



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 Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

Required Qualifications

FPPE

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

CORE PRIVILEGES

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

Qualifications

Initial Criteria	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).
Renewal Criteria	Maintenance of general staff privileges at LPCH Minimum 10 cases required during the past two years If minimum not met will need to take the LPCH Sedation Module and be reproctored again Maintenance of Advanced Certification in cardiopulmonary resuscitation required (i.e., ACLS, PALS, etc.)

FPPE

Core (Observation with Chart Reviews)

SPECIAL PRIVILEGES

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <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.		

FPPE

Moderate Sedation for ASA PS 1-3 patients - (Observation with Chart Reviews)

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
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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