

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of OB/GYN/Neonatal**  
*Pediatrics*

Name of Applicant: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

<b>QUALIFICATIONS/CRITERIA</b>	
<b>Category I</b>	<b><i>Usual and Customary Privileges</i></b>
	<ol style="list-style-type: none"> <li>1. Complete an ACGME or AOA accredited residency in Pediatrics.</li> <li>2. Board certification or in the process of certification by the American Board of Pediatrics; or, have equivalent qualifications.</li> <li>3. Demonstrated competence in Category I privileges.</li> </ol>
<b>Category II</b>	<b><i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i></b>
	<ol style="list-style-type: none"> <li>1. Board certification or in the process of certification by the American Board of Pediatrics; or, have equivalent qualifications.</li> <li>2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> <li>• Documentation of residency training and experience in the advanced procedure</li> <li style="text-align: center;"><b>OR</b></li> <li>• Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested.</li> </ul> </li> <li>3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.</li> </ol>

Name: \_\_\_\_\_

**Pacific Hospital of Long Beach**  
*Pediatrics privilege form*

<i>Request</i>	<i>Usual and Customary Privileges</i>	<i>Granted</i>	<i>Special Conditions</i>
	<i>General</i>		
	Admitting		
	Consulting		
	History and Physical		
	<b>Category I</b>		
	Bladder tap		
	Class A- Normal care of newborn infants >2000 grams		
	Class B- Care of pre-term infants with non-threatening illness and not requiring ventilator support		
	Class C- Care of all newborn infants, including those in potentially life threatening illnesses and advanced life support aspects		
	Exchange transfusions		
	Intensive care of children, ventilator care, advance life support		
	Intubation		
	Laryngoscopy		
	Lumbar puncture		
	Myringotomy		
	Neonatal circumcision		
	Peripheral arterial cutdown		
	Peripheral arterial puncture		
	Peripheral venous cutdown		
	Protoscopy		
	Simple fractures/dislocations		
	Thoracentesis		
	Umbilical catheterization		
	<b>Category II</b>		
	*Arterial line		
	*Bronchoscopy		
	Pericardardiocentesis		

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

**APPROVALS:**

\_\_\_\_\_  
 Service Chief/Division Chief of OB/GYN/PEDS

\_\_\_\_\_  
 Date

Credentials Committee approval on: \_\_\_\_\_

Medical Executive Committee approved on: \_\_\_\_\_

Board of Directors approved on: \_\_\_\_\_

Name: \_\_\_\_\_