



Neonatal-Perinatal Medicine 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 fellowship in neonatal-perinatal medicine or neonatology. Current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to subspecialty certification in neonatal-perinatal medicine by the ABP or in neonatology by the AOBP.

Maintenance of Neonatal Resuscitation Program (NRP) certification.

Required current experience: Provision of inpatient or consultative services, reflective of the scope of privileges requested, to at least 50 neonatal patients during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months. NRP certification required.

Table with 5 columns: 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 Neonatal-Perinatal Privileges:

Core privileges for neonatal-perinatal medicine include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide consultation for sick newborns presenting with any life-threatening problems or conditions, such as breathing disorders, infections, or birth defects. Providers may coordinate care and medically manage newborns born prematurely, critically ill, or in need of surgery. They may provide consultation to mothers with high-risk pregnancies. They may provide care to patients in the newborn nursery and NICU in conformance with unit policies. Providers may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the below list and such other procedures that are extensions of the same techniques and skills:

- Performance of history and physical exam
- Aerosol treatments for reactive airway disease
- Abdominal paracentesis
- Arterial puncture
- Arterial line placement (umbilical or peripheral)
- Attendance at delivery of high-risk newborns
- Bladder catheterization
- Bladder puncture
- Cardiac life support, including emergent cardioversion
- Central venous catheterization (umbilical)
- Care of high-risk newborns or newborns with life-threatening illness requiring admission to NICU
- Care of neonates, infants and children formerly cared for in the NICU
- Change tracheotomy tube (after first change by ENT)
- Conventional mechanical ventilation
- CSS reservoir tap (requires training and certification by neurosurgery)
- Defibrillation
- Endotracheal intubation
- Exchange transfusion
- Foreign body removal from nose or ear
- High frequency oscillatory ventilation or high frequency jet ventilation
- Incision and drainage of superficial abscesses
- Inhalation therapy including nitric oxide
- Initiation and management of cardiopulmonary resuscitation
- Insertion and management of central lines
- Insertion and management of chest tubes
- Intraosseous infusion
- Laceration repair
- Local anesthesia
- Lumbar puncture
- Management of neuromuscular blocking agents and sedative medications

Management of peritoneal dialysis with active nephrology involvement required

Nasal continuous positive airway pressure (CPAP)

Nasogastric/orogastric tube placement

Needle aspiration of the bladder

Neonatal consultation

Neonatal resuscitation

Neonatal transport

Nutritional support

Paracentesis, thoracentesis, pericardiocentesis

Pericardiocentesis

Peripheral arterial artery catheterization

Peritoneal dialysis with consultation as appropriate

Postoperative care of newborns

Preliminary EKG interpretation

Removal of cerumen

Subcutaneous, intradermal intramuscular injection

Subdural puncture

Suprapubic bladder tap

Thoracentesis or thoracostomy tube placement (diagnostic or therapeutic)

Thrombolytic therapy

Transfusion performance and management

Tympanometry

Umbilical line (arterial and venous) placement

Uncomplicated debridement of a burn or wound

Uncomplicated supernumerary digit ligation

Urethral catheterization

Venipuncture

Ventilator care of infants beyond emerging stabilization

### **Special Non-Core Privileges in Neonatal-Perinatal Medicine:**

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. Non-core privileges include:

<b>Procedure</b>	<b>Baroness</b>	<b>Children's</b>	<b>North</b>	<b>East</b>	<b>Bledsoe/Sequatchie</b>
Venoarterial extracorporeal membrane oxygenation/Veno Venous extracorporeal membrane oxygenation					
Circumcision (3 per year)					
PICC placement (3 per year)					
Administration of Moderate sedation and analgesia (see below for criteria).					

**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)*

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**Special Procedures Privileges Criteria**

**Moderate Sedation**

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

*NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.*

**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