



## Privileges in Pediatric Surgery Service

Name:

### Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

#### Education/Training

Successful completion of an ACGME accredited residency in general surgery and fellowship in pediatric surgery or foreign equivalent training.

**AND**

Current certification or active participation in the examination process in Pediatric Surgery by the American Board of Surgery or foreign equivalent training/board.

**AND**

Documentation or attestation of the management of at least 100 pediatric general surgical procedures as the attending physician (or senior resident/fellow) during the past two years.

#### FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

**Provide care on LPCH patients in specific areas of SHC**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<b>Additional Request</b>	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

**Core Privileges**

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	<b>Privileges included in the Core:</b>	
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pediatric general surgical care to patients 14 years and older.	
	Trauma surgery	
	Diagnosis and surgical care of tumors	
	Transplantation operations	
	Endoscopic procedures such as bronchoscopy, esophagogastroduodenoscopy, colonoscopy, cystoscopy, laparoscopy, and thoracoscopy	
	Central Venous Catheter Insertion (Initial and Renewal Criteria - must complete "Getting to Zero" educational module)	
	<b>Surgical procedures in these areas of primary responsibility:</b>	
	alimentary tract	
	abdomen and its contents	
	breasts, skin, and soft tissue	
	head and neck	
	vascular system, excluding the intracranial vessels and heart	
	endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas	
	minor extremity surgery	
	comprehensive management of trauma including musculoskeletal, hand and head injuries	
	care of critically ill children with underlying surgical conditions	

**Qualifications**

<b>Renewal Criteria</b>	Minimum 100 Core pediatric cases required during the past 2 years Maintain current certification or active participation in the examination process in Pediatric Surgery by the American Board of Surgery or foreign equivalent training/board.
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**FPPE**

- Core (Chart Review)
- Core (Direct Observation)

[applicant]

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [CRITERIA - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	

**FPPE**

- Administration of Moderate Sedation (Chart Review)
- Administration of Moderate Sedation (Direct Observation)

**Acknowledgment of Applicant**

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

[applicant]

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date