



Privileges in General Pediatrics

Physician name:

Education/Training

Successful completion of an accredited Residency/Fellowship
In **General Pediatrics** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **General Pediatrics** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
Privileges included in the Core:		
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to pediatric patients primarily from newborn to 18 years of age	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Treatment of major or complicated illness	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Blood drawing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	IV placement	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar puncture	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Foreign body removal	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Suturing laceration	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Perform deferent types of injections	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Skin abscess incision and drainage	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Care of simple fractures or dislocations	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Frenotomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Care of well newborns in Well Baby Nursery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Circumcision	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Airway management	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management preterm infants	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Stabilization prior to transport of critically ill children	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Bladder catheterization or suprapubic aspiration	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	TPN prescribing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central line management (PICC, CVL, UVC)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Uncomplicated gastrostomy tube replacement/management	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Tympanocentesis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Thoracentesis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Replacement of tracheostomy tube	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Placement of NG tube	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Placement of intraosseous lines	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Placement of anterior and posterior nasal hemostatic packing	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Peripheral nerve block	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Gynecologic evaluation of prepubertal and postpubertal females	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Fluorescein exam of the eye	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Electrocardiography interpretation, preliminary	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admission and evaluation, treatment patients in ICU, NICU	<input checked="" type="checkbox"/>

Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
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Physician signature :-

Approved By:-

Medical director signature: -

Date:.....