

**THE MEDICAL
STAFF OF
THE CHILDREN'S HOSPITAL**

**ARTICLE XV
Policies and Procedures**

MAY 2006

ARTICLE XV

Policies and Procedures Contents

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ARTICLE XV.
POLICES AND PROCEDURES

1510. PATIENT ADMISSION POLICIES

1510.1 Provisional Diagnosis

Except in an emergency, no patient shall be admitted to the Hospital until a provisional diagnosis has been stated. In case of an emergency the provisional diagnosis shall be stated as soon after admission as possible.

1510.2 Pre-admission Information

Practitioners admitting patients shall be responsible for giving information to admitting personnel which is necessary to assure the protection of other patients from those who are a source of danger from any cause whatsoever, or to assure protection of the patient from self harm.

1510.3 Admitting Policy

Any physician (referring physician) may refer a patient to The Children's Hospital for admission. Patients who have no attending physician may apply for admission. (see 1512.2) The following patients are subject to screening by the Medical Staff physician in the Outpatient Department prior to room placement:

1. Patients with positive responses on infection control screening forms;
2. Patients with respiratory disease to determine level of care necessary; and
3. Patients with acute illness not seen within the preceding 12 hours by a Medical Staff physician.

1510.4 Day Surgery Admission Policy

The following list of procedures shall be performed exclusively on a day surgery basis, without admission to the hospital as an inpatient, except under the following circumstances:

1. Presence of medical conditions that make prolonged post-operative observation by skilled medical personnel a necessity.
2. An unrelated procedure is being done which itself requires hospitalization.
3. Lack of proper home post-operative care.
4. Technical difficulties as documented by admission or operative notes.
5. Certain weather or distance problems.

Otolaryngology

1. Myringotomy with or without tubes
2. Antral puncture
3. Inferior turbinate fracture
4. Nose, closed reduction

General Surgery

1. Breast biopsy (if a two-stage procedure is planned for a possible malignancy)
2. Cervical node biopsy
3. Lipoma excision
4. Muscle biopsy
5. Rectal polypectomy
6. Excision of sebaceous cyst
7. Excision of skin lesion with primary closure

Gynecology

1. Marsupialization of Bartholin Cyst
2. Treatment of condylomata acuminata
3. Cryotherapy - alone
4. Cryotherapy with biopsy and/or dilatation and curettage
5. Dilatation and curettage
6. Examination under anesthesia
7. Hymenotomy
8. Hysterosalpingogram
9. Therapeutic abortion (first trimester)
10. Tubal ligation by laparoscopy
11. Removal of intrauterine IUD
12. Hysteroscopy

Neurosurgery

1. Morton's Neuroma
2. Neuroma

Orthopaedics

1. Fingernail/toenail removal
2. Fracture, closed reduction with/without x-ray
3. Ganglion
4. Hammertoes with tenotomies and resection of bone
5. Manipulation of joints, individual consideration depending upon the joint involved and indication for procedure
6. Morton's Neuroma
7. Phalangectomy
8. Plantar wart excision
9. Tenotomy, hand or foot

Plastic Surgery

1. Blepharoplasty (upper/lower or combined)
2. Mammoplasty (augmentation or revision)
3. Otoplasty (unilateral, bilateral depending on age; young children generally require hospitalization)
4. Small skin graft (certain sites may require hospitalization)

Urology

1. Circumcision (pediatric)
2. Dorsal slit
3. Meatotomy
4. Urethral dilation
5. Vasectomy

Endoscopy

1. Observation bronchoscopy, flexible, in patients under 4 years of age
2. Triple upper endoscopy
3. Culdoscopy
4. Observation cystoscopy
5. Gynecology laparoscopy
6. Otoscopy
7. Proctosigmoidoscopy
8. Fiberoptic sigmoidoscopy and fiberoptic colonoscopy only and diagnostic procedure

The specific circumstances justifying an inpatient admission shall be documented by the attending physician in the medical record. Monitoring of this policy will be performed jointly by the Surgery Scheduling Desk and Admissions Department.

It is the responsibility of the attending physician to receive approval from the administrator on call for any inpatient admission not meeting the circumstances outlined in this policy. If the administrator does not concur with the admission, s/he will contact the appropriate In-Chief. If a surgical opinion is necessary, the Chairman of the appropriate Department will be contacted, or, in his/her absence, the Surgeon-In-Chief.

1511. ATTENDING POLICIES

All patients must have an attending physician. The selection and notification of that physician is the responsibility of the referring physician.

Patients applying for admission who have no attending physician shall be assigned to the attending physician on duty in the department to which the illness of the patient indicates assignment in the judgement of the attending physicians.

a. The attending physician must:

1. Be a member in good standing of The Children's Hospital Medical Staff.
2. Hold privileges for the type of care required by the patient as designated by The Children's Hospital Credentials Committee.
3. Assume total responsibility for the care of the patient.
4. Be available (personally or with appropriately credentialed coverage) on a 24-hour basis to provide responsible supervision and assistance when required for the care of that patient.
5. Be responsible for ordering consultations in the chart, contacting consultants and formally (on the consultation form) indicating the desired nature of the consultant's involvement with the patient.
6. Facilitate the education and teaching of the involved housestaff officers through example, supervision and attending rounds.
7. Be responsible for the completion of the hospital record for that patient's admission.
8. Place an admission note in the record within 24 hours.
9. Supervision of Residents
 - i) All patients cared for at The Children's Hospital have an attending physician who is responsible for the patient's treatment. The Medical Staff of the Hospital maintains standards for attending physicians through its credentialing process and reviews the maintenance of those standards on a regular basis. All attending physicians who supervise house officers from the University of Colorado School of Medicine will be academic or clinical faculty members of the University of Colorado School of Medicine.
 - ii) The attending physician is often aided in caring for his/her patient by house officer(s) who are receiving experience and training at the Hospital. The attending physician, the house officer and the Hospital share the responsibility for the well being of the patient. House officers are involved in the care of many patients within the Hospital. The credentials of the house officers are reviewed and monitored by the Office of Medical Education. House officers involved in the care of patients often initiate therapeutic interventions. Such actions shall be communicated to the attending physician in a timely manner. All significant changes in the patient's condition shall be communicated to the attending physician by the house officer. It is the attending physician's responsibility and privilege to direct the care of the patient. In an emergent situation patients are provided care and the attending physician is notified as soon as reasonably possible.
 - iii) House officers may perform those procedures for which they are adequately trained. It is the responsibility of the house officer's Program Director to ensure that the house officer is competent to perform those procedures. Operative procedures are to be directly supervised by the attending physician as outlined by the Medical Staff Bylaws.

b. Hospital standards regarding communication with Primary Care Physicians (PCP's) and Referring Physicians.

1. For every inpatient admission, the hospital shall send a letter/FAX to the Primary Care Physician and Referring Physician within 24 hours confirming the admission, the Attending Physician and other relevant information related to the admission.
2. Attending Physicians' standards regarding communication with Primary Care Physicians (PCP's) and Referring Physicians.
3. Non-emergent secondary consultations: All Attending Physicians, including ED Attendings, must confer with the PCP prior to requesting any secondary non-emergent consultation.
4. Attending Physicians shall be responsible for communicating with the PCP and/or Referring Physician on the day of each patient encounter except as mentioned below. In certain circumstances the task may be delegated. The responsibility cannot be delegated.
5. The governing principles are two: 1. Information needs to be exchanged. The PCP and/or Referring Physician has medical information that will facilitate the care process, and they need to receive information important to subsequent care. 2. The subspecialty encounter occurs in the context of an often long-standing relationship of trust between the PCP/Referring Physician and the parents. Management of the family is greatly facilitated if the caretaker they know best is fully knowledgeable about the child's situation.

Specific situations are as follows:

- ICU: The Attending Physician or designee must make a personal phone call to the PCP and/or Referring Physician within 24 hours of any emergency admission. (if the admission is brief and the patient is transferred from the ICU service within a few hours, a call from the Attending Physician on the general service will suffice.) Thereafter, the frequency of communication (by phone call, fax, or voice mail through Extension 3999) will be as mutually agreed upon, but will always include communication for major changes in patient condition, discharge or transfer.

For elective admissions from the operating room, communication at the time of the surgical procedure should include information about the projected ICU stay and subsequent routine postoperative care. Communication will then be necessary only as agreed upon, but will always occur for major changes in patient condition or discharge.

- Inpatient Units: The Attending Physician, or designee, must make a personal phone call to the PCP and/or Referring Physician within 24 hours of any admission. Thereafter, the frequency of communication (by phone call, fax, or voice mail through Extension 3999) will be as mutually agreed upon by the PCP and the Attending Physician, but will always include communication for major changes in patient condition, discharge or transfer.
- Main Operating Room: The Attending Physician in the OR must communicate by voice mail through Ext. 3999, phone call, or faxed communication at the time of the surgical procedure; a personal phone call must be made in the case of adverse outcome.
- Day Surgery: Same as for Main OR.
- Outpatient Clinics: New patients or consultations – The Attending Physician must communicate by phone call, fax communication or voice mail through Ext. 3999 within 24 hours except by mutual agreement with the PCP and/or referring physician. (Agreement need not be explicit for each patient.) Follow-up patients – Any substantial change in management or condition should be communicated within 24 hours, as per the protocol for a new patient.

A formal letter to the PCP and/or Referring Physician should be mailed or faxed as soon as possible.

- Emergency Department: Communication regarding an ED visit should occur within 24 hours by fax, voice mail through Ext. 3999, or phone call. The Attending ED Physician must make a personal phone call to the PCP and/or Referring Physician regarding admission to the hospital. Although this responsibility may not be delegated, the task may be delegated to another physician as appropriate.

- Patient Death: The Attending Physician must make a personal phone call to the PCP and/or Referring Physician when a patient dies.
- Compliance with the above policies and procedures will be monitored in an ongoing and consistent manner by systematic survey of PCP's and Referring Physicians. Results will be conveyed to The Medical Board.

The Attending Physician and/or Primary Resident shall also communicate with each inpatient and/or family on a daily basis unless otherwise mutually agreed upon. Such communication shall be documented in the patient's medical record *when there are significant changes in diagnosis or treatment, or when specific concerns from the patient or guardian need to be addressed.*

The Attending Physician and Primary Resident shall communicate with each other regarding each inpatient and/or family on a daily basis. Such communication shall be documented in the patient's medical record.

- c. All physicians who participate in call schedules in any department at The Children's Hospital will accept all patients referred regardless of insurance coverage and/or financial status.

