



**Pediatric Cardiology 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 pediatrics followed by successful completion of an accredited fellowship in pediatric cardiology *and* current subspecialty certification or active participation in the examination process leading to subspecialty certification in pediatric cardiology by the ABP within 5 years of completion of training.

Required current experience: Documentation or attestation of the management of at least 24 pediatric cardiology inpatients or outpatients as the attending/consulting physician, reflective of the scope of privileges requested, during the past 12 months *or* successful completion of an ACGME accredited 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 Pediatric Cardiology Privileges:

Core privileges for pediatric cardiology include the ability to admit, perform history and physical exams, evaluate, diagnose, consult, and provide comprehensive care to newborns, infants, children, and adolescents presenting with congenital or acquired cardiovascular disease and disorders of the heart and blood vessels. Physicians also may provide care to patients in the intensive care setting in conformance with unit policies. They should also be able to 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 attached procedures list 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:

- Ambulatory EKG monitoring studies
- Cardioversion
- Electrocardiography and echocardiography interpretation
- Exercise testing with EKG monitoring
- Pericardiocentesis and thoracentesis
- Transthoracic echocardiography

Special Non-Core Privileges in Pediatric Cardiology:

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:

<i>Procedure</i>	<i>Baroness</i>	<i>Children's</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Transesophageal echocardiography					
Diagnostic right- and left-cardiac catheterization					

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