



**Pediatric Nephrology 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:** Successfully completion of an ACGME or AOA accredited residency in pediatrics followed by successful completion of an ACGME accredited fellowship in pediatric nephrology *and* current certification or participation in the examination process leading to subspecialty certification in pediatric nephrology by the ABP within 5 years of completion of training.

**Required current experience:** : Documentation or attestation of the management of at least 24 pediatric nephrology 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 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 Nephrology Privileges:**

Core privileges for pediatric nephrology include the ability to admit, perform history and physical examinations, evaluate, diagnose, treat, and provide consultation to infants, children, and adolescents in the inpatient and outpatient settings with medical conditions involving the urinary tract including:

- Abnormal development and maturation of the kidney and urinary tract
- Diseases and disorders of the kidney and urinary tract
- Injury to the kidney
- Fluid and electrolyte abnormalities
- Hypertension
- Renal replacement therapy

Physicians may provide care to patients in the intensive care setting in accordance with unit policies. In addition, they may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff regulations on emergency and consultative call services

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

- Acute and chronic hemodialysis
- Continuous renal replacement therapy (CRRT)
- Coordination of end-stage renal care
- Hemodialysis
- Image-guided techniques as an adjunct to privileged procedures
- Interpretation and evaluation of renal pathology specimens
- Interpretation of renal imaging procedures
- Microscopic and biochemical urinalysis
- Nutritional therapy
- Percutaneous biopsy of autologous and transplanted kidney
- Peritoneal dialysis
- Preoperative evaluation and preparation for transplantation
- Plasmapheresis

**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:

<b>Procedure</b>	<b>Baroness</b>	<b>Children's</b>	<b>North</b>	<b>East</b>	<b>Bledsoe/Sequatchie</b>
Medical management of the kidney transplant patient (evaluation of recipients/donors; diagnosis and treatment of rejection and disorders of transplant function)					
Renal sonography (diagnostic)					

***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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***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

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