1512. CONSULTANT POLICIES

a. The Consultant Physician Must:

1. Be a credentialed member of The Children's Hospital Medical Staff.
2. Be well qualified by training to give an opinion in the field in which his/her opinions are sought.
3. Provide, in cases where operative procedures are involved, a written opinion prior to the operation, except in an emergency.
4. Facilitate the education and teaching of the involved house officers through example, consultant rounds, and conferences.

b. Mandatory Consultations

1. Every child admitted to an intensive care area, or a child whose condition deteriorates to a life-threatening condition, will require consultation by an appropriate Category III or IV staff physician. Judgement as to the serious nature of the illness and the question of doubt as to diagnosis and treatment rest with the physician responsible for the care of the patient. If, in the opinion of the attending physician, the child does not need consultation, the physician should so state in writing during the first four (4) hours of admission or at the time of the serious deterioration of the child's condition.
2. In any circumstance where direct care is given in an emergency by a physician other than the attending physician or his/her designee, a retroactive consultation request will be provided by the attending physician.
3. When any unusual or unconventional drug, therapeutic intervention or major surgical procedure is to be employed which might risk life or future function, consultation is mandatory.
4. When a patient is admitted to the hospital who is suspected of having engaged in behaviors that are life-threatening, self-destructive, homicidal, or injurious to others, consultation is required by the Psychiatric Liaison and Consultation Service of the Department of Psychiatry and Behavioral Sciences or by a psychiatrist or psychologist who is a credentialed member of The Children's Hospital Medical Staff. Such consultation should be initiated within two (2) hours of the patient's admission to the hospital.
5. If there is disagreement regarding the need for consultation, the President of the Medical Staff, the Director of Medical Affairs, and the Unit Attending will constitute a committee to determine whether or not consultation is required, notify the attending physician of their opinion and request the necessary consultation.

c. Documentation of Consultation

1. When requesting a consultation, the attending practitioner must enter an order for consultation including the reason for the request and the extent of patient care involvement expected from the consultant.
2. The consultant must make and sign a report of his or her findings, opinions, and recommendations which reflects an actual examination of the patient and the medical record. The consultant must expediently conduct the consultation unless the requesting physician notes otherwise. Such report shall become a part of the patient's medical record.

3. The attending practitioner or designee is personally responsible for ensuring that the consultant is notified.

1512.1 **TELEMEDICINE**

- a. **Definition:** Telemedicine is health care delivery where practitioners use electronic signals (via the Internet, Intranets, PCs, satellites, or videoconferencing telephone equipment) to transfer medical data (photographs, x-ray images, audio, patient records, videoconferences, et.) from one site to another.
 1. **Originating Site:** Site where patient is located at the time the service is provided
 2. **Distant Site:** Site where the practitioner providing the professional service is located

- b. **Procedure:** All practitioners responsible for a patient's care, treatment, and service via telemedicine are credentialed and privileged to do so at the originating site through one of the following mechanisms:
 1. The originating site may fully privilege and credential the practitioner;
 2. The originating site may use the credentialing and privileging information from the distant site if all the following requirements are met:
 - a. The distant site is JCAHO accredited;
 - b. The practitioner is privileged at the distant site for those services to be provided at the originating site; and
 - c. The distant site has evidence of an internal review of the practitioner's performance of these privileges and sends to the originating site information that is useful to assess the practitioner's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by the Joint Commission that result from the telemedicine services provided, and complaints from patients, LIPs or staff at the distant site.

- c. **Requirements:** Parties proposing to transmit or receive data to or from outside parties for telemedicine purposes must comply with the data handling requirements outlined by The Children's Hospital Security Team.

- d. **Recommended Services:** The approved distant clinical services to be provided by licensed independent practitioners through a telemedical link are:

Adolescent Medicine	Liver Center
Allergy/Immunology/Rheumatology	Neonatology
Anesthesiology	Nephrology
Audiology/Speech Pathology & Learning Services	Neurology
Cardiology	Neurosurgery
Cardio-Thoracic Surgery	Neurosurgery
Child Abuse & Neglect	Nutrition
Child Development	Occupation and Rehabilitation
Critical Care	Medicine
Dentistry	Ophthalmology
Dermatology	Orthopedic Surgery
Emergency Medicine	Otolaryngology
Endocrinology	Pathology
Epidemiology	Pediatric Medicine
Family Medicine	Pediatric Psychiatry
Gastroenterology	Pediatric Surgery
Genetics	Plastic and Reconstructive Surgery
Gynecology	Pulmonary Medicine
Hematology/Oncology	Radiology
Infectious Disease	Urology

1513. MEDICAL ORDERS

1513.1 Standing Orders

Standing orders will only be used for the admission of apparently normal newborns to a Level I Nursery. They shall not include orders for blood or blood products. They may be instituted prior to signature by the responsible physician. Standing orders must be approved by the Department and the Chair of that Department prior to implementation.

1513.2 Preprinted Orders

Preprinted orders are encouraged for use in conditions frequently treated at Children's Hospital because preprinted orders offer improved legibility, uniformity, completeness, efficiency and validation. Preprinted orders will be developed by the appropriate Medical Staff Department or Division and the form must be approved by the Chief of the Department or Division. Once approved the preprinted orders shall be kept on any patient unit expected to care for patients affected by such orders. Preprinted orders shall not include orders for administration of blood or blood products. Medication doses must be specific for each patient, individualized based on the patient's weight, surface area or other appropriate characteristics. Preprinted orders should be used by the Medical Staff when available for the patient's condition. Preprinted orders are effective only when completed and signed by the responsible physician.

- a. Standard pre-printed Admission Orders must be completed at the time of admission and/or following transfer to an inpatient unit.
- b. Standard pre-printed Transfer Orders must be completed prior to transfer to a different inpatient unit or different service. Documentation of communication with the PCP and family shall be included.
- c. Standard pre-printed Discharge Orders must be completed prior to discharge. (See 1514.11a)

1513.3 Written Orders

All orders shall be in writing and signed by a member of the medical or dental staff, or by a specifically approved allied health professional, or by a member of the housestaff.

1513.4 Verbal, Telephone, Fax and E-mail Orders

This policy applies to all verbal/telephone/fax/e-mail orders (V.O/T.O./F.O./E.O.) dictated by a member of The Children's Hospital (TCH) professional staff. The policy is as follows:

- a. Verbal communication of orders is discouraged.
- b. Verbal communication or orders will only be used in situations where any delay in writing the order prior to its being carried out would cause patient harm or have an otherwise negative outcome.
- c. Verbal orders will not be used for the convenience of staff, but only to facilitate appropriate care as outlined in this policy.
- d. Verbal orders will not be given or accepted in situations where the order giver is physically present on the unit EXCEPT in emergency situations where any delay in treatment would cause patient harm and the two parties are working together on the same event (e.g. cardiac arrest). **Verbal orders given during an emergency situation shall be repeated to verify correctness before being carried out. The physician shall write the orders before leaving the unit or the authorized individual receiving a verbal/telephone order must write it on an order sheet with date/time and then sign it.**
- e. The attending physician, dentist, housestaff physician, or specifically approved allied health professional may give verbal orders. Orders that require a countersignature before they can be executed will not be given verbally.
- f. The following staff members can accept and transcribe verbal orders for patients only under their care and only within the scope of their professional practice: Registered Nurse; Certified Physician Assistant; Registered Respiratory Therapist; Certified Rehabilitation Therapist; Registered Pharmacist; Registered Dietitian; **Licensed Radiology and Laboratory Personnel.**

1. **Only RNs and pharmacists may accept medication orders.**

2. **Respiratory therapists may accept medication orders related to respiratory therapy.**
3. **Licensed radiology and laboratory personnel can only accept verbal orders that relate to the clinical area in which that person is a practitioner.**
4. **The order must be repeated in order to avoid misunderstanding or errors.**
5. **The order is transcribed with the date and time of order on the order sheet and person relaying the order; documentation should include V.O./T.O., the physician's name and the authorized recipient's name/signature.**
 - g. Verbal orders that follow this policy are considered to be valid orders and will be executed as if they were written by the authorized prescriber.
 - h. A verbal order should be authenticated by the person who issued it as soon as possible. If the verbal order is not signed and dated at discharge, it becomes the responsibility of the attending physician of record for that service to sign and date the verbal order. Verbal orders must be signed and dated within 30 days of discharge.
 - i. **Do not resuscitate/limited resuscitative orders (DNR/LRE) and initial chemotherapy protocols cannot be accepted verbally by nursing staff for any reason.**

1513.5 Orders by Housestaff or Attending

Most of the orders should be written by the housestaff in consultation with the attending physician, such housestaff orders are not required to have a co-signature of attending. This does not preclude the attending from writing such orders as s/he considers necessary. If such orders are written, the appropriate housestaff should be notified.

Orders are generally carried out by non-Medical Staff professionals. If those individuals have a question regarding the appropriateness or the order, they should initiate inquiry regarding the order in the following sequence:

- a. Physician who wrote the order.
- b. Physician on call for the patient:
 - Resident
 - Supervising Resident
 - Fellow
 - Attending Physician
 - Department Chairman

If questions remain, the administrative chain of command should be implemented by the individual responsible for carrying out the order.

1514. MEDICAL RECORDS

1514.1 Complete Medical Record for Each Patient

- a. **A complete medical record** contains sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results and promote continuity of care among health care providers.
- b. **Multiple Physicians Caring for Patient:** The attending physician at the time of the patient's discharge is responsible for completion of the medical record including dictation of the discharge summary and signing of the required charts.

1514.2 Immunization and Growth Charts

- a. **Immunization:** It is the policy of The Children's Hospital to promote the immunization of children, immunization status of children will be assessed in all primary care ambulatory areas as well as on an inpatient basis.
- b. **Growth Charts:** It is the policy of The Children's Hospital to assess the development and growth of it's patients, growth charts will be completed on all children who receive primary care services at The Children's Hospital.

1514.3 History and Physical

A history and physical examination shall be completed within twenty-four (24) hours after admission of the patient. A standard history and physical examination report must include the chief complaint, details of the present illness, all relevant past medical, social, and family histories, the patient's emotional, behavioral, and social status when appropriate, and all pertinent findings resulting from an assessment of all body systems. The history should also include a developmental assessment.

The initial written record should include conclusions or impressions drawn from the admission history and physical examination and a statement of the course of action planned for the patient while in the hospital.

In surgical cases, a history and physical must be recorded and placed in the medical record prior to surgery unless any delay incurred for this purpose would constitute a hazard to the patient.

For dental or podiatric patients, a physician member of the Medical Staff, or APN, PA or CHA must be responsible for completing the history and physical exam. This report may be completed up to thirty (30) days prior to admission. The dentist or podiatrist is responsible for documenting those aspects of the history and physical that relate to dentistry or podiatry.

The attending practitioner may use an abbreviated history and physical examination for outpatient procedures including sedation. The chart of such a patient shall include, in addition to a brief history and an appropriate physical examination, a procedure note and a clinical resume or progress note which reflects the diagnosis, treatment rendered, discharge medications and instructions, and disposition. If the patient remains hospitalized over forty-eight (48) hours, a standard history and physical must be initiated and completed within 24 hours.

