

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: _____

QUALIFICATIONS/CRITERIA	
Category I	<i>Usual and Customary Privileges</i>
	<ol style="list-style-type: none"> 1. Complete an ACGME or AOA accredited residency in Pediatrics. 2. Board certification or in the process of certification by the American Board of Pediatrics; or, have equivalent qualifications. 3. Demonstrated competence in Category I privileges. 4. Certificate of current Neonatal Resuscitation Program (NRP)
Category II	<i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i>
	<ol style="list-style-type: none"> 1. Board certification or in the process of certification by the American Board of Pediatrics; or, have equivalent qualifications. 2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> • Documentation of residency training and experience in the advanced procedure <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested. 3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.

Name: _____

Pacific Hospital of Long Beach

Pediatrics privilege form

Request	Usual and Customary Privileges	Granted	Special Conditions
	<i>General</i>		
	Admitting		
	Consulting		
	History and Physical		
	Category I		
	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		
	Intensive care of children, ventilator care, advance life support		
	Intubation		
	Lumbar puncture		
	Myringotomy		
	Neonatal circumcision		
	Peripheral arterial puncture		
	Simple fractures/dislocations		
	Thoracentesis		
	Umbilical catheterization		
	Category II		
	*Arterial line		
	Pericardiocentesis		

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: _____