



Privileges in Sedation for Non-Anesthesiologists

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**.

Required Qualifications

FPPE

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

Core Privileges

Qualifications

| | |
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| Initial Criteria | <p>Current Medical Staff Status at either Active or Courtesy Level</p> <p>Successful completion of LPCH Sedation Module</p> <p>Advanced Certification in cardiopulmonary resuscitation required (BLS, PALS, ACLS, NRP, ATLS, APLS)</p> |
| Renewal Criteria | <p>Maintenance of general staff privileges at LPCH</p> <p>Maintenance of Advanced Certification in cardiopulmonary resuscitation required (BLS, PALS, ACLS, NRP, ATLS)</p> <p>Successful completion of LPCH Sedation Module</p> |

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

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

| Request | <p><i>Request all privileges listed below.</i></p> <p><i>Uncheck any privileges that you do not want to request.</i></p> | Dept Chair 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. [Initial Criteria - Successful completion of LPCH Sedation Module. Advanced Certification in cardiopulmonary resuscitation or advanced life support required (BLS, ACLS, PALS, NRP, ATLS) Renewal Criteria - Maintenance of Advanced Certification in cardiopulmonary resuscitation required (BLS, ACLS, PALS, NRP, ATLS) Minimum 10 cases done in the past two years. Successful completion of LPCH Sedation Module] | |
| | Deep Sedation or Moderate Sedation for Critical Patients ASA PS 4 or 5 patients [Initial Criteria - Successful completion of LPCH Sedation Module -AND- Must be board certified or in the process of completing board certification in pediatric critical care, adult critical care, anesthesiology, or neonatal-perinatal medicine, or pediatric cardiology with advanced fellowship training in cardiac intensive care. Advanced Certification in cardiopulmonary resuscitation required (BLS, PALS, ACLS, NRP, ATLS) Renewal Criteria - Maintenance of Advanced Certification in cardiopulmonary resuscitation required (BLS, ACLS, PALS, NRP, ATLS) Minimum 10 cases done in the past two years. Successful completion of LPCH Sedation Module] | |
| | Use of Ketamine [CRITERIA - Must meet qualifications for moderate sedation for ASA PS 1-3 patients -AND- must be working under specific protocols approved as addenda to Sedation Policy https://intranet.lpch.org/formsPoliciesReferences/policies/hospitalWide/patientCare/sedationPolicy.html | |

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| | Use of Dexmedetomidine - Pediatric Hospitalist Service [CRITERIA - Must meet qualifications for moderate sedation for ASA PS 1-3 patients -AND- must be working under specific protocols approved in the Use of Dexmedetomidine for Procedural Sedation Policy https://lpchs.ellucid.com/documents/view/1782?product=policy | |
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FPPE

Moderate Sedation for ASA PS 1-3 patients (Observation with Chart Reviews)
 Deep Sedation or Moderate Sedation for Critical Patients ASA PS 4 or 5 patients (Observation with Chart Reviews)
 Use of Ketamine (Observation with Chart Reviews)
 Use of Dexmedetomidine - Pediatric Hospitalist Service (Direct Observation)
 Use of Dexmedetomidine - Pediatric Hospitalist Service (Chart Reviews)

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 |
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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 |
|--|------|