ATRIUM HEALTH ALLIED HEALTH PROFESSIONAL PHYSICIAN ASSISTANT OR NURSE PRACTITIONER SPECIALTY OF PEDIATRICS

Print Name

SUMMARY OF OCCUPATION:

- 1. The Allied Health Professional is a skilled member of the health care team who is qualified by academic and clinical education and experience to provide patient services as an Allied Health Professional under the supervision of a member(s) of the Medical Staff of Atrium Health in accordance with the Bylaws of the Medical Staff.
- 2. He/she shall assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board, and authorized under applicable law.
- 3. For purposes of this form, Allied Health Professional shall mean a "Dependent Practitioner" defined as a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of a physician who is currently appointed to the Medical Staff of Atrium Health.

ORGANIZATIONAL RELATIONSHIP:

- 1. The Allied Health Professional shall only exercise those clinical privileges maintained by the supervising physician(s) and approved by the Board. The Allied Health Professional may also assist the residents assigned to the Department of Medicine in performance of their duties and responsibilities as assigned by their supervising physician. The Allied Health Professional shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), or whenever the patient wishes to see a physician or has unanswered questions.
- 2. The Allied Health Professional shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Allied Health Professional shall wear a nametag identifying him/herself as an Allied Health Professional and introduce him/herself as an Allied Health Professional, and shall at no time imply, state, or lead one to believe that he/she is a physician.
- 3. The Allied Health Professional must conduct all duties and responsibilities in accordance with departmental and hospital policies and procedures.
- 4. A nurse or secretary who receives an order from an Allied Health Professional for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.
- 5. The supervising physician(s) must sign the Delineation of Privileges form of the Allied Health Professional, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Allied Health Professional, required by hospital policies and procedures, or when in the interest of patient care. The supervising physician(s) shall co-sign entries on the medical records of patients seen or treated by the Allied Health Professional as required by hospital policies and procedures.

QUALIFICATIONS:

- 1. The Allied Health Professional shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS. His/her past experience and training shall be commensurate with privileges requested.
- 2. The scope of duties and responsibilities of the Allied Health Professional shall be delineated on an approved Delineation of Privileges form and approved by the Board.

Print Name

QUALIFICATIONS - continued:

- 3. The Supervising Physician shall delegate only tasks and procedures to his or her Allied Health Professional which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Allied Health Professional has been approved to perform. It is understood that the supervision of an Allied Health Professional shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
- 4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the Allied Health Professional's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

SUPERVISION:

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Allied Health Professional.

- 1. "General Supervision" shall mean the procedure is furnished under the supervising physician's overall direction and control, but the physician is not required to be present during the procedure. General Supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
- 2. "Proximate Supervision for these procedures" shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Allied Health Professional as needed.
- 3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Allied Health Professional during the performance of a procedure.

ATRIUM HEALTH DELINEATION OF PRIVILEGES FORM ALLIED HEALTH PROFESSIONAL SPECIALTIES OF PEDIATRICS

Print Name

□ Initial appointment □ Reappointment □ Updated DOP/Sponsoring Physician Change

NOTE 1: "CORE" privileges cannot be amended or altered in any way.

NOTE 2: Allied Health Professionals must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational, and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | GENERAL PED | | RE PRIVILEGE |
|---|---|--|--|--|---|---|---|--|---|--|--|--|---|--|
| | | | | | | | | | | | CAHP-PED-1 | pediatric practic physical exam development of t patients within th sponsoring phys may not admit | e, including s, diagnos reatment pla e age group ician(s). Allio patients to | services consistent with g the performance of sing conditions, the ns, health counseling for of patients seen by the ed Health Professionals the hospital but may half of the supervising |
| diagnos and col to appr examin incision includir | se, and treat laborate with opriate phy ations inclu- and drain og suspect | at childhooc ith other hea ysician; mal uding rectal nage of sup red sexual a | I illnesses, althcare provide the daily ro and genito erficial absolutes abuse and | including oviders as unds on h or-urinary scesses; rape; or p | chronic ar necessary nospitalized examinatio participate physical ab | nd acute c y; perform d patients ons as inc in the tea ouse, emo | conditions wound d with or a dicated; o aching ac otional ab | , or any o ebrideme at the dire rder diag tivities ar use, me | other condition of and gene ection of the nostic testin and health co ntal health is | on that is wit ral care for s supervising g and therap unseling to ssues includ | hin the expertise a uperficial wounds physician; obtain eutic modalities; j include pregnand | and knowledge of and minor superfic and record medic perform field infiltra cy testing; screen | the Allied He ial surgical p al/social histrations of ane and refer fo | vising physician; assess, alth Professional; consult rocedures; initiate referral ory and perform physical sthetic solutions; perform or other health problems a STD screen and follow- |
| СМС | | Iniv. CR | Lin. | | | | | le. KN | · · · · · | HP-PED-1 | GENE | | | PROCEDURES |
| | | | | | | | | | F | | | | Number Performed | |
| | | | | | | | | | | REG | UIRED | Minimum Number Required | Within The Past 2 Years | Location |
| | | | | | | | | | CAHP- | PED-1(a)* | Circumcision | s 10 | | |
| | | | | | | | | | CAHP- | PED-1(b)* | Extra digit removal | 10 | | |
| | | | | | | | | | CAHP- | PED-1(c)* | Perform Lum Puncture | ibar 10 | | |

