty perform, include but are not limited to the following:

- Evaluation and treatment of patients with neurologic disorders aged less than 21 years unless specifically transferred at a young age for more specialized care or retained at an older age based on patient request or adult physician availability.
- Electrical stimulation and/or ultrasound guidance for procedural localization
- Botulinum toxin chemodenervation for migraine/spasticity and dystonia/drooling and excessive salivation
- Management of vagal nerve stimulators
- Management of intrathecal baclofen pumps
- Autism diagnosis and management
- Concussion diagnosis and management
- Diagnosis and treatment of some behavior disorders
- Epilepsy care and management
- Interpretation of routine and continuous EEG
- Treatment of some genetic and metabolic disorders of the neurological system
- Treatment of increased/decreased muscle tone
- Intrathecal administration of medications
- Local anesthesia
- Lumbar puncture procedures
- Treatment of some mood and anxiety disorders
- Treatment of movement disorders
- Treatment of neuromuscular disease and disorders
- Subcutaneous, intradermal, intramuscular injection

Special Non-Core Privileges in Child Neurology:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

Request for Privilege Not Listed in Core or Special Non-Core

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date

Rev. 4/24