PEDIATRICS 2014
FOR ALL PRIVILEGES: All complication rates, including transfusions, deaths, unusual occurrence reports, patient complaints, and sentinel events, as well as Department quality indicators, will be monitored semiannually.

32.10 CORE PRIVILEGES
Admit, work-up and provide treatment or consultative services to pediatric patients in the ambulatory and inpatient setting; including lumbar punctures.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.
PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

32.20 SPECIAL PEDIATRIC PRIVILEGES

32.21 PEDIATRIC INTENSIVE CARE
Co-management of pediatric patients up to 18 years of age in the Intensive Care Unit (ICU).
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Attending on ward at least 4 weeks per year over last 2 years.

PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

32.21.1 CENTRAL LINE PLACEMENT
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics, Pediatric Critical Care Medicine.

PROCTORING: Review of 3 cases.
REAPPOINTMENT: Review of 2 cases.

32.22 LASER SURGERY
Removal of congenital and acquired lesions (tattoos, hemangiomas, pigmented lesions)
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics. Appropriate training, complete the laser safety module prepared by the SFGH Laser Safety Committee and baseline eye examination within the previous 1 year.

PROCTORING: 2 observed procedures
REAPPOINTMENT: 2 cases in the previous two years

32.23 CIRCUMCISION
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.

Documentation of additional training/experience

PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

Revised: March 25, 2016
32.24 PROCEDURAL SEDATION
PREREQUISITES: The physician must possess the appropriate residency or clinical experience (read Hospital Policy 19.8 SEDATION) and have completed the procedural sedation test as evidenced by a satisfactory score on the examination. Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and has completed at least one of the following:
1) Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
2) Management of 10 pediatric airways via BVM or ETT per year in the preceding 2 years or,
3) Current BLS, NRP, or PALS certification (age appropriate) by the American Heart Association
PROCTORING: Review of 5 cases (completed training within the last 5 years)
REAPPOINTMENT: Completion of the procedural sedation test as evidenced by a satisfactory score on the examination, and has completed at least one of the following:
1) Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Emergency Medicine or Anesthesia or,
2) Management of 10 pediatric airways via BVM or ETT per year for the preceding 2 years or,
3) Current BLS, NRP, or PALS certification (age appropriate) by the American Heart Association

32.25 INSERTION OF INTRAUTERINE DEVICE (IUD)
PREREQUISITES: Currently Board Admissible, Board Certified or Re-Certified by the American Board of Pediatrics, American Board of Pediatrics in Adolescent Medicine or special dispensation from the chief of service for equivalent training. Documentation of appropriate additional training.
PROCTORING: 2 observed procedures.
REAPPOINTMENT: 2 cases in the previous 2 years

32.40 PEDIATRIC SUBSPECIALTY PRIVILEGES
Patient management, including diagnostic and therapeutic treatment, procedures and interventions.

32.41 ADOLESCENT MEDICINE
Provide comprehensive primary preventive care, including family planning, evaluations, assessment, and management of chronic diseases common to adolescents and young adults.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Adolescent Medicine or special dispensation from the chief of service for equivalent training.
PROCTORING: Review of 5 cases.

32.42 ALLERGY AND IMMUNOLOGY
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with allergy or immunologic diseases. Core privileges include allergy skin testing and interpretation.
PREREQUISITES: Currently Board Admissible, Board Certified, Re-Certified by the American Board of Pediatrics or a subspecialty board of Pediatrics and the American Board of Allergy and Immunology or special dispensation from the chief of service for equivalent training.
PROCTORING: Review of 5 cases.

