



**PRIVILEGES**  
for the  
Advanced Practice Provider

**APP SEDATION PRIVILEGES**

**Applicant's Name:**

**Instructions:**

- 1. Click the **Request** checkbox to request a group of **Core Privileges**.
- 2. **Uncheck** any privileges you do not want to request in this group.
- 3. Individually check off any **Special Privileges** you want to request.
- 4. Sign form electronically and **submit with all required documentation**.
- 5. As the Supervising Physician I have reviewed and agree to the Physician Assistant Practice Agreement by signing this privilege form. The Physician Assistant Practice Agreement can be found [here](#).

Required Qualifications	
<b>Initial Criteria</b>	Current Medical Staff Status as APP Successful completion of LPCH Sedation Module Advanced Certification in cardiopulmonary resuscitation required (i.e., PALS, ACLS, NRP, ATLS, APLS)
<b>Renewal Criteria</b>	Maintenance of general staff privileges at LPCH Minimum 10 cases required during the past two years. If minimum is not met, will need to take the LPCH sedation Module and be re-Proctored again. Maintenance of Advanced Certification in cardiopulmonary resuscitation required (i.e., ACLS, PALS, etc)
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

## CORE PRIVILEGES

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician Rec	Service Chief Rec
	<b>Minimal Sedation:</b>		
	Management of patients requiring minimal sedation medications to tolerate procedures. Link to Policy: <a href="https://intranet.lpch.org/mss/pdf/policiesProcedures/Sedation_Policy_LPCH_6_11.pdf">https://intranet.lpch.org/mss/pdf/policiesProcedures/Sedation_Policy_LPCH_6_11.pdf</a>		

### Qualifications

<b>Initial Criteria</b>	<p>Current Medical Staff Status as APP</p> <p>Successful completion of LPCH Sedation Module</p> <p>Advanced Certification in cardiopulmonary resuscitation required (i.e., (PALS, ACLS, NRP, ATLS, APLS).</p>
<b>Renewal Criteria</b>	<p>Maintenance of general staff privileges at LPCH</p> <p>Minimum 10 cases required during the past two years</p> <p>If minimum not met will need to take the LPCH Sedation Module and be reproctored again</p> <p>Maintenance of Advanced Certification in cardiopulmonary resuscitation required (i.e., ACLS, PALS, etc.)</p>

### FPPE

Core (Direct Observation)

## SPECIAL PRIVILEGES

**Description:** Must also meet Required Qualifications for Core Privileges

Request	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician Rec	Service Chief Rec
	Moderate Sedation for ASA PS 1-3 patients - The support of life functions and vital organs under the stress of sedation and procedures; Supervision of patients in post-sedation care units.		
	Use of Ketamine [Initial Criteria -Must meet qualifications for moderate sedation. Renewal -Must meet qualifications for moderate sedation. Renewal Criteria -Minimum 10 cases required in the past two years.]		

### FPPE

Moderate Sedation for ASA PS 1-3 patients - (Direct Observation)

Use of Ketamine - (Direct Observation)

## Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of a physician, and that I wish to exercise at Lucile Packard Children's Hospital.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

Also attest that I will adhere to the guidelines of the LPCH Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

\_\_\_\_\_  
By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - FPPE Requirements**


\_\_\_\_\_  
Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request Date \_\_\_\_\_

\_\_\_\_\_  
Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request Date \_\_\_\_\_