In a surgical emergency, an admission note including brief history, appropriate physical findings and pre-operative diagnosis is required. If the patient requires admission to the Intensive Care Unit or the Newborn Center, a standard history and physical shall be provided within four (4) hours of admission.

1514.4 Surgical Patients

- a. **Operative Note:** An operative note summarizing the essentials relating to the surgery and the patient's post-operative condition shall be written promptly after surgery by the surgeon or designee on the progress sheet of the patient's record.

This note is to contain the minimum following information:

1. Operation
2. Pre-operative diagnosis
3. Post-operative diagnosis
4. Name of surgeon and assistant(s)
5. Estimated blood loss
6. Fluid replacements
7. Drains
8. Condition of patient to the Recovery Room
9. Complications, including any condition or unusual finding which might affect post-operative care

- b. **Operative Report:** All operations performed shall be described by the operating surgeon or designee. A description, which is the ultimate responsibility of the attending surgeon, shall be dictated or written as soon as possible after surgery.

This report should contain the following information:

1. Operation
2. Pre-operative diagnosis
3. Post-operative diagnosis
4. Name of surgeon and assistant(s)
5. Type of anesthetic
6. A description of the operative procedure including intraoperative findings
7. The specimen submitted to Pathology

8. The quantity of blood loss and replacement thereof
9. Whether any drains have been left
10. Whether intraoperative complications or unexpected conditions or findings arose, particularly if such conditions may affect postoperative care
11. The condition of the patient to the Recovery Room

If not adequately dealt with elsewhere in the chart, this report should also contain:

1. A brief review of the clinical problem necessitating surgery
2. A statement as to the reason for surgery and the fact that it has been discussed with the patient, or appropriate relatives in the case of children, and that those concerned understood the reasons for surgery, the alternatives thereto, the nature of the operative procedure per se, and the substantial risks involved.

The single exception to 1514.4(b) shall be in the instance of myringotomy with tube placement, but only when this is the sole operative procedure for that admission, and when that admission is solely for that single operative procedure. Under such circumstances the approved Short-Term Surgical form may be utilized if desired. This form must be properly filled out and must be completed immediately after surgery. The term "myringotomy with tubes" will be acceptable as a description of the operative procedure; operative findings, however, must be listed in the Progress Notes or Short Term Admission Form.

1514.5 Rubber Stamp Signatures

The use of rubber-stamp signatures is prohibited for medical record completion.

1514.6 Daily Note

A daily progress note by the Attending Physician, Primary Resident, or designee shall be required for each inpatient.

1514.7 Removal of Medical Records

All medical records are the property of the Hospital and shall not be removed from the Hospital except through appropriate legal action; i.e., court order, subpoena or statute. No record may be removed from any area to which it has been signed out without proper notification of the Medical Records Department. No records may be removed to any areas of the Hospital, e.g., offices, sleeping quarters, etc., or sequestered in places so that they are unavailable for use in patient care. (The single exception is when the chart accompanies a patient briefly to another hospital.) All previous records shall be available for use by the Medical Staff and housestaff or allied health personnel under supervision for approved purposes.

1514.8 Medical Records Available to Physicians

Subject to the approval of the Research Institute, the subcommittee for human rights and Director of the Department involved, free access to all medical records of all patients shall be afforded to present and former staff physicians in good standing for bonafide study and research, consistent with preserving the confidentiality of personal information concerning the individual patients.

1514.9 Medical Records Available to Patients or Responsible Guardian

Consistent with state law, the Hospital will make available for inspection to the patient/ parent or his/her designated representative, the patient's medical record which is in the custody of the Hospital. The Children's Hospital form, "Authorization/Request for Patient Access to Medical Records," must be completed prior to the inspection of any medical record. The form may be obtained from Medical Records or Outpatient Department.

1514.10 Medical Record at Time of Discharge

The body of the medical record must be completed and the standard discharge order must be completed and signed by either the house officer or attending physician.

- a. **Discharge Order:** Standard pre-printed discharge orders must be completed prior to discharge. Such orders shall include information critical to the ongoing care of the patient, and shall include documentation of appropriate communication with the PCP. Such orders, when completed, shall

obviate the need for an additional discharge note but not the discharge summary.

- b. **Discharge Summary:** As indicated the discharge order will be filled out, including discharge diagnosis and discharge plan, prior to the patient's discharge. If only a provisional diagnosis can be rendered at the time of discharge a final diagnosis should be provided within 15 days of discharge of the patient. If no final diagnosis is provided, the provisional diagnosis will become the functional final diagnosis.

Discharge summaries for all inpatients (including short-stay) shall be dictated as soon as possible following discharge.

1514.11 Symbols and Abbreviations

Symbols, abbreviations and acronyms that are dangerous and unacceptable may not be used in the medical record. The list of unacceptable terms is maintained by the Pharmacy and Therapeutics Committee and is updated as necessary.

1515. DELINQUENT MEDICAL RECORDS

1515.1 Filing Complete Medical Records

No medical record shall be filed until it is complete, except on order of the Quality Improvement Committee.

1515.2 Delinquent Medical Records-Suspension Policy and Procedure

Purpose: To ensure that all medical records are complete and contain sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course and results, and promote continuity of care among health care providers.

All medical records require completion prior to 30 days post discharge in order to avoid suspension of privileges to provide care (inpatient, outpatient, surgical) at The Children's Hospital.

Medical records with undictated reports (specifically, History and Physical Reports, Operative Reports, and Discharge Summaries) are considered delinquent at 14 days, and all other medical records with deficiencies (for example, requiring signatures) are considered delinquent at 30 days.

The following procedure will be implemented to deal with incomplete and delinquent medical records:

- a. Twice per month, Health Information Management (HIM) personnel will distribute reminder letters to physicians and other care providers listing all incomplete medical records.
- b. Physicians/Practitioners will be notified 72 hours prior to impending suspensions for chart delinquencies by HIM Manager/Director or his/her designee. This call/email will notify physicians of impending suspension if all delinquent records are not completed by the date designated by the HIM Manager/Director.
 - 1. At this time, physicians/practitioners need to communicate any special requests for an extension due to special circumstances (for example, illness). The extension will or will not be granted at the discretion of the HIM Manager/Director or his/her designee.
 - 2. In circumstances in which an extension is granted, an alternative date must be established for completion of medical records. If all incomplete charts are not completed by the date identified, suspension will be issued.
- c. Suspension of privileges will be automatic and without exception if all incomplete records are not completed by 11:00am on the date specified by HIM Manager/Director or his/her designee.
 - 1. The Department Head and Section Head will be notified by the HIM Manager/Director or his/her designee that a suspension has been issued.
 - 2. All privileges to provide care (inpatient, outpatient, surgical) at The Children's Hospital will be suspended.

3. Upon the discretion of the Department Head, suspended physicians can provide care in emergency situations.
4. It will be the responsibility of the Department Head and Section Head to arrange coverage for the suspended physician until the suspension has been lifted.
- d. Privileges will be reinstated once all incomplete records are completed.
 1. All incomplete medical records (all delinquent records, as well as all incomplete but not yet delinquent records) must be completed.
 2. At that time, the HIM Manager/Director or his/her designee will contact the Department Head and Section Head, and reinstatement of privileges will be effective immediately.
- e. Up to four (4) suspensions per physician in a rolling twelve month cycle will be handled as described above. The fourth (4th) letter will include a statement describing the implications of losing medical staff membership and privileges if a fifth (5th) suspension occurs.
- f. The fifth (5th) suspension of any physician within a rolling 12 month period will result in a loss of medical staff membership and privileges, and require reapplication for medical staff privileges according to the Bylaws of the Medical Staff in a fashion similar to that required for any new physician requesting appointment. Loss of medical staff membership will be reportable to the State Board of Medical Examiners and may be reported to the National Practitioner's Databank at the discretion of the State Board.
- g. The Medical Staff Board will be notified of any individuals receiving four (4) suspensions during a rolling twelve (12) month period.

1516. PREVENTION OF CONTAGIOUS DISEASES

- a. **Purpose:** To protect patients and personnel, including medical staff, from the transmission of serious contagious diseases within TCH.
- b. **Procedure:** Universal vaccination is recommended to prevent the acquisition and spread of severe contagious diseases including Hepatitis B, Varicella, and Measles (including Rubella).
 1. Recommended Immunizations for Staff:
 - Tetanus and diphtheria toxoid, booster every ten years
 - Hepatitis B vaccine (series of 3)
 - Influenza vaccine (offered annually to all staff)
 - Measles (MMR) vaccine if unable to document immunity
 - Varicella vaccine if unable to document immunity
 2. OSHA policy requires yearly determination of tuberculosis status of healthcare personnel to screen for tuberculosis acquisition.
 3. At the time of initial application for medical staff privileges all applicants will be required to document their tuberculosis status.
 4. Every year following initial application, a reminder will be sent to medical staff members requesting documentation of a tuberculosis skin test.
 5. All hospital personnel, including medical staff, are required by hospital policy to adhere to all hospital isolation procedures.
 6. By hospital policy, all personnel exposed to certain contagious diseases must be excluded from contact with patients and staff at The Children's Hospital during their potentially contagious period unless they can document prior immunity.

1516.1 PRACTITIONER HEALTH

It is the policy of The Children's Hospital Medical Staff to work with its members to maintain appropriate physical, emotional and mental health. This is necessary for an effective Medical Staff, and in the interest of patient safety. The TCH Medical Staff:

1. Provides for education of members about illness and impairment recognition issues specific to LIPs (at risk criteria).
2. Provides support for its members to self-refer.
3. Provides support for referral by others and confidentiality of informants.
4. Provides information on contacting the Colorado Physician Health Program or other appropriate internal or external resource for evaluation, diagnosis and treatment of the condition or concern.
5. Maintains the confidentiality of the LIP seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the health and safety of a patient is threatened.
6. Evaluates the credibility of each complaint, allegation or concern with regard to its members.
7. Monitors the affected member and the safety of patients until rehabilitation or any disciplinary process is complete, and periodically thereafter if required.
8. Reports to the organized Medical Staff leadership any instance in which an LIP is providing unsafe treatment.

1517. DRUGS

1517.1 Used in the Hospital

Drugs used shall be those listed in the United States Pharmacopoeia, National Formulary, or specifically reviewed and approved by the Pharmacy and Therapeutics Committee and listed in the Formulary of Approved Drugs for The Children's Hospital, with the exception of drugs for approved clinical investigations. Exceptions to this rule must be approved by the Chairman of the Pharmacy and Therapeutics Committee or the Director of Medical Affairs.

1517.2 Automatic Discontinuation of Drugs

Certain drugs specified by the Pharmacy and Therapeutics Committee that are ordered without time limitation of dosage shall be automatically discontinued after a specified period. Drugs should not be discontinued without notifying the attending physician or resident physician.

