Stanford Children's Health | **Lucile Packard Children's Hospital Stanford**

Privileges in Intensive 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 <mark>**submit with all required documentation**</mark>.
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 Residency training program in Pediatrics or foreign equivalent training
	AND
	Successful completion of an approved Fellowship program in Pediatric Critical Care Medicine or foreign equivalent training
	AND
	Current certification or active participation in the examination process leading to certification in Sub-boards in pediatric critical care medicine within five (5) years of having completed fellowship training or critical care boards in Anesthesiology or Surgery or foreign equivalent training/board
	AND
	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
FPPE Chart Reviews	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.*	Dept Chair Rec
	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	

Qualifications

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)

FPPE

Core - (ICU Admissions)

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.*	Dept Chair Rec
	Bronchoscopes [Initial Criteria - Training must include 25 observed procedures with protected and unprotected airways. Education must demonstrate 2 hours CME/year related to bronchoscope. Minimum of 20 cases done in the past 2 years. Renewal Criteria - Minimum 20 cases required in the past two years.]	
	Circulatory assist device management (ECMO, VAD, CPS) [Initial 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.]	

FPPE

Circulatory assist device management (ECMO, VAD, CPS)
Bronchoscopes

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