



## Privileges in Copy of Cardiology

**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>	Successful completion of an ACGME or AOA-accredited residency in Pediatrics or foreign equivalent training Successful completion of an ACGME-accredited fellowship program in Pediatric Cardiology or foreign equivalent training.  <b>AND</b> Current certification or active participation in the process leading to Sub-board certification in Pediatric Cardiology by the American Board of Pediatrics or foreign equivalent training/board.
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

## Core Privileges

### Qualifications

**Renewal Criteria** Management of at least 100 pediatric cardiology inpatients or outpatients required during the past 2 years.

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>CORE Privileges</b>		
	Privileges to admit, evaluate, diagnose, consult, perform history & physical, and provide treatment to patients presenting with congenital or acquired cardiovascular disease. Privileges include review of electrocardiograms, management of simple dysrhythmias, management of congestive heart failure, advanced cardiac life support, and cardioversion.		
	Placement of arterial line		
	Placement of flotation right heart catheter		
	Placement of temporary cardiac pacemaker		
	Placement of central venous line or PICC line		

### FPPE

Core

## Cardiovascular Intensive Care

### Qualifications

**Education/Training** Successful completion of an approved Fellowship program in Pediatric Critical Care Medicine, Pediatric Cardiology, or Pediatric Anesthesia, with an additional time spent in a senior fellowship in Pediatric Cardiac Critical Care as approved by Service Chief

**Certification** Current certification or active participation in the examination process leading to certification in one of the following: Pediatric Critical Care Medicine, Pediatric Cardiology, Anesthesia or Surgical Critical Care, or foreign equivalent training/board

**Clinical Experience (Initial)** Documentation or attestation of the management of problems for at least 100 inpatients or outpatients as the attending physician (or senior resident), during the past 2 years

**Renewal Criteria** Management of at least 50 Pediatric Intensive Care inpatients or outpatients required during the past 2 years (Please be prepared to provide a list of cases performed at facilities other than LPCH if requested)

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>Cardiovascular Intensive Care: Core</b>		
	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam and provide treatment or consultative services to pediatric 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:		
	Central venous access		
	Intubation		
	Pulmonary artery catheterization		
	CPR		
	Arterial access		
	Transports		
	Ventilator management (CMV, HFV), NO administration		
	Thoracentesis		
	Thoracotomy tube placement		
	<b>Cardiovascular Intensive Care: Special Privileges</b>		
	Circulatory assist device management (ECMO, VAD, CPS) [Initial Criteria - Must meet Cardiovascular Intensive Care core criteria. Must take skills lab and pass test. Applicant will provide proof of taking skills lab and confirmation test was passed. Renewal Criteria - Minimum 5 cases required in the past two years.]		

Cardiovascular Intensive Care: Core - (Chart Review) 25 Cases

Circulatory assist device management (ECMO, VAD, CPS) - (Chart Review) 5 cases

## Special 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
	Treatment of patients in outpatient clinics at Lucile Packard Children's Hospital [Criteria - Teaching appointment required]		
	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]		
	Management of cardiac transplantation [Initial Criteria - One year transplant fellowship or three-year clinical experience. Minimum of 20 cases required during the past 2 years. Renewal Criteria - Minimum 20 cases required in the past two years.]		
	SHC Cardiologist - Emergent and urgent cardiology care of any patient of any age, with care transferred as soon as possible to practitioner with full privileges for that patients age, physical status and condition except for patients over age 18 for which they may continue primary care. [Initial Criteria - Meeting Core Privileges criteria for pediatric cardiology training or equivalency is not required. Current active privileges at SHC. Renewal Criteria - Minimum 5 cases required in the past two years.]		
	<b>Echo Prodedures (Community Providers Only)</b>		
	Trans-esophageal echocardiography [Initial Criteria - One-year echo fellowship or three-year clinical experience. Must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.] FPPE to be completed by Community Provider		
	Transthoracic echocardiography [Initial Criteria - Completion of cardiology fellowship. Must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.] FPPE to be completed by Community Provider		
	Fetal echocardiography [Initial Criteria - One-year echo fellowship or two-year clinical experience. Must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.] FPPE to be completed by Community Provider		
	<b>Echo Procedures:</b>		
	Trans-esophageal echocardiography [Initial Criteria - One-year echo fellowship or three-year clinical experience. Must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.]		
	Transthoracic echocardiography [Initial Criteria - Completion of cardiology fellowship. Must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.]		
	Fetal echocardiography [Initial Criteria - One-year echo fellowship or two-year clinical experience. Must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.]		
	<b>Electrophysiology Procedures:</b>		
	Electrophysiologic study [Initial Criteria - One-year EP fellowship and must perform 50 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.]		
	Arrhythmia ablation [Initial Criteria - One-year EP fellowship and must perform 20 in past two years. Renewal Criteria - Minimum 50 cases required in the past two years.]		
	Permanent pacemaker/defibrillator implantation [Initial Criteria - One-year EP fellowship and must perform 20 in past two years. Renewal Criteria - Minimum 20 cases required in the past two years.]		

	Interpretation of Holter [Initial Criteria - One-year EP fellowship and must perform 25 in past two years. Renewal Criteria - Minimum 25 cases required in the past two years.]		
	<b>General Procedures:</b>		
	Pericardiocentesis [Initial Criteria - Three-year cardiology fellowship. Must perform one (1) in past two years -OR- Simulation Training Certification by Service Chief or designee holding the requisite privilege at LPCH. Renewal Criteria - Minimum of 1 case required during the past 2 years -OR- Simulation Training Certification by Service Chief or designee holding the requisite privilege at LPCH]		
	Cardiac stress testing [Initial Criteria - Minimum of 20 cases in the past 2 years. Renewal Criteria - Minimum of 20 cases required during the past 2 years]		
	<b>Catheterization Procedures:</b>		
	Cardiac catheterization [Initial Criteria - Three-year cardiology fellowship. Must perform 50 in past two years. Renewal Criteria - Minimum of 50 cases required during the past 2 years]		
	Interventional cardiac catheterization [Initial Criteria - One-year interventional fellowship. Must perform 50 in past two years. Renewal Criteria - Minimum of 50 cases required during the past 2 years]		
	FOR SHC PHYSICIANS: Consult only on adult patients at Johnson Center. [Criteria - Meeting Core Privilege criteria for pediatric cardiology training or equivalency is not required. Must meet the criteria for appointment or reappointment to the medical staff at SHC with privileges in Cardiology.]		

#### FPPE

SHC Cardiologist  
 Interpretation of Holter  
 Management of cardiac transplantation  
 Trans-esophageal echocardiography  
 Transthoracic echocardiography  
 Fetal echocardiography  
 Trans-esophageal echocardiography (Community Providers Only) FPPE to be completed by Community Provider  
 Transthoracic echocardiography (Community Providers Only) FPPE to be completed by Community Provider  
 Fetal echocardiography (Community Providers Only) FPPE to be completed by Community Provider  
 Electrophysiologic study  
 Arrhythmia ablation  
 Permanent pacemaker/defibrillator implantation  
 Cardiac stress testing  
 Pericardiocentesis - (1 Chart Review OR 1 Simulated Case approved by Service Chief)  
 Cardiac catheterization  
 Interventional cardiac catheterization

#### 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

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

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