Print Name

| CMC | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | CAHP-PED-1 | GENERAL PE | | SPECIAL P | PROCEDURES |
|-------|-----------|---------|-----------|-----------|-----------|-------------|-------------|-------------|-----------|------------|--------------------------|--------------------------|-------------------------------|--|----------------------------|
| | | | | | | | | | | | | CEREIONE | | 0. 20. (2. | |
| | | | | | | | | | | | | Must apply for an | d maintain G | General Pedia | atric Core Privileges |
| | | | | | | | | | | | | SUPERVISION UIRED | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | | | | | | | | | | | CAHP-PED-1(d)* | PICC Lines | 15 | | |
| | | | | | | | | | | | | (excluding internal | | | |
| | | | | | | | | | | | | jugular lines and | | | |
| | | | | | | | | | | | | subclavian | | | |
| - | | | | | | | | | | | | placement) | | | |
| | | | | | | | | | | | | SPECIAL PRIVILEGES: | | | |
| | | | | | | | | | | | from the training prog | | | | |
| | | | | | | | | | nimum r | number r | equired as defined by | / the medical staff. The | Applicant m | ust present | evidence of performance |
| | | | | | | e past two | | | | | | | | | |
| | | | | | | | | | | | | | ubmit the F | PERMISSION | N TO BE PROCTORED |
| F | EQUES | T FORN | l reques | ting to b | e procto | ored by the | e Sponso | ring Phys | sician wl | no currer | ntly holds the privilege | Э. | | | |
| | | | | | | | M | aintenan | ce Crite | eria for C | Continued Special P | rivileges: | | | |
| | | | | | | | | | | | | | | | sional practice evaluation |
| and o | utcomes | to reap | oly for c | urrent sp | pecial pr | ivileges. | This will b | e review | ed at the | e time of | reappointment. Pract | titioners who would like | to continue | to hold any s | special privileges but are |
| unabl | e to docu | ment th | e minim | al numb | er will b | e request | ed to volu | untarily wi | ithdraw | their req | uest for such privilege | es and to complete the n | ecessary pr | octoring forn | ns. |

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | PEDIATRIC ALLERGY AND IMMUNOLOGY CORE PRIVILEGES |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|------------|---|
| | | | | | | | | | N/A | N/A | CAHP-PED-2 | Provide care, treatment, and services consistent with patients presenting with conditions or disorders involving the immune system, both acquired and congenital, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

Print Name

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | SPECIALTY OF PEDIATRIC CARDIOVASCULAR DISEASES |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|-------------------|------------|---|
| | | | N/A | | | | | | N/A | N/A | CAHP-PED-3 | Provide comprehensive care to patients diagnosed with cardiovascular disease and those identified as at risk for cardiac vascular events within the age group of patients seen by the supervising physician. Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; preliminary interpretation of electrocardiogram with physician consultation; record progress notes; write discharge summaries. Provide basic care and management of patients with implantation of artificial heart and mechanical devices to support or replace the heart partially or totally.

Directing/Performing Pediatric Life Support (PALS) in accordance with certification. Documentation of current certification required.

| | | | | 0 | | 0 | | ••• | , | | | | | | |
|-----|-----------|-------|----------|---------|---------|------------|------------|----------|---------|------------|------------------------|--|-------------------------------|--|-----------------------|
| CMC | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | KM | CAHP-PED-3 | CARDIOVASCUL | AR DISEA | SES SPEC | IAL PROCEDURES |
| | | | | | | | | | | | | Must apply for and n | | diatric Cardiov ivileges | ascular Diseases Core |
| | | | | | | | | | | | | SUPERVISION UIRED | Minimum Number Reguired | Number Performed Within The Past 2 Years | Location |
| | | | N/A | | | | | | N/A | N/A | CAHP-PED-3(a)* | PICC Lines (excluding internal jugular lines and subclavian placement) | 15 | Tears | Location |
| | | | | | | * REQUI | RED PRE | EVIOUS E | XPERI | ENCE RE | EQUIRED FOR ALL S | SPECIAL PRIVILEGES | | | |
| 1 1 | onlicante | musta | rocont o | vidonco | of annr | opriate tr | ainina i c | nationt | loge ve | rification | from the training prov | aram director: AND | | | |

- 1. Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND
- 2. Documentation of current competence which includes at least the minimum number required as defined by the medical staff. The Applicant must present evidence of performance of the privileges being requested within the past two (2) years; **OR**
- 2. If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting to be proctored by the Sponsoring Physician who currently holds the privilege.