1518. HARASSMENT POLICIES

a. Purpose: The Children's Hospital and the Medical Staff are committed to providing a professional, non-discriminatory work environment for employees and members of the medical staff. This policy will define how the Medical Staff relates to the TCH policy on harassment.

b. Definition:

Harassment, as used in this policy, is conduct relating to an individual's race, age, religion, color, sex, sexual orientation, national origin, marital status, veteran status, or mental or physical handicap which has the purpose or effect of creating a hostile, intimidating or offensive work environment, or of unreasonably interfering with an individual's work performance. For purpose of this policy, harassment also includes any form of physical abuse or verbal abuse of such significant character and nature that no person of reasonable sensitivities should be expected to tolerate it in the workplace.

Sexual Harassment, is unwanted sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, living conditions and/or educational evaluation; (2) submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individual; (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or educational environment.

For purposes of this policy, formal complaints are those that are reported in writing and result in a formal investigation. Informal complaints are those that are reported either in writing or orally and resolved through means (e.g., mediation) other than a formal investigation. All parties may agree to mediation as an alternative to a formal investigation.

c. Procedure: Mediation may be initiated with the consent of all Parties. It may be used as an alternative to a formal investigation.

1. Harassment of Employee/Non-Employee by a Medical Staff Member

- i) Complaint may be filed by:

- Person harassed
 - Supervisor of person harassed
 - Anyone observing incident
- ii) Complaint filed with the Vice President of Human Resources
- iii) The Vice President of Human Resources or designee notifies the President of the Medical Staff
- iv) The Vice President of Human Resources or designee will cause a confidential investigation to be conducted.
- As part of either the informal or formal procedures, a designated outside professional may be used to investigate, mediate or otherwise handle a complaint so long as the professional is properly trained and adheres to the requirements of this policy.
 - Confidential investigation will commence within 5 working days of receiving formal complaint and will make every attempt to complete within 14 days of commencement. The affected practitioner shall receive written notice of formal complaint. This shall be done within three business days and shall be delivered to the last known address provided to the Medical Staff Office by the affected practitioner.
- v) The Vice President of Human Resources shall report results of the investigation to the President of the Medical Staff.
- vi) The President of the Medical Staff and the Vice President of Human Resources or designee will make a recommendation to the Medical Board Executive Committee

2. Harassment of Medical Staff Member by Employee/Non-Employee

- i) Complaint may be filed by:
- Person harassed
 - Medical Department Head
 - Anyone observing incident
- ii) Complaint filed with the Vice president of Human Resources, designee or the President of the Medical Staff.
- iii) The Vice President of Human Resources will cause a confidential investigation (on referral from the President of the Medical Staff) to be conducted.
- As part of either the informal or formal procedures, a designated outside professional may be used to investigate, mediate or otherwise handle a complaint so long as the professional is properly trained and adheres to the requirements of this policy.
 - The investigation shall be conducted under the Hospital's Sexual Harassment/Discrimination Policy.
- iv) The Vice President of Human Resources shall report results of the investigation to the President of the Medical Staff.
- v) The Vice President of Human Resources and the President of the Medical Staff will make recommendation to the Chief Executive Officer.

3. Harassment of Medical Staff Member by Medical Staff Member

- i) Complaint may be filed by:
- Person harassed
 - Medical Department Head
 - Anyone observing incident
- ii) Complaint is filed with the President of the Medical Staff.
- iii) The President of the Medical Staff will cause a confidential investigation to be done.
- As part of either the informal or formal procedures, a designated outside professional may be used to investigate, mediate or other wise handle a complaint so long as the professional is properly trained and adheres to the requirements of this policy.
 - Confidential investigation shall commence within 5 working days of receiving formal complaint and shall be concluded within 14 days of commencement. The affected practitioner shall receive written notice of formal complaint. This shall be done within three business days and shall be delivered to the last known address provided to the Medical Staff Office by the affected practitioner.
- iv) The President of the Medical Staff shall report results of investigation to the Medical Board Executive Committee.

- v) The President of the Medical Staff and the Medical Board Executive Committee will make recommendation to the Medical Board.
- 4. **All Formal Complaints:** must be filed within 365 days of the occurrence of the incident. In the case of alleged continuing sexual harassment or retaliation, the complaint must be filed within 365 days of the last incident considered to be sexual harassment or retaliation.
- 5. **Medical Board Executive Committee:** At the conclusion of the investigation of a formal complaint, the Medical Board or the Medical Board Executive Committee must determine whether there was a policy violation. A policy violation will be found where any or all of the claims of sexual harassment or related retaliation are found by a preponderance of the evidence to have occurred. A policy violation will not be found where there is a lack of a preponderance of the evidence to support any of the claims of sexual harassment or related retaliation in the complaint. If a policy violation is found, it must be determined whether corrective action is warranted. If a corrective action is warranted, then the corrective action proceeding according to the Medical Staff Bylaws will be initiated.
- 6. **Protection Against Retaliation:** The Children's Hospital and its Medical Staff will not tolerate any retaliation against or intimidation of any individual who has registered a harassment complaint or who has cooperated in connection with the investigation. Any violation of this policy shall be considered an independent cause for discipline, regardless of the merits of the underlying harassment charge. Intentionally submitting a false complaint of harassment may be grounds for disciplinary action.

1518.1 DISRUPTIVE MEDICAL STAFF /HOUSESTAFF MEMBER POLICY

It is the policy of The Children's Hospital that all individuals (including patients, parents, visitors, Medical Staff Members, employees, nursing staff and volunteers) within its facilities, both on and off campus, *be treated with dignity, respect, and courtesy*. To this end, The Medical Staff requires that members in all categories (Active, Active Referral, Associated Scientific, Adjunct, Provisional, Allied Health, Courtesy and Honorary) conduct themselves in a professional and cooperative manner while in the hospital, outpatient clinics, satellite facilities or while otherwise engaged in hospital business. It is the intention that this policy be enforced in a firm, fair and equitable manner.

This policy promotes a safe, collaborative, and professional environment, and prevents or eliminates, to the extent possible, conduct which disrupts the operation of the hospital or affects the ability of others to perform their jobs.

- a. **Definition:** Disruptive Conduct includes but is not limited to:
 - 1. Attacks (verbal or physical) that are personal, rude, disrespectful, or go beyond the bounds of fair professional conduct, directed toward other members of the Medical Staff, hospital personnel, or patients/families;
 - 2. Impertinent or inappropriate comments, verbal or written, disrupting the quality of care within the Hospital, attacking other individuals designated above, or disregarding hospital policies;
 - 3. Non-constructive criticism addressed to its recipient or recipients in such a way as to intimidate, undermine confidence, belittle or imply incompetence;
 - 4. Refusal to participate in committee or departmental affairs as required, or participating in a disruptive manner.
- b. **Documentation** of Disruptive Conduct is critically important and shall include:
 - 1. The date and time of the questionable behavior
 - 2. If the behavior affects or involves a patient/family member in any way, the name of the patient
 - 3. The circumstances precipitating the situation
 - 4. A description of the questionable behavior in a factual and objective manner

Any Medical Staff/Housestaff member, nursing staff, employee, patient, parent or other visitor may report what they consider to be Disruptive Conduct. The individual reporting such behavior need not be a party to the conduct but may be an observer of such conduct. If the individual chooses not to complete a written report, the incident can be discussed with the appropriate Division In-Chief or President of the Medical Staff, who then will complete the written report.

The report (documentation) shall be submitted to the President of the Medical Staff, and copies forwarded to the appropriate Division In-Chief and Department Chairs. Once received, a report will be investigated *within one week*. Reports that are not founded may be dismissed by the President of the Medical Staff, and the individual initiating such report will be notified. Those reports considered valid will be addressed as follows:

- a. If, in the judgment of the President of the Medical Staff, the incident involved harassment or sexual harassment, as outlined in the Medical Staff Harassment Policies, or mental or physical impairment with potential adverse effects on the health, safety or welfare of patients or others as outlined under Article VII, Section 1 Corrective Action in the Medical Staff Bylaws, the appropriate procedures will be followed.
- b. A *single confirmed incident* of Disruptive Conduct warrants a discussion with the offending Medical Staff/Housestaff member. The President of the Medical Staff (*or designee*), or the Director of Medical Affairs (*or designee*), and the appropriate Division In-Chief (*or designee*) will personally meet and discuss the disruptive conduct with the Medical Staff/Housestaff member. Within 48 hours, the President of the Medical Staff will send a letter summarizing the meeting to the Medical Staff/Housestaff member with a copy to the Department Chair and Division-In-Chief. A copy of the letter shall be maintained in the practitioner's confidential file in the Medical Staff Office.
- c. If the complaint reflects a *second offense*, or suggests a *pattern of disruptive behavior*, the *President of the Medical Staff (or designee), the CEO (or designee), and either the Director of Medical Affairs (or designee) and the appropriate Division In-Chief (or designee)* shall meet with the practitioner and review the complaint (within one week of the report being considered accurate.) If this second incident occurs longer than two years of the first incident, then it will be considered a first incident for timing purposes. Within 48 hours, the President of the Medical Staff will send a letter summarizing the meeting to the Medical Staff/Housestaff member with a copy to the Department Chair and Division In-Chief. This letter will advise the Medical Staff/Housestaff member that the next incident will result in Corrective Action under Article VII of the Medical Staff Bylaws.

If a third incident occurs within two calendar years of the first incident, Corrective Action, according to Article VII of the Medical Staff Bylaws, is mandatory. This action will be reported to the National Practitioner Data Bank.

1519. ANESTHESIA/SEDATION

1519.1 Basic Standards of Anesthesia Care

- a. **Surgical Anesthesia:** Pre-anesthetic evaluation and preparation by a responsible independent licensed practitioner requires that s/he:
 1. Shall be responsible for determining the medical status of the patient, developing a plan of anesthesia care, and acquainting the patient or the responsible adult with the proposed plan. The development of an appropriate plan of anesthesia care is based upon:
 - Reviewing the medical record
 - Interviewing and examining the patient to:
 - Discuss the medical history, previous anesthetic experiences and drug therapy
 - Assess those aspects of the physical condition that might effect decisions regarding preoperative risk and management
 - Obtaining and reviewing tests and consultations necessary to the conduct of anesthesia
 - Determining the appropriate prescription of pre-operative medications as necessary to the conduct of anesthesia. The responsible anesthesiologist shall verify that the above has been properly performed and documented in the patient's record.
 - Assign an appropriate ASA physical status number.

These standards apply to all patients who receive anesthesia or monitored anesthesia care. Under unusual circumstances, e.g. extreme emergencies, these standards may be modified. If this is the

case, the circumstances shall be documented in the patient's record.