Revised: March 25, 2016
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32.43 PEDIATRIC CARDIOLOGY  
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with cardiovascular disease; and electrocardiography interpretation including signal averaged ECG.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Cardiology, or special dispensation from the chief of service for equivalent training.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

32.44 CHILD ABUSE  
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with suspected child abuse. Core privileges include forensic physical and/or sexual abuse exams using colposcopy, or other photodocumentation of injuries.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Child Abuse, or special dispensation from the chief of service for equivalent training.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

32.45 PEDIATRIC DERMATOLOGY  
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with dermatologic diseases. Core privileges include skin biopsy and interpretation of results.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Dermatology in Pediatric Dermatology, or special dispensation from the chief of service for equivalent training.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

32.46 GENETICS  
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with genetics diseases.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics and the American Board of Medical Genetics, or special dispensation from the chief of service for equivalent training or a member of the Service prior to 10/17/00.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

32.47 PEDIATRIC GASTROENTEROLOGY  
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with gastroenterology diseases.  
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Gastroenterology, or special dispensation from the chief of service for equivalent training.  
PROCTORING: Review of 5 cases.  
REAPPOINTMENT: Review of 3 cases.

Revised: March 25, 2016
32.48 PEDIATRIC INFECTIOUS DISEASE
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with infectious diseases.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Pediatric Infectious Disease, or special dispensation from the chief of service for equivalent training.
PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

32.49 NEONATOLOGY/PERINATAL
Management of critically ill newborns including diagnostic and therapeutic treatment, procedures and interventions, umbilical arterial and umbilical venous line placement, neonatal intensive care, neonatal resuscitation, ventilator management including conventional and high-frequency ventilators, inhaled Nitric Oxide (NO), endotracheal intubation, lumbar puncture, tube thoracostomy for pneumothorax, thoracentesis, paracentesis, pericardial tube placement for pneumopericardium, surfactant administration, parenteral nutrition, bladder tap, exchange transfusion
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics in Neonatology.
PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

32.491 Peripherally Inserted Central Catheter (PICC) Line Placement
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics or a member of Service prior to 10/17/00.
Documentation of additional training/experience
PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

32.50 PEDIATRIC NEUROLOGY
Work-up, diagnose, consult, treat and interpret clinical findings of pediatric patients in the ambulatory and inpatient settings with neurology diseases.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Psychiatry and Neurology with special qualifications in Child Neurology, or special dispensation from the chief of service for equivalent training.
PROCTORING: Review of 5 cases.
REAPPOINTMENT: Review of 3 cases.

32.70 LIMITED PRIVILEGES

32.71 EXAM ONLY
The physician shall perform exams on patients for teaching purposes for residents or medical students. There will be no involvement in the clinical care of patients by the physician.
PREREQUISITES: Currently Board Admissible, Board Certified, or Re-Certified by the American Board of Pediatrics.
PROCTORING: Observation of 2 teaching sessions.
REAPPOINTMENT: Observation of 2 teaching sessions.

32.80 WAIVED TESTING PRIVILEGES
Privileges in this category relate to common tests that do not involve an instrument and are typically performed by providers at the bedside or point of care. By obtaining and maintaining waived testing privileges providers satisfy competency expectations for waived testing by The Joint Commission. PREREQUISITES: Currently Board Admissible, Board Certified, or Re-
Certified by an American Board in Emergency Medicine, Family Community Medicine, Medicine, Pediatrics, Obstetrics/Gynecology or General Surgery.

PROCTORING:
By the Chief of the Laboratory Medicine Service or designee until successful completion of a web-based competency assessment tool is documented for each requested waived testing privilege.

REAPPOINTMENT: Renewal of privileges requires every two years documentation of successful completion of a web-based competency assessment tool for each waived testing privilege for which renewal is requested.

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<tbody>
<tr>
<td></td>
<td>A. Fecal Occult Blood Testing (Hemoccult®)</td>
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<td></td>
<td>B. Vaginal pH Testing (pH Paper)</td>
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<td>C. Urine Chemstrip® Testing</td>
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<td>D. Urine Pregnancy Test (SP® Brand Rapid Test)</td>
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Applicant signature: __________________________________________________________ Date: __________

Department Chief signature: __________________________________________________  Date: __________