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit at least two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

| CMC | Pineville | e Un | iversity | CR | Lincoln | NorthEast | Union | Stanly | / Ai | nson | Cleveland | Kings Mountain | | PEDIATRI | C CRITICAL PRIVILEG | CARE CORE |
|--|--|---|---|--|--|---|--|--|---|--|---|---|--|--|--|--|
| | N/A | | N/A | N/A | N/A | N/A | N/A | N/A | 1 | √A | N/A | N/A | c v a F S r i i | liagnose, interp onsultation and vith complex nee ge group of p hysician(s) (in ostneurosurgical urgical care). Th ot admit patie | dicine Core I poret data, managemen eds who are atients seen nclusive of , postsurgica ne Allied Hea ents to the | Privileges - Evaluate, treat and provide at of care for patients critically ill within the by the sponsoring f neurological or I, postcardiac/thoracic alth Professional may hospital but may If of the supervising |
| in mana RHICU order a by supe | agement patients nd interp ervising p | t of crit deem oret ele ohysicia | ically ill ed appr ectrocare an (or ra | patients a opriate b diograms adiologist) | alongside y the inte with imm ; order dia | the intens nsivist; dev ediate sec agnostic te | ivist; obta elop and ond read sting and | ain and implen ling by s d therap | record nent ai supervi eutic r | l medic n initial ising pl nodaliti | al history a plan for pa hysician; or ies; perforn | and perform atients in co der and per | physical examinatio llaboration with the in form initial interpretat | n; conduct comp ntensivist; initiate ions of simple pla | e referral to a referral to a referral to a | physician; assistance atient chart review for appropriate physician; s with second reading lation and chest tube |
| СМС | Pine. | Univ. | CR | Lin. | NE | | | Anson | Cle. | KM | discharge | Summanes. | SPECIA | L PROCEDUR | ES | |
| | | | | | | | | | | | | | oly for and maintain | Pediatric Critic | | e Privileges |
| | | | | | | | | | | | P | - | E SUPERVISION QUIRED | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | N/A | N/A | N/A | N/A | N/A | N/A I | N/A | N/A | N/A | N/A | CAHP- | PED-4(a)* | Umbilical Vessel Catheterization | 10 | Touro | Loouton |
| | N/A | N/A | N/A | N/A | N/A | N/A I | N/A | N/A | N/A | N/A | CAHP- | PED-4(b)* | Insertion of Chest Tubes | 10 | | |
| | N/A | N/A | N/A | N/A | N/A | N/A I | N/A | N/A | N/A | N/A | CAHP- | PED-4(c)* | Atrial and Ventricu Pacing Wire Rem | | | |
| | N/A | N/A | N/A | N/A | N/A | N/A I | N/A | N/A | N/A | N/A | CAHP- | PED-4(d)* | Intracardiac Indwelling Line Removal | 10 | | |
| | N/A | N/A | N/A | N/A | N/A | N/A I | N/A | N/A | N/A | N/A | CAHP- | PED-4(e)* | Peripherally Inser Central Venous Catheters (PICC) Lines | ed 15 | | |

Print Name

| CMC | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | | SPECIAL PR | OCEDUR | ES | |
|-----|-------|-------|-----|------|-----|-------|--------|-------|------|-----|----------------|---|-------------------------------|--|--------------|
| | | | | | | | | | | | Must appl | y for and maintain Pedi | atric Critica | al Care Core | e Privileges |
| | | | | | | | | | | | | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CAHP-PED-4(f)* | Emergency/Urgent Endotracheal Intubation | 10 | | |
| | | | | | | | | | | | | SUPERVISION QUIRED | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CAHP-PED-4(g)* | Perform Lumbar Puncture | 4 | | |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CAHP-PED-4(h)* | Insertion of Central Venous Catheters (Femoral/Internal Jugular) | 15 | | |
| | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | CAHP-PED-4(i)* | Percutaneous Arterial | 15 | | |

Maintenance Criteria for Continued Privileges (CAHP-PED) General Supervision Special Procedures**:

The Practitioner must provide documentation of current clinical competence and performance of a minimum number of procedures over a two (2) year period based on results of ongoing professional practice evaluation and outcomes to be eligible to reapply for privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold privileges but who are not able to document the minimal number of cases will be requested to voluntarily withdraw their request for such clinical privileges.

| Insertion of Central Venous Catheters (Femoral/Internal Jugular) | 10 |
|--|----|
| Lumbar puncture | 2 |
| Percutaneous Arterial Lines (radial femoral) | 5 |

**maximum of 50% performed in the approved simulation laboratory

Maintenance Criteria for Continued Privileges:

The Practitioner must provide documentation of current clinical competence and performance of a minimum of ten (10) representative samples of the over a two (2) year period based on results of ongoing professional practice evaluation and outcomes to be eligible to reapply for privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold privileges but who is not able to document the minimal number of ten (10) representative samples will be requested to voluntarily withdraw their request for such clinical privileges.