1519.2 Sedation Guidelines and Credentials

a. Purpose:

1. To provide uniform guidelines for safe and effective sedation.
2. To establish expectations for appropriate care and interventions, including monitoring and documentation, for those pediatric patients receiving sedation for procedures.
3. Educate health care professionals in the use of The Children's Hospital Sedation Guidelines.

b. Goals:

1. Minimize physical discomfort, pain and anxiety.
2. Guard the patient's safety and welfare.
3. Minimize negative psychological or physical responses to treatment by providing analgesia and maximize the potential for amnesia.
4. Avoid adverse effects of sedation.

c. Sedation Guidelines and Credentials: See Exhibit A.

1520. PATHOLOGY

1520.1 Laboratory Testing

- a. Laboratory tests are to be ordered on the basis of the patient's condition, based on medical evaluation and judgment.
- b. Laboratory tests require a written order in the patient's medical record.
- c. The responsibility for the performance, evaluation, quality assurance and regulatory compliance of clinical laboratory testing lies with the Department of Pathology of The Children's Hospital.
- d. Any laboratory test which may affect patient care is to be performed in a laboratory which has documented evidence of regular inspection and current certification by the CAP or the JCAHO.
- e. Blood banks considered for inclusion in patient care at TCH must be in compliance with Federal guidelines.

1520.2 Autopsy

- a. Any time a death is reported to the Coroner's Office, the death must also be reported to the State Health Department through the Quality and Risk Management Department. This reporting must be done within 24 hours.
- b. Guidelines for reporting to the Coroner's Office can be found in the Medical Staff Office, the Quality and Risk Management Department and in the Death Packet.
- c. Every member of the medical staff is expected to be actively interested in securing autopsies. All autopsies shall be performed by a hospital pathologist or by a physician delegated this responsibility or as designated by the Coroner's Office. In those cases in which mandatory autopsy is required by the Coroner, the Coroner must be contacted and the family notified.
- d. No autopsy shall be performed without:
 - i) Written consent of nearest of kin to the deceased or legally authorized agent; or
 - ii) Verbal (telephone) authorization by the nearest of kin to the deceased when such authorization is witnessed by two persons. (Signatures required on autopsy permits.)
- e. The medical staff of The Children's Hospital (TCH) should attempt to obtain permission for a complete or restricted autopsy for each death based on the following criteria:
 - i) All deaths of TCH inpatients or outpatients, especially under the following circumstances:
 - ii) Any death meeting the requirements for coroner notification, which the coroner declines (see Coroner's case requirements as below).
 - iii) Any death in which the disease process is not entirely understood or in which clinical questions remain unanswered at the time of death.
 - iv) Any death of a patient on a new experimental protocol where the potential adverse or beneficial effects of the therapy are not completely known.
 - v) Any death which may have genetic implications for the patient's family.
 - vi) Any death resulting from complications of organ or tissue transplantation.
 - vii) Any death in which beneficial information might be obtained that could affect future patient management and outcome.
- f. All Coroner's cases. The responsible physician must decide from the history, examination and circumstances whether or not a death is under the jurisdiction of the Coroner's office. Cases which are

required by law to be reported immediately after expiration to the office of the Coroner are:

- i) All DOA's: deaths without physician attendance.
 - ii) All patients who expire within 24 hours of admission to the institution.
 - iii) All cases in which the attending physician has not been in actual attendance within 30 days prior to death.
 - iv) Deaths where the attending physician is unable to state the cause of death.
 - v) Deaths by poison, or suspicion of poison, including chemical and bacterial food poisoning, industrial poisoning.
 - vi) All known or suspected accidents, suicides or homicide (falls, drowning, poisoning, industrial accidents, all cases of suspected criminal negligence, etc.). These cases should be reported even though death may be attributed only indirectly to the trauma.
 - vii) Any patient who has sustained a fracture either prior to or during that patient's admission to the hospital.
 - viii) Deaths closely associated with or allegedly caused by therapeutic substance, procedure or operation (i.e. deaths under anesthesia in the operating room, and following transfusion).
 - ix) Death in which trauma may be associated with the death regardless of length of stay in the hospital.
 - x) Deaths due to unexplained cause or under suspicious circumstances.
 - xi) Deaths by abortion except fetal deaths resulting from therapeutic abortion.
 - xii) Deaths resulting from a disease which may be hazardous or contagious or which may constitute a threat to the health of the public. When in doubt, report the case to the Coroner's office and they will decide if death is reportable.
- g. Procedure: Criteria for Autopsy.**
- i) Death Procedures Packets are located at each nursing unit which contain:
 - Death note guidelines - medical record documentation of death.
 - Death certificate with instructions.
 - Criteria for reporting death to Coroner's office.
 - Authorization for autopsy and/or limited procedures with instructions.
 - Organ Donor Protocol on file in PICU/Newborn Center.
 - "Post-mortem Care" - a nursing procedure.
 - ii) The physician requesting the autopsy will have the parent or legal guardian sign the authorization for autopsy form. Permission by telephone is also acceptable but requires an additional witness' signature. If the parent does not want an autopsy, the request and denial should be documented in the medical record.
 - iii) The physician must notify Pathology that autopsy permission has been obtained. In order to facilitate communication and make the autopsy relevant, the physician should personally contact the pathologist to discuss the case.
 - iv) The pathologist will notify the physician when the autopsy is being performed. In order to facilitate this, the physician's name and telephone or pager number should be clearly written on the Autopsy Permit.
 - v) Autopsy findings will be used as a source of clinical information in quality improvement activities including Mortality & Morbidity Conferences, Clinical/Pathologic Correlation Conferences and others.

1521. The Practitioner Review Team: Procedures and Organization

The Practitioner Review Team (PRT) is a subcommittee of the Medical Staff whose purpose is to review and evaluate the professional conduct, quality and appropriateness of care provided by members of the Medical Staff. The PRT reports to the Medical Board through the Medical Executive Committee (MEC.) The PRT review process occurs in stages as outlined below. Every effort is made to ensure a timely process.

Definitions

- a.** Peer: Individuals with similar degrees and/or education.
- b.** Preliminary screening: Screening performed by Division In-Chief, or by the Chair of PRT and the Risk Manager.
- c.** Initial review: A formal review of the incident or event at a regular or special meeting of the PRT.
- d.** Review result: Physician's responsibilities regarding patient care or management as described in the peer review screening abstract

- e. Notification: Copies of all correspondence to the practitioner shall be sent to the Division In-Chief and the Department Chair.
- f. Reporting: The PRT shall report to the MEC at least quarterly or sooner if necessary. The report shall consist, at a minimum, of a summary of all cases reviewed.

Membership (10) and Meeting Schedule

- a. The Medical Executive Committee shall appoint nine members to the PRT, two from each division of the Medical Staff and three from the Medical Staff at large.
- b. The Past President of the Medical Staff shall be the tenth member and shall serve, ex-officio, for a two-year term. All other members shall serve a three-year term, renewable once.
- c. A Chairman and Vice Chair will be appointed from the PRT membership by the President of the Medical Staff and the Vice President for Medical Affairs, with the approval of the Medical Executive Committee. The Chair shall serve for three years, **renewable once**.
- d. Meetings shall be held monthly, unless there are no cases to review.

Circumstances that must be reviewed

- a. Unexpected death or serious disability that occurs during or soon after procedures and discharge from the hospital and/or clinic.
- b. Complaints from patients or parents indicating serious dissatisfaction with care provided by practitioners.
- c. Circumstances that may require notification to the Board of Medical Examiners and other authorities.
- d. Request for review by members of the Medical Staff.
- e. Any case receiving a 3 or 4 at Department M&M

Circumstances that *may* be reviewed after preliminary screening by the Division In-Chief, or Chair of PRT and Risk Manager

- a. Medical Record screens
- b. Incident Reports

Initial Review Process

- a. Cases for initial review will be presented at either regular or special meetings of the PRT, with a quorum of the members present
- b. Practitioners whose cases will be presented for initial review will be notified
- c. The practitioner will not be invited to the initial review, but may attend at the discretion of the Chairman
- d. Special meetings may be called at the discretion of the Chairman after consultation with the Division In-Chief when the preliminary screening suggests that potential harm may occur should the review be delayed until the next regular meeting
- e. A reviewer for each individual case will be selected, based on the individual having experience in the area of practice involved.
- f. A reviewer who is in competition with the practitioner under review will not be selected as the primary reviewer, but may contribute evidence regarding appropriate practice in response to questions from other members of the team.
- g. The PRT may request that members of the Medical Staff who are not currently members of the PRT may assist the team by reviewing cases when special expertise is required. The ad-hoc member of the Medical Staff may contribute to subsequent discussion but will not vote regarding disposition of the case under review.
- h. The reviewer will prepare the case for review by examining the chart and other available material such as autopsy and pathology reports before presenting the case to the PRT
- i. The PRT will discuss the case after presentation by the reviewer and will assign a review result 1, 2, 3 or 4 (Attachment C) by a majority vote. The opinions of the minority shall be noted in the minutes
- j. If the PRT determines that the conduct of the practitioner met the standards of care (Review Result 1 or 2) the practitioner will notified that the case was reviewed and that his/her management was considered appropriate (Attachment D). No response will be required, but the practitioner will have the opportunity to discuss the matter with the PRT if he or she so wishes.

- k. When the initial review suggests that there are remaining or persisting concerns regarding the practitioner's conduct, quality and appropriateness of care, the practitioner will be invited to participate in a "further review" of the case. (Attachment E)

Further Review Process

- a. The practitioner must participate in the Further Review Process. A written response may be adequate, but the PRT shall have the option of requiring the physical presence of the practitioner at the further review.
- b. If the practitioner fails to participate he/she will be subject to corrective action, which may include summary suspension.
- c. The team will also consider the conclusions from departmental M&M meetings and such other information as may be available.
- d. The practitioner may provide information such as articles from the literature supporting his/her management.
- e. The review process is a peer process and legal representation is not appropriate at this stage (C.R.S. §12-36.5.) The team will discuss the case when all appropriate material has been considered and assign a review result by majority vote. The opinions of the minority (if any) and of the practitioner under investigation will also be recorded in the minutes or attached thereto.
- f. If the team concludes that the management was appropriate, the case is assigned a 'review result 1 or 2,' the investigation is closed, and the practitioner will receive the appropriate letter
- g. Should the team decide that the care was inappropriate, the case is assigned a review result 3 or 4

Review Result 3

- a. Review result 3 indicates the PRT has identified a quality or management concern, but that no corrective action is recommended.
 - The practitioner will receive a letter explaining the PRT's concerns and will be advised that he/she has the right to add a written response to the file, or to appeal the recommendation to the President of the Medical Staff, requesting an independent review
 - The PRT may recommend changes in procedures or educational efforts including discussion at departmental M & M meetings to improve performance and quality of care by the organization

Review Result 4

- a. Review result 4 indicates the team identified serious quality or management concerns that are outside the usual standard of care.
 - The practitioner will receive a letter explaining the PRT's concerns and will be advised that he/she has the right to add a written response to the file, and the right to appeal the PRT recommendation to the President of the Medical Staff or request an independent review prior to corrective action.
 - The practitioner will also receive information concerning his/her rights under Article 8 of the Medical Staff Bylaws.

