Privileges in General Pediatric Surgery
Including Transplant Surgery

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)

<table>
<thead>
<tr>
<th>Required Qualifications</th>
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</thead>
<tbody>
<tr>
<td>Initial Core Criteria</td>
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<tr>
<td>Education/Training</td>
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<tr>
<td>Successful Completion of ACGME Accredited General Surgery Residency or foreign equivalent training.</td>
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<tr>
<td>AND</td>
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<tr>
<td>Successful completion of an ACGME accredited Fellowship in Pediatric Surgery (for patients 0-5 yrs old) or foreign equivalent training</td>
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<td>AND</td>
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<tr>
<td>Current certification or active participation in the examination process leading to certification in Pediatric Surgery by the American Board of Surgery or foreign equivalent training/board</td>
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<tr>
<td>Documentation or attestation of the management of problems for at least 50 Core inpatients or outpatients as the attending physician (or senior resident) during the past 2 years</td>
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</tbody>
</table>

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS
### Core Privileges

**Request**

*Request all privileges listed below.*

*Uncheck any privileges that you do not want to request.*

<table>
<thead>
<tr>
<th>Dept Chair Rec</th>
<th>Core Privileges requested</th>
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</table>

**Age Requested:**

- [ ] 0-5 Years
- [ ] 6-12 Years
- [ ] 13+ Years

**Privileges to evaluate, diagnose, consult, perform history and physical exam, and provide pediatric general surgical care:**

- [ ]

**Repair Birth Defects within the scope of Pediatric General Surgery as defined by American Pediatric Surgical Association:**

- [ ]

**Diagnosis and surgical care of tumors:**

- [ ]

**Subglottic tracheobronchial operations:**

- [ ]

**Endoscopic procedures such as bronchoscopy, esophagoscopy, esophagogastrroduodenoscopy, colonoscopy, cystoscopy, vaginoscopy, laparoscopy, and thoracoscopy:**

- [ ]

**Ventilator management:**

- [ ]

**Surgical procedures in these areas of primary responsibility:**

- [ ] alimentary tract
- [ ] abdomen and its contents
- [ ] breasts, skin, and soft tissue
- [ ] head and neck
- [ ] vascular system, excluding the intracranial vessels and heart
- [ ] lymphatic system
- [ ] endocrine system, including thyroid, parathyroid, adrenal, and endocrine
- [ ] pancreas
- [ ] genitourinary system
- [ ] minor extremity surgery
- [ ] comprehensive management of trauma
- [ ] care of critically ill children with underlying surgical conditions
- [ ] vascular access

**Qualifications**

**Renewal Criteria**

Minimum of 25 core cases required during the past two years.

**FPPE**

- [ ] Core Patients 6-12 years (Chart Review)
- [ ] Core Patients 13+ years (Chart Review)
- [ ] Patients 0-5 years Core (Direct Observation)
## Special Privileges

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

### Request

Request all privileges listed below.

Uncheck any privileges that you do not want to request.

<table>
<thead>
<tr>
<th>Request</th>
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<tbody>
<tr>
<td>Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital (Criteria - Teaching appointment required)</td>
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<tr>
<td>Age requested: 0 - 5 years</td>
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<td>Age requested: 6 - 12 years</td>
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<tr>
<td>Age requested: 13+ years</td>
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<td>Use of fluoroscopy equipment (or supervision of other staff using the equipment) (Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required)</td>
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<td>Age requested: 13+ years</td>
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<tr>
<td>Invasive fetoscopic-assisted procedures [CRITERIA - Initial: Completed fellowship in Maternal-Fetal Medicine (MFM) and/or Pediatric Surgery. Must have completed additional specialized training in fetal fetoscopic procedures following subspecialty training. Applicants must become board certified within five (5) years of completion of fellowship in the subspecialty of Maternal-Fetal Medicine or Pediatric Surgery and be recertified as required by their respective boards. Renewal: A minimum of 5 cases in the last two years, either at Stanford or at a collaborating institution. Privileges include but are not limited to: Fetal endotracheal balloon occlusion (FETO), fetoscopic laser photocoagulation of communicating placental vessels of twins and other higher order multiples, fetal cystoscopic procedures, fetoscopic assisted neural tube defect repair, fetoscopic excision of amniotic bands, bipolar umbilical cord occlusion and ablation of the umbilical cord through radiofrequency technique, Ex Utero Intrapartum Treatment (EXIT).]</td>
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<td>Bariatric surgery (Initial Criteria - Documentation of appropriate training (American Society of Bariatric Surgery-sponsored course or equivalent) and experience. Renewal Criteria - Minimum 10 cases required in the past two years )</td>
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<td>Age requested: 6 - 12 years</td>
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<td>Age requested: 13+ years</td>
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<td>Robotic surgery (Initial Criteria - Documented laparoscopy and/or thoracoscopy privileges and Intuitive Certified Training course (certificate required), all verified by the Director of Robotic Surgery or the Surgeon-in-Chief. Renewal Criteria - Minimum 2 cases required in the past two years )</td>
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### Intraoperative Ultrasound