Print Name

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | SPECIALTY OF PEDIATRIC DERMATOLOGY |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|-------------|--|
| | | | | | | | | | | N/A | CAHP-PED -5 | Provide care, treatment, and services consistent with dermatology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; assist in major medical procedures such as Mohs micrographic surgery, if applicable; perform wound debridement, suturing and general care for superficial wounds and minor superficial surgical procedures; initiate referrals to appropriate physicians; make daily rounds on hospitalized patients with or at the direction of the sponsoring physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; field infiltrations of anesthetic solutions; record progress notes and write discharge summaries.

| | | | | | Stanly | Anson | Cle. | КМ | Musta | DERMATOLOGY SP apply for and maintain Pec | | | |
|--|-----|------------|------------|-----------------|-------------------------|--|--|--|---|--|---|--|---|
| | | | | | | | | | | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | N/A | | | | | | | N/A | CAHP-PED-5(a)* | Cryosurgery | 10 | | |
| | N/A | | | | | | | N/A | CAHP-PED-5(b)* | Electrosurgery/Electr odesiccation | 10 | | |
| | N/A | | | | | | | N/A | CAHP-PED-5(c)* | Biopsies and simple and complex excisions | 10 | | |
| | N/A | | | | | | | N/A | CAHP-PED-5(d)* | Perform incision and drainage of superficial abscesses | 10 | | |
| | | N/A N/A | N/A N/A | N/A N/A N/A N/A | N/A N/A N/A | N/A Image: Constraint of the second sec | N/A Image: Constraint of the second sec | N/A Image: Constraint of the second | N/A N/A N/A N/A N/A N/A N/A N/A N/A | N/A N/A N/A PROXIMATE REG N/A N/A N/A CAHP-PED-5(a)* N/A N/A N/A CAHP-PED-5(b)* N/A N/A N/A CAHP-PED-5(c)* N/A N/A N/A CAHP-PED-5(c)* N/A N/A N/A CAHP-PED-5(c)* | N/A N/A N/A Cryosurgery N/A N/A N/A CAHP-PED-5(a)* Cryosurgery N/A N/A N/A CAHP-PED-5(b)* Electrosurgery/Electr odesiccation N/A N/A N/A N/A CAHP-PED-5(c)* Biopsies and simple and complex excisions N/A N/A N/A N/A CAHP-PED-5(d)* Perform incision and drainage of superficial abscesses | N/A N/A N/A N/A N/A N/A CAHP-PED-5(a)* Cryosurgery 10 N/A N/A N/A N/A CAHP-PED-5(b)* Electrosurgery/Electr odesiccation 10 N/A N/A N/A CAHP-PED-5(c)* Biopsies and simple and complex excisions 10 N/A N/A N/A N/A CAHP-PED-5(c)* Biopsies and simple and complex excisions 10 N/A N/A N/A N/A CAHP-PED-5(c)* Biopsies and simple and complex excisions 10 | N/A N/A N/A N/A CAHP-PED-5(a)* Cryosurgery 10 N/A N/A N/A CAHP-PED-5(b)* Electrosurgery/Electr odesiccation 10 N/A N/A N/A CAHP-PED-5(c)* Biopsies and simple and complex excisions 10 N/A N/A N/A CAHP-PED-5(c)* Biopsies and simple and complex excisions 10 |

* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR ALL SPECIAL PRIVILEGES:

1. Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND

2. Documentation of current competence which includes at least the minimum number required as defined by the medical staff. The Applicant must present evidence of performance of the privileges being requested within the past two (2) years; **OR**

2. If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting to be proctored by the Sponsoring Physician who currently holds the privilege.

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit at least two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | SPECIALTY OI MEDICINE | PEDIATRI | CEMERGENCY |
|--|--|--|---|---|---|----------------------------------|--------------------------------------|--|---|--|--|--|--|--|
| remove, physicia testing a physicia | and mar n; obtain and thera n; field ir | hage casts and record peutic mod | and splints medical/se alities; per of anesthe | s; perform ocial histor form incisi | wound dea y and perfor on and dra | oridemen orm phys inage of | t and ger ical exam superficia | neral care ninations i al absces | e for superfic including rec ses; perform | ial wounds tal and gen preliminary | ties: initiate/place and minor superfi itor-urinary examir / interpretations of | within the age gro physician who pr with any sympto provide services illnesses or inju illnesses or inju determine if addi do not include inpatient basis. not admit patients orders on behalf icial surgical proce- nations as indicate EKGs with imme | up of patients esent in the E m, illness, in necessary ies. Stabiliz tries and a tional care is long-term ca The Allied H to the hospit of the supervise of the supervise d; ocular tono diate second | nd initially treat patients seen by the supervising Emergency Department jury, or condition, and to ameliorate minor e patients with major ssess all patients to necessary. Privileges re of patients on an ealth Professional may al but may initiate/place sing physician. vising physician; apply, e referral to appropriate ometry; order diagnostic reading by supervising emity fractures; perform |
| СМС | Pine. | Univ. CF | Lin. | NE | Union St | anly Ai | nson C | le. KN | 1 | PEDIATI | RIC EMERGEN | CY MEDICINE S | PECIAL PR | OCEDURES |
| | | | | | | | | | | | ly for and maintain | ¥ | | Core Privileges |
| | | | | | | | | | P | | E SUPERVISION QUIRED | - Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | N/A | N/A N/ | A N/A | N/A | N/A N | I/A N | J/A N | /A N// | A CAHP- | PED-6(a)* | Perform anosco | ру 10 | | |
| | N/A | N/A N/ | A N/A | N/A | N/A N | J/A N | J/A N | /A N// | A CAHP- | PED-6(b)* | Remove central venous catheter | | | |