External Review

- a. Either the PRT or the practitioner being reviewed may request an external review when
 - Practitioners with suitable expertise to review the case are not available within the hospital, either for reasons related to competition or business association
 - When the area of concern is so specialized that other practitioners with the expertise to review the case are not available from within the Medical Staff

Timeliness

- a. Completion of the review process in a timely fashion is important both in consideration of the rights of the practitioner under review, and of concerns to ensure the highest standards of care in the institution
- b. The standards for timeliness shall be
 - Completion of the preliminary screening within 10 days of identification of the event
 - The initial review will be completed within 90 days from identification of the event

1522. TRAUMA POLICIES

a. Purpose: To monitor the management of every child admitted to The Children's Hospital for the care of traumatic injuries.

1. To deliver and/or ensure appropriate trauma care for all injured children who require admission for observation and treatment for the following categories of injuries:
 - Multi-organ system injuries, especially when two or more of the patient's injuries are each serious enough on their own to warrant admission.
 - Blunt trauma of the torso, clinically documented or highly suspect by mechanism of injury.
 - Injuries to the extremities secondary to major mechanism of injury.
 - Any penetrating injuries of the head, neck, torso, or proximal extremities.
 - Cardio-respiratory compromise, transient or persisting, associated with a history of significant trauma.
 - Significant blunt trauma to the head.
2. To initiate acute care of injured children who meet specific anatomic or physiologic criteria suggesting significant trauma. (See appendix A Trauma Response)
3. To provide assessment and direction in the management of all injured patients transferred to TCH from another facility.
4. Patients transferred within 48 hours of injury will be seen in the ED, for ED and trauma valuation. If at any time the patient meets Trauma response criteria, the Trauma Team will be activated.
5. Patients transferred after 48 hours post-injury but within 7 days of injury may proceed directly to an inpatient unit, and a trauma evaluation will be performed within 2 hours of arrival.
6. To support the Trauma Program as a center of excellence, the Trauma Team (Trauma Director, Coordinator, Registrar, Surgery Housestaff, Nursing, and Social Services) will conduct organized rounds on Monday, Wednesday, and Friday on all trauma patients. This includes all patients who have been admitted to the Trauma Service, or to an alternate service, with a trauma evaluation.
7. It is important to note that primary responsibility for the patient's care lies with the attending physician of record. Therefore, these trauma rounds will not only provide concurrent QA/QI but should also serve as a resource for the child and physician.
8. In preparation for programmatic review and periodic re-verification, documentation of trauma rounds will be made in the medical chart.
9. To obtain the requisite information necessary for a trauma registry and a database for utilization in QA/QI and research, all trauma patients admitted to TCH will be reviewed by the Trauma Registrar.
10. Clinical and operational protocols will be reviewed and refined based on the data, in order to maintain the highest quality of care for injured children within the region.
11. To assure the integral role of the PCP in the support and development of the Trauma Program, the Trauma Service will mandate that the PCP be notified of the patient's admission within 1 hour, preferably by the attending physician in the Emergency Department or the attending surgeon. To facilitate this communication, notification of the PCP will become part of the standard Trauma Service Admission Orders. Trauma Service will facilitate daily communication between the trauma care provider and the PCP, during the child's hospital stay.

b. Trauma Response (Appendix A)

The Trauma Service has developed a multi-disciplinary Trauma Team to respond to the most critically injured patient. The Trauma Team is activated for patients meeting the following criteria.

1. General
 - i) Glasgow Coma \leq 12
 - ii) Bleeding Disorder/Anticoag
 - iii) Trauma Score \geq 12
2. Physiologic
 - i) Traumatic Shock (tachycardia, cap refill, hypotension, hemorrhage)
 - ii) Respiratory Distress (tachypnea, retraction, altered BS, hypoxia)
 - iii) Impaired Airway/Ventilation
 - iv) Suspected Spine Injury
 - v) History of Cardiac Arrest/CPR
 - vi) Multisystem Trauma

- vii) Pelvic or ≥ 2 Long Bone Fractures
 - viii) Abdominal Wall Ecchymosis
 - ix) Flail Chest/Pneumothorax
 - x) Significant Facial or Neck Injury
 - xi) Burns
 - $\geq 30\%$ TBSA
 - Inhalation
 - Airway Compromise
 - xii) Neurologic Injury
 - Deterioration
 - Limb Paralysis
 - xiii) Amputation (Proximal)
3. Mechanism
- i) All Penetrating Injuries (except to distal extremities)
 - ii) All Crush Injuries (except to distal extremities)
 - iii) Falls ($+20$ ft)
 - iv) MVA
 - Prolonged Extrication
 - Death of Occupant
 - Ejection
 - Major Damage/Intrusion into Passenger Compartment
 - v) Pedestrian
 - Speed ≥ 25 MPH
 - Dragged or Thrown > 10 ft.
 - vi) Air Transport from Scene

Patients for whom the Trauma Team is activated will be admitted to the Trauma Service.

Those patients not meeting the criteria for Trauma Team activation, but who require admission to the hospital for their injury, will be evaluated by the ED attending MD, and will have a trauma evaluation done.

1523. POLLING OF MEDICAL STAFF

By November 1st every two years the President for the coming year shall poll the Medical Staff seeking individuals to serve on various committees. The President for the coming year, or his/her representative, will contact each member before final assignment to a committee.

1524. DISASTER ASSIGNMENTS AND MEDICAL STAFF

All physicians on the Medical Staff are subject to assignment to posts, either in the hospital or in an auxiliary hospital, or in mobile casualty stations. It is their responsibility to report to their assigned stations. No physician will perform any duties other than those assigned. In cases of evacuation of patients from one section of the hospital to another or evacuation from hospital premises, the emergency service and the responsible administrative person will authorize the movement of patients. All policies concerning patient care will be set forth in a disaster plan as approved by the Medical Board. The emergency disaster plan shall be rehearsed twice a year and evaluated for effectiveness.

1524.1 DISASTER PRIVILEGES FOR NON-MEDICAL STAFF MEMBERS

Disaster privileges will be granted on a case by case basis only when the Emergency Response Plan has been activated. The individual who has been granted disaster privileges will work, if possible, under the supervision of an Active Medical Staff member assigned to the area for which disaster privileges have been granted.

Identification of a practitioner seeking disaster privileges may include one or more of the following:

- A current hospital picture ID card
- A current medical license and a valid picture ID issued by a state, federal or regulatory agency
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT)

- Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity.)
- Presentation by current hospital or Medical Staff member(s) with personal knowledge regarding practitioner's identity and/or competence.

Each individual granted disaster privileges will be given a name tag specially designed with the identification of the practitioner and privileges granted. Credentials verification for individuals granted disaster privileges will be accomplished as soon as practicable. The provider will supply the Medical Staff Office with copies of appropriate documentation available which may reasonably be relied upon to determine the competence and ethical standing of the applicant.

1525. ALLIED HEALTH PRACTITIONERS

Allied Health Practitioners including Licensed Social Workers, Physician's Assistants, Child Health Associates, Dental Assistants, Surgical Assistants, Intraoperative Monitoring personnel and others, may be afforded Allied Health privileges.

Privileges for practice by an Allied Health Practitioner will be reviewed annually. At the time of initial appointment and reappointment, the Allied Health Practitioner will submit a description of the services he/she would like to perform. It is the responsibility of the cognate hospital-based Department Chair to determine whether such services are needed, and to recommend approval of the Allied Health Practitioner's application to the Medical Staff Credentials Committee.

Privileges for Allied Health Practitioners will automatically terminate when the employing/sponsoring physician is no longer on the Active Medical Staff, or is subject to disciplinary action by either the Hospital's Medical Staff or the State Board of Medical Examiners, or when the employing/sponsoring physician and the Allied Health Practitioner terminate their association. It is the responsibility of the employing/sponsoring physician to notify the Medical Staff Office when his/her association with the Allied Health Practitioner is terminated. The supervising physician has the responsibility for complying with state law and Board of Medical Examiner rules on protocols, nature of supervision, chart review and co-signatures. The supervising physician is responsible for a dependent Allied Health Practitioner's care and can be subject to corrective action for problems that may arise.

a. Procedure

1. Allied Health Practitioners that are not employed by the Hospital (Hospital employees will have their credentials and competency verified according to Hospital Policies and Procedures), must apply for Allied Health privileges through the Medical Staff Office.
2. The Medical Staff Office will complete primary source validation. Once complete, the application will go to the appropriate Department for approval by the Department Chair.
3. The Credentials Committee will review the application and make recommendation to the Medical Board for final approval.

1525.1 Advanced Practice Nurses

Privileges for practice by Advanced Practice Nurses (APNs) will be managed by the Nursing Credentials Review Board (NCRB) using a parallel process to that of the Medical Staff Office. The process by which the NCRB grants initial and continued privileges for APNs shall be reviewed and approved periodically by the Credentials Committee and the Medical Board.

1526. DUES AND STAFF MEMBERSHIP

Staff membership dues assessed upon the Active, Active Referral, Associated Scientific, Provisional and Courtesy Staffs are payable to The Children’s Hospital Medical Staff Fund prior to October 1 of each year. The Medical Board will determine each year the amount of dues necessary for staff functions. Dues are for the year, July 1 through June 31. All money derived from membership dues shall be used for the customary Medical Staff activities or such purposes as approved by action of the Medical Staff or the Medical Board. Non payment of dues shall automatically result in Inactivation of staff privileges.

Medical Staff Category	Departmental Meeting Requirements	Committee Participation Eligibility	Medical Board Eligibility	Medical Staff Dues	Liability Insurance Required	Teaching	Service, Referrals and Obligations as Determined by the Department	Serve as Consultant	Recredentialing
Active	Yes	Yes	Yes	Yes	Yes	Encouraged	Yes	Yes	Every 2 years
Active Referral	Encouraged	Yes	Yes	Yes	Yes	Encouraged	Primary Care Referrals	Yes	Initial, one-time full credentialing; thereafter maintain on file with Medical Staff Office: <ul style="list-style-type: none"> • Malpractice Insurance Certificate • Current Medical License • DEA number • Information on health, loss of privileges, substance abuse, and malpractice litigation. May only serve with Active Co-Attending, or with case specific temporary privileges
Courtesy	No	No	No	Yes	No	N/A	N/A	No	No
Associated Scientific	Yes	Yes	Yes	Yes	Variable	Encouraged	N/A	If defined	Every 2 years, requires appointment to a specific department. Based on specific duties or services.
Provisional	Yes	Yes	No	Yes	Yes	Encouraged	Yes	Yes	After six months, status reviewed and reclassified into appropriate category.
Adjunct	No	Yes	No	Yes*	Variable	N/A	N/A	No	Every 2 years, requires appointment to a specific department. Based on specific duties or services.
Honorary	No	No	No	No	No	Encouraged	N/A	No	No

*Dues reflect the cost of credentialing only

1527. DELINEATION OF PRIVILEGES FOR THE DIVISION OF MEDICINE

*Note: Non-physicians who hold a doctorate degree providing counseling, educational, research, technical and/or administrative functions within the Department may apply for membership as Associated Scientific Medical Staff. Such individuals can provide services within the limits defined by their training, experience, licensure and all relevant Hospital and Department policies and standards.

