

## Clinical Privileges in Neonatal-Perinatal Medicine

**DEPARTMENT:** MEDICINE

**SECTION:** NEONATAL-PERINATAL MEDICINE

Name: \_\_\_\_\_  
(please print)

### **Qualifications: EDUCATION / TRAINING / EXPERIENCE**

Core privileges in Neonatal-Perinatal Medicine require a MD or DO and successful completion of an ACBME or AOA accredited post graduate program and current certification or active participation in the examination process leading to certification by the ABP or AOBP with sub-specialty certification in Neonatology. Board certification by ABP or AOBP in Neonatology is required within five years of appointment to medical staff based on Medical Staff Bylaws.

### **PRIVILEGING**

*As documented by my experience and training on the Application for Appointment/Reappointment to the Medical Staff, I request privileges as indicated below.*

**Applicant: Place a check mark and initial in the (R) column for each privilege requested.** For all Category II Special Privileges, current case logs indicating the specific procedure(s) requested **MUST** be submitted for consideration of these special privileges. Applicants may be asked to provide additional documentation of the number and types of hospital cases during the past 24 months as apart of the privileging process.

CHAIRMAN: (A) =Recommended as Requested (C) = Recommended with Conditions (N) =Not Recommended

(R)	(A)	(C)	(N)	<b>CATEGORY I: NEONATAL-PERINATAL MEDICINE CORE PRIVILEGES</b>	<i>Department Chair Initials</i>
				<b>NEONATAL-PERINATAL CORE MEDICINE PRIVILEGES</b>	
				Privileges to provide intensive care of the newborn infant, including newborn resuscitation, intubation, and management of ventilated care and advanced life support, and to admit, evaluate, diagnose, and provide treatment or consultative service to newborns presenting with extremely complex and life-threatening problems such as respiratory failure, shock, congenital abnormalities, sepsis, except for those special procedures listed below.	

(R)	(A)	(C)	(N)	<b>CATEGORY II: NEONATAL-PERINATAL MEDICINE SPECIAL PRIVILEGES</b>			<i>Department Chair Initials</i>
				<i>Must meet the requirements outlined for Category I AND demonstrate proof of additional training, clinical competence and/or experience, with documentation of such additional qualifications.</i>			
				<i>Privilege Requested</i>	<i>Required Previous Experience</i>	<i>Reappointment Criteria</i>	
				Pericardiocentesis	<i>Documentation of current training and/or experience in the management of intervention</i>		
				Administration of Moderate Sedation	<i>For initial clinical privilege request, physicians must read the Moderate Sedation Self Directed Learning Activity, take and pass a post test with a passing score of 80% or better and documentation current ACLS certification or document successful demonstration of airway management, oral airway insertion and ambu bag usage.</i>		





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**DEPARTMENT CHAIRMAN RECOMMENDATION**

I have reviewed the requested clinical privileges, as well as the appointment / reappointment application, performance improvement profile, and other pertinent appointment / reappointment information. Based on my review I propose the following:

<input type="checkbox"/> Recommend	<input type="checkbox"/> Recommend with Conditions	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Deferred for Committee Discussion
Comments:			

\_\_\_\_\_  
Department Chairman Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**ACCEPTANCE AND APPROVAL**

\_\_\_\_\_  
Credentials Chairman Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
President of Medical Staff Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date