Print Name

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | PEDIATRIC ENDOCRINOLOGY CORE PRIVILEGES |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|------------|---|
| | | | | | | | | | | N/A | CAHP-PED-7 | Provide care, treatment, and services consistent with endocrinology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients. The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |
| | | | | | | | | | | | | ers on behalf of the supervising physician; initiate referral a and record medical/social history and perform physical |

examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | SPECIALTY OF PEDIATRIC GASTROENTEROLOGY |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|------------|---|
| | | | | | | | | | | N/A | CAHP-PED-8 | Provide care, treatment, and services consistent with gastroenterology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; Counsel and instruct patients and significant others as appropriate; obtain medical histories and perform physical exams; order diagnostic testing and therapeutic modalities; peg tube replacement-mature tract; make daily rounds on hospitalized patients with or at the direction of the supervising physician; record progress notes, write discharge summaries.

| СМС | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | | ASTROENTEROL | | | |
|-----|-------|-------|-----|------|----|-------|--------|-------|------|-----|---------------------|--------------|-------------------------------|---|----------|
| | | | | | | | | | | | PROXIMATE S REQU | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | | | N/A | | | | | | | N/A | CAHP-PED-8(a)* | Paracentesis | 10 | | |

Print Name

* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR ALL SPECIAL PRIVILEGES:

- 1. Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND
- 2. Documentation of current competence which includes at least the minimum number required as defined by the medical staff. The Applicant must present evidence of performance of the privileges being requested within the past two (2) years; **OR**
- 2. If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting to be proctored by the Sponsoring Physician who currently holds the privilege.

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit at least two (2) cases, for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | PEDIATRIC HEMATOLOGY/MEDICAL ONCOLOGY CORE PRIVILEGES |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|------------|---|
| | | | | | | | | | | N/A | CAHP-PED-9 | Provide care, treatment, and services consistent with hematology/oncology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

Print Name

| СМС | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | CAHP-PED-9 | Must apply for and | SPECIAL maintain Pe | PROCEDU diatric Hema Privileges | CAL ONCOLOGY RES tology/Medical Oncology |
|-----|-------|-------|----|------|----|-------|--------|-------|------|-----|---------------------|--|-------------------------------|--|--|
| | | | | - | | | | | | | PROXIMATE S REQU | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | | | | | | | | | | N/A | CAHP-PED-9(a)* | Bone Marrow Aspiration and Biopsy | 10 | | |
| | | | | | | | | | | N/A | CAHP-PED-9(b)* | Perform Lumbar Puncture | 10 | | |
| | | | | | | | | | | N/A | CAHP-PED-9(c)* | Thoracentesis | 10 | | |
| | | | | | | | | | | N/A | CAHP-PED-9(d)* | Paracentesis | 10 | | |
| | | | | | | | | | | N/A | CAHP-PED-9(e)* | Administration of intrathecal chemotherapeutic agents | 10 | | |

Maintenance Criteria for Continued Privileges (CCAHP-PED-9(a-e)):

The Practitioner must submit a minimum of five (5) cases, for each privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Maintenance Criteria for Continued Privileges (CAHP-PED-9(f)):

The Practitioner must submit a minimum of fifteen (15) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Print Name

| СМС | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | CAHP-PED-9 | Must apply for and r | PROC maintain Peo | CEDURES diatric Hemate Privileges | NCOLOGY SPECIAL |
|-----|-------|-------|----|------|----|-------|--------|-------|------|-----|----------------|---|-------------------------------|--|-----------------|
| | | | | | | | | | | | | SUPERVISION JIRED | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | | | | | | | | | | N/A | CAHP-PED-9(f)* | Write oral/subcutaneous/ Intramuscular/ intravenous/ intraperitoneal antineoplastic agents per protocol prescribed by the attending oncologist | 30 | | |

APPLICANT MUST:

1. (a) Show evidence of qualification by completion of a six (6) month formal training program with in the past two (2) years;

OR

(b) Submit documentation of experience of writing at least thirty (30) cases of oral/subcutaneous/intramuscular and/or intravenous/intraperitoneal antineoplastic agents within the past two (2) years.

In reviewing requests for privileges, the Credentials Committee will determine if the course content or experience are judged to be satisfactory for the recommendation of privileges.

I. Formal Training Program – Please include the location, dates, type of program and the name and address of the practitioner responsible for your training.

II. Post Graduate Program – Please include course description, copy of course certificate and the name and address of the practitioner responsible for your training.

III. Prescribing Experience at Other Hospitals: Please provide a list of cases and the name and address of the supervising/collaborating physician.

Print Name

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | TELEMEDICINE PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|-------------|--|
| | | | | | | | | | | N/A | CAHP-PED-10 | Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing, rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine in accordance with all laws, regulations, hospital guidelines and the Bylaws of the Medical and Dental Staff. The Supervising Physician shall remain responsible for all clinical activity of the Allied Health Professional. PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee. |

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | PEDIATRIC INFECTIOUS DISEASES CORE PRIVILEGES |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|-------------|---|
| | | | | | | | | | | N/A | CAHP-PED-11 | Provide care, treatment, and services consistent with Infectious Disease practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries.