Department of Pediatric Medicine

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting privileges--initial appointment and/or reappointment in the Division of Medicine (pediatricians, general practitioners, family physicians, and non-pediatrician specialists). Privileges granted shall be commensurate with the training, experience, competence, judgment, character, and current capability of the candidate.

Select the category that best describes the severity of illness you expect to treat **independently** within the hospital and for which you are qualified to apply on the basis of your **training or experience**. The department has in place a mechanism to assure that all individuals with clinical privileges provide services within the scope of privileges granted.

It should be recognized that all staff physicians are granted privileges to perform emergency, life-saving procedures.

- CATEGORY I: Treatment of illnesses, injuries, or conditions with no serious threat to life. Consultation with a physician holding higher level of privileges must be sought when doubt exists as to the diagnosis or in cases in which improvement is not apparent.
 - ◆ Usually granted to practitioners with training and experience in the management of these conditions.
 - ◆ Physicians in this category may apply for privileges to perform pediatric procedures that carry low risk for the patient: Level I Pediatric Procedures.

- CATEGORY II: Treatment of complicated illnesses, injuries, or conditions requiring skills usually acquired during post-internship in Pediatrics or as a consequence of experience. These are usually conditions with no significant risk to life. Consultation with a physician holding Category III or IV privileges must be sought in those situations in which improvement is not apparent.
 - ◆ Physicians may apply for privileges in this category if they supply evidence of either their experience, formal training, or demonstrated competence (e.g., number of procedures performed or types of clinical cases).
 - ◆ Physicians in this category may request privileges to perform pediatric procedures that carry low to moderate risk for the patient: Level I-II Pediatric Procedures.

- CATEGORY III: Treatment of complex, severe, or serious illnesses or conditions with immediate or serious threat to life. Requires skills usually achieved only during training sufficient to attain eligibility for Board Certification in Pediatrics, but, on occasion, also as a consequence of substantial experience in practice with children.
 - ◆ Physicians applying for privileges in this category should have Board certification/eligibility with active pursuit of certification in Pediatrics or provide evidence of significant experience in the care of the seriously ill child.
 - ◆ Physicians in this category may apply for privileges to perform pediatric procedures which include those described for Category II, as well as those that do carry a significant threat to life: Levels I, II and III Pediatric Procedures.

□ CATEGORY IV: Treatment of unusually complex or critical illnesses, injuries, or conditions requiring a high degree of expertise or competence in techniques or treatment modalities requiring special skills. Such competence is usually acquired after extensive post-residency subspecialty training or considerable experience beyond Board Certification in Pediatrics.

- ◆ Physicians applying for privileges in this category should have Board Certification/eligibility in Pediatrics and extensive post-residency subspecialty training. Alternatively, pediatricians without formal subspecialty training and non-pediatricians with subspecialty Board certification applying for privileges in this category should provide evidence of significant experience in the management of pediatric patients with these complex conditions.
- ◆ Physicians in this category may apply for privileges to perform pediatric procedures which include those described for Category II, as well as those that do carry a significant threat to life: Levels I, II and III Pediatric Procedures.
- ◆ Physicians applying for Category IV privileges must indicate which special condition or pediatric subspecialty falls into the applicant's expertise:

- | | |
|--|---|
| _____ Adolescent Medicine | _____ Family Practice (*) |
| _____ Allergy, Immunology & Rheumatology (*) | _____ Gastroenterology/Hepatology (*) |
| _____ Cardiology (*) | _____ Genetics/Metabolism/Birth Defects |
| _____ Child Abuse and Neglect (*) | _____ Hematology/Oncology/BMT (*) |
| _____ Child Development (*) | _____ Infectious Disease (*) |
| _____ Critical Care (*) | _____ Neonatology (*) |
| _____ Dermatology | _____ Nephrology (*) |
| _____ Emergency Medicine (*) | _____ Neurology (*) |
| _____ Endocrinology (*) | _____ Nutrition (*) |
| _____ Epidemiology (*) | _____ Pulmonary Medicine (*) |

- ◆ Physicians requesting privileges in the subspecialties marked (*) will have their delineations of privileges reviewed by the corresponding departments.

Reappointments, renewals, and modifications of initial clinical privileges will be done in accordance with the process outlined in the Medical Staff Bylaws. Information regarding the practitioner's continued activity in the field of Pediatric Medicine during the reappointment interval will be obtained from the practitioner's request for reappointment and his/her clinical activity profile (CAP) provided by the hospital's Quality Improvement Department.

I hereby request clinical privileges as indicated above, and hereby certify that I have the necessary training, skills, and experience to provide those services within the scope of privileges requested. I understand that privileges requested may differ from those finally approved.

Name of Applicant (Please Print)

Signature of Applicant _____ Date

Approved _____ Date
 Department/Section Chief

Approved _____ Date
 In-Chief; Division of Medicine

**DIVISION OF MEDICINE DELINEATION OF PEDIATRIC PROCEDURES:
LEVELS OF COMPLEXITY**

The following levels of complexity of pediatric procedures for delineation of clinical privileges will uniformly apply to **all applicants** requesting privileges (initial appointment and/or reappointment) in the Division of Medicine. Privileges will be granted for each individual procedure whenever the required minimums are met. Requests for renewal of Level IV pediatric privileges will require documentation of continued activity in performing these complex procedures. Place a check (✓) in Column 1 corresponding to the clinical privileges requested and provide the additional information requested in Column 3. Use a separate sheet if necessary.

Pediatric Procedures: Levels of Complexity	1 Privileges Requested	2 #Times Performed/Supervised in Past 24 Months ^o		3 4 Recommendations & Comments by Appropriate Division Chief
		Required*	Actual	
LEVEL I				
◆Circumcision		6		
◆Venipuncture		N/A		
◆Minor laceration repair		N/A		
◆Incision & drainage of abscess		N/A		
◆Initiation of PIV		N/A		
LEVEL II				
◆Fluid & electrolyte management		N/A		
◆Delivery room resuscitation		4 or NALS/PALS		
◆Endotracheal intubation		4 or SCRC NALS/PALS		
◆Umbilical catheterization		6		
◆Suprapubic bladder tap		6		
◆Spinal tap, diagnostic		6		
◆Spinal tap w/institution of IT medications		6		
◆Peripheral venous cutdown		4		
◆Transfusion of blood products		N/A		
◆Initiation/maintenance of phototherapy		N/A		

LEVEL III				
◆ Percutaneous central line placement		6 or ATLS		
◆ Thoracentesis		4 or ATLS		
◆ Paracentesis		4 or ATLS		
◆ Chest tube placement		4 or ATLS		
◆ Vasoactive drug drip		6		
◆ Intubation & initiation of conventional ventilation		6		
LEVEL IV				
A. Ventilator Care:				
◆ Initiation/maint conventional ventilation		20		
◆ Initiation/maint high frequency ventilation		10		
B. Catheterization:				
◆ Right heart (Swan-Ganz)		5		
◆ Cardiac catheterization, diagnostic		10		
◆ Cardiac catheterization, intervention		25		
◆ Central venous cutdown line placement		10		
◆ Peripheral arterial cutdown		4		
◆ Insertion of subclavian catheter		6		
C. Percutaneous Biopsy:				
◆ Skin punch biopsy		2		
◆ Liver		10		
◆ Renal		10		
◆ Pleural		3		
◆ Lung		3		
D. Endoscopy:				
◆ Esophago-gastro-duodenoscopy		20		
◆ Proctoscopy		10		
◆ Flexible sigmoidoscopy		20		
◆ Rigid sigmoidoscopy		5		

◆Colonoscopy		20		
◆Flexible laryngoscopy/rhinology		4		
◆Rigid bronchoscopy		25		
◆Flexible bronchoscopy				
◆Flexible bronchoscopy w/bronchial biopsy		3		
E. Aspirations:				
◆Subdural taps		3		
◆Pericardiocentesis		3		
◆Bone marrow and biopsy		4		
◆Cisternal puncture		3		
F. Manometry:				
◆Esophageal		5		
◆Antroduodenal		2		
◆Rectal		2		
G. Dialysis, Acute:				
◆Hemodialysis		6		
◆Peritoneal		6		
H. Other:				
◆ECMO, initiation and maintenance		3		
◆Electroversion, other than during CPR		3		
◆Temporary transvenous pacemaker		SR		
◆Percutaneous endoscopic gastrostomy		SR		
◆Endoscopic retrograde cholangio-pancreatography (ERCP)		SR		

- For initial and renewed clinical privileges. These requirements have been approved by the Division of Medicine and corresponding subspecialty departments.
- Performed/Supervised: In all practice sites. Supervision implies "physically present supervising the performance of the procedure by a trainee or other qualified healthcare provider"

N/A Not applicable
 NALS/PALS Successfully completed resuscitation course
 SR Request for privileges requires special review and approval by Department Chair
 ATLS Advanced trauma life support course.

Department of Adolescent Medicine

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Adolescent Medicine.

- CATEGORY IV-A: Physicians in this category may provide expert consultation and management of patients with a variety of adolescent physical and emotional health problems, including those with complex and severe diseases with immediate or serious threat to life. These physicians must document an unusual degree of expertise, experience, and familiarity with diagnostic and treatment procedures as applied to adolescents. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for Board certification in Adolescent Medicine, or considerable experience beyond Board certification in Pediatrics.
 - ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-board of Adolescent Medicine with certification within six years of completion of Fellowship training.

Alternatively, pediatricians without formal training in Adolescent Medicine and non-pediatricians with Board certification in Adolescent Medicine applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex conditions. Consultation with a Category IV-B physician is recommended.
 - ◆ Examples of complex adolescent disease include severe malnutrition accompanied by bradycardia and vascular instability secondary to anorexia or bulimia nervosa, pelvic inflammatory disease, complex conversion disorders, adolescents with combined physical and psychiatric disorders, and adolescents with debilitating undiagnosed chronic physical symptoms..

- CATEGORY IV-B: As in Category IV-A, physicians in this category may provide expert consultation and management of pediatric patients with complex or severe diseases with immediate or serious threat to life and illness or problems requiring unusual degree of expertise, experience, and familiarity with complex physical and emotional adolescent health problems.
 - ◆ Requirements: (a) Board certification in Pediatrics and (b) certification by the American Sub-board of Adolescent Medicine.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Adolescent Medicine and meet the minimum requirements for the pediatric procedures requested.

Department of
Allergy/Immunology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of pediatric Allergy/Immunology.

