

## Privileges in Pulmonary Medicine

**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

<b>Initial Core Criteria Education/Training</b>	<p>Successful completion of an ACGME or AOA accredited Residency training program in Pediatrics or Internal Medicine (for management of adult CF only) or foreign equivalent training</p> <p style="text-align: center;"><b>AND</b></p> <p>Successful completion of an approved Fellowship program in Pulmonary Medicine or foreign equivalent training</p> <p style="text-align: center;"><b>AND</b></p> <p>Current certification or active participation in the examination process leading to certification in Pediatric Pulmonology by the American Board of Pediatrics or foreign equivalent training/board</p> <p style="text-align: center;"><b>AND</b></p> <p>Documentation or attestation of the management of Pediatric Pulmonology problems for at least 50 Core cases inpatients or outpatients as the attending physician (or trainee), during the past 2 years</p>
<b>FPPE</b>	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

## Core Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
<b>CORE Privileges</b>		
	Privileges to admit, evaluate, consult, perform history and physical exam, and provide treatment to patients presenting with conditions, injuries, and diseases of the organs of the thorax or chest; the lungs, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, and circulatory system	
	Interpretation of pulmonary function testing	
	Management of Cystic Fibrosis patients	
	Continuous positive airway pressure (CPAP)	
	Inhalation challenge studies	
	Management of pneumothorax (needle insertion and drainage system)	
	<b>Use of Various Positive Pressure Ventilatory Modes, to Include Initiation of:</b>	
	Ventilatory support, to include Bilevel Positive Airway Pressure (BiPAP)	
	Weaning and respiratory care techniques	
	Maintenance and withdrawal of mechanical ventilatory support	

### Qualifications

**Renewal Criteria** Minimum 50 Core cases required during the past 2 years (Be prepared to provide a list of cases performed at facilities other than LPCH if requested)

### FPPE

Core Inpatient Care

## Special Privileges

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

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Dept Chair Rec
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]	
	Fiberoptic Bronchoscopies [Initial Criteria - Training must include 25 observed procedures with protected and unprotected airways. Education must demonstrate 2 hours CME/year related to bronchoscopy. Minimum of 20 over 2 year period to remain competent. Attestation is acceptable. Renewal Criteria - Minimum 20 cases required in the past two years.]	
	Sleep Studies [Initial Criteria - Board certification or active participation in the examination process leading to Sleep Medicine certification by the American Board of Sleep Medicine. Renewal Criteria - Continued Board certification or active participation in the examination process leading to Sleep Medicine certification by the American Board of Sleep Medicine. Renewal Criteria - Minimum 20 cases required in the past two years.]	
	Management of transplant patients [Initial Criteria - Must provide documentation of regular participation in transplant conference over 12 month period. Specific training and or experience in management of lung transplant patients. Minimum 10 cases. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	FOR SHC PHYSICIANS: Consult only on adult patients at Johnson Center. [Criteria - Meeting Core Privilege criteria for pediatric pulmonary training or equivalency is not required. Must meet the criteria for appointment or reappointment to the medical staff at SHC with privileges in Pulmonary Medicine.]	

### FPPE

Fiberoptic Bronchoscopes  
 Management of transplant Patients (Chart Review)  
 Management of transplant Patients (Direct Observation)  
 Sleep Studies  
 Core Pulmonary Function Tests

## 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.

privilege request

**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