



**Pediatric Gastroenterology 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 ACGME accredited fellowship in pediatric gastroenterology *and* current certification or active participation in the examination process leading to certification within 5 years of training completion in pediatric gastroenterology by the ABP.

**Required current experience:** Documentation or attestation of inpatient, outpatient, or consultative services for at least 24 patients as the attending/consulting physician, 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

<b>Facility (Check ALL that are applicable to your request)</b>				
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 Gastroenterology Privileges:**

Core privileges for pediatric gastroenterology include the ability to admit, perform history and physical examinations, evaluate, diagnose, and treat inpatient and outpatient infants, children and adolescents with diseases of the digestive system. Including the performance of complex diagnostic and therapeutic procedures using lighted scopes to see internal organs. The physician may provide care to patients in the intensive care setting in conformance with unit policies. They may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations regarding emergency and consultative call services.

Core privileges include but are not limited to:

- Argon plasma coagulation
- Biopsy of the mucosa of esophagus, stomach, small bowel, and colon

Botulinum toxin injection  
 Breath test performance and interpretation  
 Change of gastrostomy tube  
 Colonoscopy with or without polypectomy  
 Diagnostic and therapeutic esophagogastroduodenoscopy  
 Diagnostic motility studies for functional bowel disorders (includes manometry)  
 Endoscopic mucosal resection  
 Enteral and parenteral alimentation  
 Esophageal dilation  
 Esophageal or duodenal stent placement  
 Flexible sigmoidoscopy  
 Gastrointestinal motility studies and 24-hour pH monitoring  
 Interpretation of gastric, pancreatic, and biliary secretory tests  
 Nonvariceal hemostasis (upper and lower)  
 Pancreatic stimulation test  
 Paracentesis  
 Percutaneous endoscopic gastrostomy  
 Percutaneous liver biopsy  
 Proctoscopy  
 Rectal biopsy  
 Sengstaken/Minnesota tube intubation  
 Snare polypectomy  
 Ultrasound  
 Variceal hemostasis (upper and lower)

**Special Non-Core Privileges in Pediatric Gastroenterology:**

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:

<i>Procedure</i>	<i>Baroness</i>	<i>Children's</i>	<i>North</i>	<i>East</i>	<i>Bledsoe/Sequatchie</i>
Use of laser					

***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. 04/24