Print Name

| СМС | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | CAHP-PED-11 | | PRO nd maintain | CEDURES | ASES SPECIAL |
|-----|-------|-------|----|------|----|-------|--------|-------|------|-----|---------------------|----------------------------|-------------------------------|--|--------------|
| | | | | | | | | | | | PROXIMATE S REQU | | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | | | | | | | | | | N/A | CAHP-PED-11(a)* | Perform Lumbar Puncture | 10 | | |

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | SPECIALTY OF NEONATOLOGY |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|-------------|---|
| | | | | | | | | | | N/A | CAHP-PED-12 | Evaluate, diagnose, treat, and provide consultation to newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities, and sepsis, and provide consultation to mothers with high-risk pregnancies. Assess, stabilize, and determine the disposition of patients with emergent conditions. Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; assist in management of neonates; assess patient in the Emergency Department prior to sponsoring physician's arrival; obtain and record medical history and perform physical examinations; develop and implement an initial plan for patients in collaboration with the neonatologist; perform diagnostic and therapeutic procedures; performing arterial puncture; performing endotracheal intubation; lumbar puncture; performing exchange transfusions; initiating cardiopulmonary resuscitation; inserting and managing central venous catheters; insertion of chest tubes; thoracentesis; inserting and managing percutaneous arterial catheters; inserting and managing percutaneous catheters; performing laryngoscopy and suction; performing scalp vein infusion; performing suprapubic bladder aspiration; ventilator management for newborns and infants; ventricular access device (not cardiac) aspirations; record progress notes; write discharge summaries.

| CMC | Pinevil | le Uni | iversity | CR | Lincoln | NorthEa | ast Ur | nion | Stanly | Anson | Cleveland | Kings Mountain | | EDIATRIC | NEPHROLO | OGY CORE |
|--------------------------------|----------------------------------|-------------------------------|---------------------------------|------------------------|------------------------|-----------------------|----------------------|---------------------|------------------------|------------------------------------|--|---|--|--|--|---|
| | | | | | | | | | | | | N/A | w pr ac fc by P bu | ith nephrologicomotes here esents and cute and chr r patients w r the super rofessional r | gy practice we ealth, preve /or manage ronic disease ithin the age vising physional nay not admi ate/place or | and services consistent vith a focus on care that ents kidney disease, s the complications of a, and prevents disability group of patients seen cian. The Allied Health it patients to the hospital ders on behalf of the |
| | | | | | | | | | | | | | es: initiate/place orders | on behalf | of the superv | vising physician; perform |
| | | | | | | | | | | | | | | | | |
| with or indicate | at the c ed; order | direction diagnos | n of the stic testi | supervisi | ng physic | cian; obt | tain and | l recor | d medio | cal/social | history and | perform ph | ysical examinations inc | luding rectal | and genitor- | s on hospitalized patients -urinary examinations as s; record progress notes; |
| with or indicate | at the c | direction diagnos | n of the stic testi | supervisi | ng physic | cian; obt | tain and | l recor | d medio Id infiltra | cal/social ations of a | history and mesthetic so | perform ph | ysical examinations inc orm incision and draina | luding rectal ge of superfic | and genitor- cial abscesse | -urinary examinations as |
| with or indicate write d | at the c ed; order scharge | direction diagnos summa | n of the stic testi ries. | supervisi ng and th | ng physic erapeutic | cian; obt modaliti | tain and es; perf | I recore orm fie | d medio Id infiltra | cal/social ations of a | history and mesthetic so | perform ph lutions; perf | vsical examinations inc orm incision and drainag | luding rectal ge of superfice | and genitor- cial abscesse | -urinary examinations as s; record progress notes; |
| with or indicate write d | at the c ed; order scharge | direction diagnos summa | n of the stic testi ries. | supervisi ng and th | ng physic erapeutic | cian; obt modaliti | tain and es; perf | I recore orm fie | d medio Id infiltra | cal/social ations of a | history and inesthetic so | perform ph lutions; perf P-PED-13 ERSONAL | vsical examinations inc orm incision and drainag | luding rectal ge of superfice | and genitor- cial abscesse | AL PROCEDURES |
| with or indicate write d | at the c ed; order scharge | direction diagnos summa | n of the stic testi ries. | supervisi ng and th | ng physic erapeutic | cian; obt modaliti | tain and es; perf | I recore orm fie | d medio Id infiltra | cal/social ations of a | history and inesthetic so CAH P | perform ph lutions; perf P-PED-13 ERSONAL | PEDIATRIC N Must apply for al SUPERVISION QUIRED Placement of | Iuding rectal ge of superfice IEPHROLO nd maintain F Minimum Number | and genitor- cial abscesse OGY SPECI. Pediatric Nepl Number Performed Within The Past 2 | AL PROCEDURES |
| with or indicate write d | at the c ed; order scharge | direction diagnos summa | n of the stic testi ries. | supervisi ng and th | ng physic erapeutic | cian; obt modaliti | tain and es; perf | I recore orm fie | d medio Id infiltra | cal/social ations of a e. КМ | history and inesthetic so CAH P | perform ph lutions; perf P-PED-13 ERSONAL REC | PEDIATRIC N PEDIATRIC N Must apply for al SUPERVISION QUIRED | Iuding rectal ge of superfice IEPHROLC Ind maintain F Minimum Number Required | and genitor- cial abscesse OGY SPECI. Pediatric Nepl Number Performed Within The Past 2 | AL PROCEDURES |
| with or indicate write d | at the c ed; order scharge | direction diagnos summa | n of the stic testi ries. | supervisi ng and th | ng physic erapeutic | cian; obt modaliti | tain and es; perf | I recore orm fie | d medio Id infiltra | cal/social ations of a e. КМ | history and inesthetic so CAH P | perform ph lutions; perf P-PED-13 ERSONAL REC | PEDIATRIC N Must apply for al SUPERVISION UIRED Placement of Femoral or Internal Jugular Vascular | Iuding rectal ge of superfice IEPHROLC Ind maintain F Minimum Number Required | and genitor- cial abscesse OGY SPECI. Pediatric Nepl Number Performed Within The Past 2 | AL PROCEDURES |
| with or indicate write d | at the c ed; order scharge | direction diagnos summa | n of the stic testi ries. | supervisi ng and th | ng physic erapeutic | cian; obt modaliti | tain and es; perf | I recore orm fie | d medio Id infiltra | cal/social ations of a e. КМ | CAHP-F | perform ph lutions; perf P-PED-13 ERSONAL REC | PEDIATRIC N Must apply for all SUPERVISION QUIRED Placement of Femoral or Internal Jugular | Iuding rectal ge of superfice IEPHROLC Ind maintain F Minimum Number Required | and genitor- cial abscesse OGY SPECI. Pediatric Nepl Number Performed Within The Past 2 | -urinary examinations as s; record progress notes; AL PROCEDURES hrology Core Privileges |

