



Privileges in Pediatric Surgery

Physician name:

Education/Training Successful completion of an accredited Residency/Fellowship
In **Pediatric Surgery** or equivalent Training.

AND

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

Provide care for patients in specific areas of Al Kindi hospital		
Request	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
Privileges:		
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pediatric general surgical care to patients 14 years and older	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Trauma surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Diagnosis and surgical care of tumors	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Transplantation operations	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Endoscopic procedures such as bronchoscopy, esophagogastroduodenoscopy, colonoscopy, cystoscopy, laparoscopy, and thoracoscopy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Surgical procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	alimentary tract	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	abdomen and its contents	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	breasts, skin, and soft tissue	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	head and neck	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	vascular system, excluding the intracranial vessels and heart	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	minor extremity surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	comprehensive management of trauma including musculoskeletal, hand and head injuries	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	care of critically ill children with underlying surgical conditions	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>
Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-

Approved By:-

Medical director signature: -

Date:.....