

Privileges in Palliative Care

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. To have **Administration of Sedation** privileges you must complete LPCH Sedation Privilege form (contact your medical staff coordinator for the form)

Required Qualifications	
Initial Core Criteria Education/Training	Successful completion of an ACGME or AOA accredited postgraduate training program <p style="text-align: center;">AND</p> Current certification or active participation in the examination process leading to certification in Sub-boards in Hospice and Palliative Medicine <p style="text-align: center;">OR</p> In lieu of subspecialty certification in Hospice and Palliative Medicine, applicants must be able to demonstrate clinical experience which reflects equivalent competence, as evaluated by the Service Chief, including but not limited to: - Proper management of at least 25 pediatric palliative care patients for 2 years - Participation during the last 24 months in an interdisciplinary team caring for palliative care patients or patients with serious illness.
FPPE Chart Reviews	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
Category 1 Core		
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam and provide treatment or consultative services to patients in need of critical care. Privileges include high-risk, high-volume, problem-prone procedures which are commonly performed by the intensivist on the critically ill patient such as:	
	Direct treatment and/or form a treatment plan for terminally or severely ill patients	
	Manage common comorbidities and complications related to terminal or severely chronic illnesses	
	Perform pain relieving procedures	
	Symptom management including but not limited to patient and family education, psychosocial and spiritual support and appropriate referrals for other modalities such as invasive procedures	

FPPE

Category 1 Core (Chart review)

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Moderate Sedation [Initial Criteria - Successful completion of LPCH Sedation Module. Advanced Certification in cardiopulmonary resuscitation or advanced life support required (ACLS, PALS, NRP, ATLS) Renewal Criteria - Maintenance of Advanced Certification in cardiopulmonary resuscitation required (ACLS, PALS, NRP, ATLS) Minimum 10 cases done in the past two years. Successful completion of LPCH Sedation Module]	

FPPE

Moderate Sedation (Chart review)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Children's Health. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

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

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