Print Name

| СМС | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | PEDIATRIC PULMONARY DISEASE CORE PRIVILEGES |
|-----|-----------|------------|----|---------|-----------|-------|--------|-------|-----------|-------------------|-------------|--|
| | | | | | | | | | | N/A | CAHP-PED-14 | Provide care, treatment, and services consistent with a Pulmonary practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; remove chest tubes; perform field infiltrations of anesthetic solutions; record progress notes; write discharge summaries.

Print Name

| | | | | | | | | | ~ . | | A 1 1 1 | 10 | | | | |
|--|------------------------|---------------------|--------------------|---------------------------|----------------------|------------------------|-----------------------|----------------------|---------------------|---------------------------|-------------------------------|-------------------|--|---|---|--|
| СМС | Pinevil | le Uni | versity | CR | Lincolr | n NorthE | East Ui | nion | Stanly | Anson | Cleveland | Kings Mountain | | PEDIATRIC PRIVILEGES | | DLOGY CORE |
| | | | | | | | | | | | | N/A | | with Rheum performance conditions, th health counse of patients so The Allied F patients to t | atology pr of physica e developm ling for patie een by the lealth Profe he hospital | and services consistent ractice, including the al exams, diagnosing ent of treatment plans, ents within the age group sponsoring physician(s). ssional may not admit but may initiate/place pervising physician. |
| to approved to approved to approved to approve the total termination of term | opriate p ations; o | hysicia rder dia | n; make gnostic | e daily roo testing ar | unds on nd therap | hospitali beutic mo | zed pati dalities; | ents wit record p | th or at progres | t the dire is notes; v | ction of the write dischar | supervising | physician; obtain and | | | physician; initiate referral ory and perform physical |
| СМС | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Ansor | ı CI | e. KM | CAH | P-PED-15 | | r and maintain | | CIAL PROCEDURES |
| | | | | | | | | | | | GENE | RAL SUPEI | RVISION REQUIRE | | Number Performed Within The Past 2 Years | Location |
| | | | | | | | | | | N// | A CAHP- | PED-15(a)* | Joint Injections | 10 | | |
| | | | | | | | | | | N// | A CAHP- | PED-15(b)* | Cortisone and Hyaluronic Acid Injections | 10 | | |
| | | | | | | | | | | N// | A CAHP- | PED-15(c)* | Trigger Point Injections | 10 | | |