(Initial Criteria - Documentation of appropriate training (American College of Surgeons course or equivalent) and experience. Renewal Criteria - Minimum 2 cases required in the past two years)

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<td>Age requested: 13+ years</td>
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### FPPE

- [ ] Maternal-Fetal Surgery (Direct Observation)
- [ ] Bariatric Surgery (Chart Review)
- [ ] Bariatric Surgery (Direct Observation)
- [ ] Robotic surgery (Direct Observation)
- [ ] Intraoperative Ultrasound (Chart Review)
Trauma Surgery For Trauma Surgeon Management of Pediatric Trauma Patients <15 years

Request

Request all privileges listed below.
Uncheck any privileges that you do not want to request.

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- Age requested: 0 - 5 years
- Age requested: 6 - 12 years
- Age requested 13+ years

Qualifications

Clinical Experience (Initial)
1) Maintain ABS Board Certification or Active Participation in examination processing leading to Certification by the American Board of Surgery.
2) Active ATLS certification.
3) Case log demonstrating experience required. For Trauma Medical Director: CME list which identifies 12 hours of Trauma CMEs and Active ATLS certification.

Renewal Criteria
1) Maintain ABS Board Certification or Active Participation in examination processing leading to Certification by the American Board of Surgery.
2) Active ATLS certification.
3) LPCH Trauma Medical Director to provide statement on the following:
   a) Active member of the trauma panel during the past year
   b) Participated in at least 50% of quarterly Pediatric Trauma Journal Clubs.
   c) Received and read the Executive Summary of all Pediatric Trauma Journal Clubs
   d) Demonstrated clinical care competency through ongoing review by the monthly combined Pediatric - Adult Professional Practice Evaluation Committee. Annual review by Pediatric Trauma Medical Director. Minimum 2 cases required during the past two years. For Trauma Medical Director: CME list which identifies 12 hours of Trauma CMEs and Active ATLS certification.

FPPE

- Trauma Surgery For Trauma Surgeon Management of Pediatric Trauma Patients <15 years
## TRANSPLANT SURGERY

### Request

**Request all privileges listed below.**

*Uncheck any privileges that you do not want to request.*

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### Multi-organ abdominal transplantation

*(Initial Criteria - Documentation of appropriate training and experience with verification by the Chief of Transplantation Service. Renewal Criteria - Minimum 4 cases required in the past two years.)*

- Age requested: 0 - 5 years
- Age requested: 6 - 12 years
- Age requested: 13+ years

### Kidney Transplantation Surgery

*(Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children. Renewal Criteria - Minimum 1 cases required in the past two years.)*

- Age requested: 0 - 5 years
- Age requested: 6 - 12 years
- Age requested: 13+ years

### Liver Transplantation Surgery

*(Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children. Renewal Criteria - Minimum 1 case required in the past two years.)*

- Age requested: 0 - 5 years
- Age requested: 6 - 12 years
- Age requested: 13+ years

### Pancreas Transplantation Surgery

*(Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children. Renewal Criteria - Minimum 1 case required in the past two years.)*

- Age requested: 0 - 5 years
- Age requested: 6 - 12 years
- Age requested: 13+ years

### Intestinal Transplantation Surgery

*(Initial Criteria - Completion of an American Society of Transplantation Surgery approved Fellowship in multi-organ transplantation and/or verification of substantial and current experience in the transplantation of infants and children. Renewal Criteria - Minimum 1 case required in the past two years.)*

- Age requested: 0 - 5 years
- Age requested: 6 - 12 years
- Age requested: 13+ years

### FPPE

- Multi-organ abdominal transplantation (Chart Review)
- Multi-organ abdominal transplantation (Direct Observation)
- Kidney Transplantation Surgery (Chart Review)
- Kidney Transplantation Surgery (Direct Observation)
- Liver Transplantation Surgery (Chart Review)
- Liver Transplantation Surgery (Direct Observation)
- Pancreas Transplantation Surgery (Chart Review)
Pancreas Transplantation Surgery (Direct Observation)
Intestinal Transplantation Surgery (Chart Review)
Intestinal Transplantation Surgery (Direct Observation)

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

Service Chief Recommendation - Privileges

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

<table>
<thead>
<tr>
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Service Chief Recommendation - FPPE Requirements

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

Date

[applicant]