

Jersey City Medical Center
Medical-Dental Staff Office

Dear Doctor:

RE: REQUEST OF CLINICAL PRIVILEGES

Attached is a Delineation of Privileges form to request clinical privileges in the Department of Pediatrics. Please review, place a check corresponding to each privilege that you wish to request and affix your signature approval.

Thank you.

**Jersey City Medical Center
Delineation Of Privileges**

Provider:
Department/Specialty: PEDIATRICS

Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
012	Status epilepticus	_____	_____	_____
Cardiovascular:				
013	Arrhythmias	_____	_____	_____
014	Unstable congenital or other cardiac disease	_____	_____	_____
015	Hypertensive crisis	_____	_____	_____
Renal:				
016	Complicated renal failure	_____	_____	_____
Endocrinology:				
017	Diabetic	_____	_____	_____
018	Ketoacidosis/coma	_____	_____	_____
019	Thyroid storm	_____	_____	_____
020	Adrenal crisis	_____	_____	_____
Hematology/Oncology:				
021	Hemolytic anemia	_____	_____	_____
022	Sickle Cell anemia (complicated)	_____	_____	_____
023	Hemophilia	_____	_____	_____
024	General oncology	_____	_____	_____
025	Platelet disorders	_____	_____	_____
026	Acute bleeding disorder	_____	_____	_____
Respiratory:				
027	Status asthmaticus	_____	_____	_____
028	Complicated respiratory disease (BPD, ectc.)	_____	_____	_____
029	Ventilator care	_____	_____	_____
030	If your are applying for Category III Privileges, fill in below:	_____	_____	_____
In the past 3 years, I have managed the following number of children in this category:				
[]	<10			
[]	10-50			
[]	>50			

Current Status Codes:

D - Denied
N - Not Requested

L - Limitations/Conditions
A - Approved

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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
031	CATEGORY IV Subspecialty Category: Treatment of usually complex or critical illnesses, injury or conditions or the provision of procedures for those that carry a serious threat to life. Criterion: Extensive post-residency or subspecialty training or experience beyond board certification in Pediatrics.	_____	_____	_____
032	Indicate Subspecialty: _____	_____	_____	_____
PROCEDURE LIST				
LOW RISK PROCEDURES				
033	Minor laceration repair	_____	_____	_____
034	I and D of abscess	_____	_____	_____
MODERATE RISK PROCEDURES				
035	Spinal tap	_____	_____	_____
036	Venous cutdown	_____	_____	_____
037	Suprapubic bladder tap	_____	_____	_____
038	Myringotomy	_____	_____	_____
039	Circumcision	_____	_____	_____
040	Basic Life Support (BLS) CPR [] Not Certified [] Active [] Non-active []	_____	_____	_____
041	Arterial puncture (phlebotomy)	_____	_____	_____
042	Peripheral venous alimentation	_____	_____	_____
HIGH RISK PROCEDURES				
043	Umbilical artery/vein catheterization	_____	_____	_____
044	Central line placement	_____	_____	_____
045	Intraosseous transfusion	_____	_____	_____
046	Arterial line catheterization	_____	_____	_____
047	Exchange transfusion	_____	_____	_____
048	Subdural puncture	_____	_____	_____
049	Intrathecal medication	_____	_____	_____
050	Thoracentesis	_____	_____	_____
051	Paracentesis	_____	_____	_____

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Code	Privilege	Reqstd (check)	Dept Review	Board Approvd
052	Peritoneal dialysis	_____	_____	_____
053	Pericardiocentesis	_____	_____	_____
054	Insertion of chest tube	_____	_____	_____
055	PALS - Pediatric Advanced Life Support [] Active [] Non-active	_____	_____	_____
056	Laryngoscopy	_____	_____	_____
057	Orotracheal intubation	_____	_____	_____
058	Nasotracheal intubation	_____	_____	_____
059	Management of mechanical ventilation of children	_____	_____	_____

DECLARATION

I, the undersigned, attest that I will discharge at the Jersey City Medical Center only those clinical privileges which are specifically recommended by the Director of Pediatrics as indicated above.

Applicant's Signature

Director of Pediatrics

Date Approved by Board of Trustees

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