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

| СМС | Pinevil | le Uni | versity | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | OUTPATIENT CORE PRIVILE | | IERAL PEDIATRICS |
|--------------------------------|------------------------------------|------------------------------|-------------------------------|--------------------------------------|---|---|---|--------------------------------------|---|--|---|---|---|--|------------------|
| | N/A | 1 | N/A | N/A | | | | | | | N/A | CAHP-PED-16 | General Pediatric | cs – Outpatient | Core Privileges |
| hospita assistir other h | l clinics ng in the ealth pr | that are develo oblems | on the pment of includi | hospital I of treatme ng suspe | icense, incl ent plans, p cted sexua on counseli | luding tre provide me al abuse a ing and m | atment an edical serv and rape; nanageme | id service vices and or physic | es consiste participate al abuse, n body rel | ent with ped in the teach emotional a moval, ear. A | liatric practi ing activities abuse, mer Allied Health | ce, including the pe s and health counse ntal health issues in Professionals may | erformance of ph eling to include pr ncluding eating d not admit patient | ysical exams, egnancy testin lisorders and s s to the hospita | |
| CINC | r me. | Univ. | UK | Lin. | | | | | е. Ки | CAH | P-PED-16 | | PROC | EDURES | ATRICS SPECIAL |
| | | | | | | | | | | PI | | E SUPERVISION QUIRED | Minimum Number Required | Number Performed Within The Past 2 Years | Location |
| | N/A | N/A | N/A | | | | | | N/A | CAHP-F | PED-16(a)* | Suturing | 10 | | |
| | N/A | N/A | N/A | | | | | | N/A | CAHP-F | PED-16(b)* | Digital Blocks | 5 | | |
| | N/A | N/A | N/A | | | | | | N/A | | PED-16(c)* | Insertion - Subcutaneous Birth Control Implant | 5 | | |
| | N/A | N/A | N/A | | | | | | N/A | | PED-16(d)* | Removal - Subcutaneous Birth Control Implant | 5 | | |
| | N/A | N/A | N/A | | | | | | N/A | CAHP-F | PED-16(e)* | Toe Nail Remov | al 5 | | |
| | N/A | N/A | N/A | | | | | | N/A | | PED-16(f)* | Incision and Drainage of Superficial Abscesses | 5 | | |

| СМС | Pine. | Univ. | CR | Lin. | NE | Union | Stanly | Anson | Cle. | КМ | CAHP-PED-16 | OUTPATIENT ONLY – GENERAL PEDIATRICS SPECIA PROCEDURES | | TRICS SPECIAL | |
|---|---|-------|-----|------|----|-----------|----------|---|-----------|-----------|---|---|---|-------------------------------|------------------------|
| | | | | | | | | | | | | Must apply for and m | • | patient Only - Ge ivileges | eneral Pediatrics Core |
| | | | | | | | | PROXIMATE SUPERVISION REQUIRED Minimum Number Required | | Number | Number Performed Within The Past 2 Years | Location | | | |
| | N/A | N/A | N/A | | | | | | | N/A | CAHP-PED-16(g)* | Intrauterine Device (IUD) insertion and removal | 5 | | |
| | N/A | N/A | N/A | | | | | | | N/A | CAHP-PED-16(h)* | Long Acting Subdermal Contraception insertion and removal | 5 | | |
| <u>* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR ALL SPECIAL PRIVILEGES (CAHP-PED-16(a-f))</u>: Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND Documentation of current competence which includes at least the minimum number required as defined by the medical staff. The Applicant must present evidence of performance of the privileges being requested within the past two (2) years; OR If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED | | | | | | | | | | | | | | | |
| | | | | | | red by th | e Sponsc | oring Phys | sician wł | ho currer | ntly holds the privilege. | | | | |
| and o | Maintenance Criteria for Continued Special Privileges(CAHP-PED-16(a-f)): The Practitioner must submit at least two (2) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms. | | | | | | | | | | | | | | |
| <u>* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR ALL SPECIAL PRIVILEGES (CAHP-PED-16(g-h))</u>: Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND Documentation of current competence which includes at least the minimum number required, to include of two (2) IUD Placements and two (2) IUD Removals services in adolescent patients during the past two (2) years; OR If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting to be proctored by the Sponsoring Physician who currently holds the privilege. | | | | | | | | | | | | | | | |
| and o | Maintenance Criteria for Continued Special Privileges(CAHP-PED-16(g-h)): The Practitioner must submit at least four (4) cases for each special privilege held, over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms. | | | | | | | | | | | | | | |

Print Name

| CMC | Pineville | University | CR | Lincoln | NorthEast | Union | Stanly | Anson | Cleveland | Kings Mountain | | TERM NEWBORN NURSERY PRIVILEGES |
|-----|-----------|------------|-----|---------|-----------|-------|--------|-------|-----------|-------------------|-------------|--|
| | | | N/A | | | | | | | N/A | CAHP-PED-17 | Provide care, treatment, and services consistent with term newborn practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; assess, diagnose, and treat neonatal illnesses, including acute conditions, or any other condition that is within the expertise and knowledge of the Allied Health Professional; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform routine immunizations; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries.

PRIVILEGES REQUESTED BY:

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

| Signature of Applicant | Date |
|---|------|
| Printed or typed name of Applicant | |
| SPONSORING PHYSICIAN: | |
| Signature of Sponsoring Physician | Date |
| Printed or typed name of Sponsoring Physician | |
| Signature of Sponsoring Physician | Date |
| Printed or typed name of Sponsoring Physician | |

Approval by the Board of Commissioners: 06/13/2017; 09/12/2017; 12/12/2017; 12/11/2018

Name: _____

CASE LOG

Date: _____

| | DATE | MEDICAL RECORD NUMBER | PROCEDURE TYPE | Name of procedure (as listed on DOP, e.g. CAHP-PED-4(a)) |
|----|------|--------------------------|----------------|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | | | | |
| 25 | | | | |
| 26 | | | | |
| 27 | | | | |
| 28 | | | | |
| 29 | | | | |
| 30 | | | | |
| | | | TOTAL | |