- CATEGORY IV-A: Physicians in this category may provide expert consultation and management of patients with a variety of allergic and Immunologic problems including those in the intensive care units with complex and severe allergic or immunologic problems with immediate or serious threat to life. These physicians must document competence in diagnostic techniques and treatment modalities in the field of Allergy/Immunology, which requires special skills. Such competence is usually acquired after extensive post residency sub-specialty training sufficient to meet the requirements for Board Certification in Allergy/Immunology. Those candidates not having this formal training will have to document their expertise in this area.

- ◆ Requirements: (a) Board Certification/Eligibility in Pediatrics and (b) Eligibility for certification by the American Board of Allergy and Immunology with certification within five years of completion of training.

Alternatively, pediatricians without formal training in Allergy/Immunology and non-Pediatricians with Board Certification in Allergy/Immunology applying for privileges in this category should provide evidence of experience in the management of Pediatric patients with these complex conditions. Physicians in this category are privileged to perform immediate hypersensitivity skin testing, patch testing, pulmonary function analysis, Hymenoptra testing, the delivery and supervision of immunotherapy, Rhinoscopy, and perhaps Bronchoscopy. Consultation with a physician holding Category IVB is recommended.

Following an initial appointment and during the six months probationary period evidence of successful completion of at least two procedures of each category must be reviewed by a Category IVB physician.

- CATEGORY IV-B: Physicians in this category may provide expert consultation and management of patients with a variety of complex and or severe allergic/immunologic diseases and may perform all diagnostic procedures and therapeutic intervention as outlined in Category IVA. In addition they may be granted privileges to evaluate children with complex immunologic deficiencies and treat these children.

- ◆ Requirements: (a) Board Certification in Pediatrics or evidence of expertise in dealing with children with these problems and (b) Certification by the American Board of Allergy/Immunology.

Physicians applying for this category must document significant evidence of competence in the management of sick children. Following the initial appointment and during the six month probationary period the applicant must have these procedures reviewed twice by a Category IVB physician.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories an individual must demonstrate continued experience and clinical skills in Allergy/Immunology and must meet the minimum requirement for pediatric procedures requested. It shall be the responsibility of the applicant to provide the institution with evidence of continued expertise and activity to maintain this level of privileges.

Department of Cardiology

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Cardiology.

- CATEGORY IV-A: Physicians in the category may provide expert consultation and management of patients with complex or severe cardiovascular disease including problems that pose an immediate or serious threat to life. These physicians must document competence in diagnostic techniques appropriate to the cardiovascular system and treatment modalities related to cardiology that require special skills. Such competence is usually obtained only after extensive post residency subspecialty training which would be sufficient to meet the requirements for Board certification in Cardiology or considerable experience with cardiovascular problems and training beyond Board certification in Pediatrics.
 - ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-board of Pediatric Cardiology with certification obtained within five years of the completion of training. Alternatively, Board certified pediatricians without formal training in Pediatric Cardiology and non-pediatricians with Board certification in Cardiology applying for privileges in the category must present evidence of experience in the management of pediatric patients with complex cardiovascular disease. Consultation with a Category IV-B physician is recommended.
 - ◆ Physicians applying for privileges in this category may provide routine management of critically ill patients with cardiac disorders and could include initiation and maintenance of mechanical ventilation, percutaneous or cutdown vascular access (both arterial and venous), initiation of cardiovascular medications by continuous infusion, interpretation of EKG, holter, exercise testing and interpretation of routine 2D, M-mode and Doppler echocardiographic studies obtained post natally and by transthoracic imaging.

- CATEGORY IV-B: Physicians in this category may provide expert consultation and management of patients with a variety of complex or severe cardiovascular diseases and may perform all diagnostic procedures and therapy interventions as outlined in Category IV-A. In addition, they may be granted privileges to perform more complex diagnostic procedures: transesophageal echocardiography, fetal echocardiography, intraoperative echocardiography, stress echocardiography, and transplant echocardiography. In addition, they may be granted privileges to perform the following therapeutic procedures: intraortic balloon assist device insertion and management, interventional catheterization procedures such as balloon angioplasty, coil occlusion, endomyocardial biopsy, and stent placement. Additional privileges may be specifically granted to individuals with expertise in electrophysiologic ablation procedures, pacemaker insertion and adjustment, selective intravenous or intrarterial infusion or embolization, or placement of intracardiac or intravascular mechanical occluding devices.
 - ◆ Requirements: (a) Board certification in Pediatrics and (b) certification or eligibility for the American Sub-board of Pediatric Cardiology. For interventional procedures privileges documenting specific interventional training or experience is required as outlined by the guidelines for the Society of Cardiac Angiography and Interventions. In addition, physicians applying for this category must document significant evidence of competence in the management of sick children. Following the initial appointment and during six month probationary period, the applicant must be observed by a Category IV-B physician while performing the procedures for which privileges are sought.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in categories IV-A and IV-B, continued experience and clinical expertise in Pediatric Cardiology must be documented. For specific privileging under category IV-B, documentation of the procedures performed over the previous three-year period, again as outlined by The Society of Cardiac Angiography and Interventions may be required.

Department of Child Abuse and Neglect

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Child Abuse and Neglect.

- **CATEGORY IV:** Physicians in this category may provide expert consultation and/or primary care management of patients either suspected or confirmed to be victims of child abuse and neglect. These physicians must document clinical competence in the diagnosis and management of child abuse, including physical abuse injuries, sexual abuse and acute sexual assault, forms of neglect, and factitious illness. Clinical experience with the use of colposcopy in the evaluation of child sexual abuses is encouraged. Knowledge of civil and criminal statutes pertaining to child abuse and/or court experience is required.
 - ◆ Requirements: (a) Board Certification/Eligibility in Pediatrics (b) Since subspecialty board certification in this field has not yet been established, competence is usually obtained after (1) post residency subspecialty training in the field or (2) extensive clinical activity in field of child abuse and neglect.

Reappointment/Renewal of Clinical Privileges:

Physicians applying for appointment or renewal of privileges in this category must demonstrate and document continued clinical experience and expertise in child abuse.

Department of Child Development

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Child Abuse and Neglect.

- CATEGORY IVA – Individuals in this category have an additional specific training in child development of behavioral pediatrics and/or experience working in the area under supervision for at least 2 years, and at least half time, dealing with developmental issues. They may identify and treat uncomplicated developmental issues, including motor delays, language delays, poor growth, and temper tantrums. Knowledge of intervention resources, with appropriate referrals, is necessary. Individuals may use common medications for uncomplicated problems, such as ADHD and stimulants, antidepressants, etc. Generally, persons in this category have completed pediatric residency training with some additional experience in the field
- CATEGORY IVB – Practitioners applying in this category should have specific training in child development for at least one year devoted to child development of 5 years of experience in the field full time. They may handle complex multi-problem children with issues of complex developmental, behavioral, and medical conditions. Use of common medications and combinations is appropriate. Participation in evaluations, testing, and therapy for which training occurred is also appropriate.
- CATEGORY IVC – These individuals should be board eligible in either developmental and behavioral pediatrics and/or neurodevelopmental pediatrics. This certification will eventually require (in 2007) completion of a 3-year Fellowship at an accredited program, with intent to take the certifying examinations. These individuals may work with complex behavioral, medical and developmental problems requiring knowledge of all of the above as well as genetics and neurology. Use of medications is determined by the certifying body. Testing and therapy may be done as trained.

Department of Critical Care

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the Field of Pediatric Critical Care Medicine.

CATEGORY IV – A: Physicians in this category may provide expert consultation and management of patients with a variety of medical and surgical problems, including those which pose an immediate or serious threat to life. The physician must document competence in diagnostic techniques or treatment modalities in the field of Critical Care Medicine requiring special skills. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the requirements for Board certification in Critical Care Medicine or considerable experience beyond board certification in Pediatrics.

- ◆ **Requirements:** (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-board of Critical Care Medicine with certification within five years of completion of training.

Pediatric subspecialists with Board certification in any of the intensive care pediatric subspecialties (i.e. Pulmonary medicine, Cardiology, Neonatology) applying for privileges in this category should provide evidence of experience in the management of critically ill pediatric patients with complex medical and surgical problems.

- ◆ Physicians applying for privileges in this category may provide routine management of critically ill patients including initiation and maintenance of conventional and high frequency mechanical ventilation and non-invasive ventilation, Extracorporeal Membrane Oxygenation, constant intravenous analgesia and sedation, percutaneous and cutdown vascular access (both arterial and venous), intraosseous vascular access, diagnostic and therapeutic abdominal pericentesis, diagnostic thoracentesis and thoracostomy tube placement, and continuous therapy with cardiopulmonary medications. Physicians in this category may apply for privileges to use experimental drugs and/or treatment protocols following the usual review procedures.

CATEGORY IV – B: Physicians in this category may provide expert consultation and management of patients with complex or severe medical or surgical problems, and may perform all therapeutic interventions as outlined under Category IV – A. In addition, they may be granted privileges for the care of pediatric patients with complex or severe cardiovascular disease.

- ◆ **Requirements:** (a) Board certification in Pediatrics and (b) certification by the American sub-board of Critical Care Medicine, or the sub-board of Cardiology.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories an individual must demonstrate continued experience and clinical skills in Critical Care Medicine and must meet the minimum requirements for the pediatric procedures requested. The individual seeking privileges must supply documentation of ongoing clinical experience.

Department of Emergency Medicine

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IVA privileges in the Division of Medicine, Department of Emergency Medicine with expertise in the field of **Pediatric Emergency Medicine**.

- PRIVILEGES IN PEDIATRIC EMERGENCY MEDICINE-CATEGORY IVA: Physicians in this category may provide expert consultation and management of patients with complex urgent or emergent conditions including problems with immediate or serious threat to life. These physicians must document competence in techniques or treatment modalities in the field of pediatric emergency medicine requiring special skills. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the education requirement for Board certification in Pediatric Emergency Medicine, or considerable experience beyond Board certification in Pediatrics.
- ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-Board of Pediatric Emergency Medicine with certification obtained within five years of completion of training; OR (a) Board certification/eligibility in Emergency Medicine and (b) eligibility for certification by the American Sub-Board of Pediatric Emergency Medicine with certification obtained within five years of completion of training; OR (a) Board certification in Pediatrics and Board certification in Emergency Medicine.

Alternatively, Board certified pediatricians without formal training in Pediatric Emergency Medicine and non-pediatricians with Board certification/eligibility in Emergency Medicine only applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex or emergent conditions.

Physicians applying for privileges in this category may provide routine management of urgently, emergently, critically-ill or injured children including endotracheal intubation, laryngoscopy, initiation and maintenance of mechanical ventilation, needle cricothyrotomy, percutaneous or cutdown vascular access (arterial and venous), diagnostic or therapeutic thoracentesis, emergency pericardiocentesis, thoracostomy, tube insertion, paracentesis, cardioversion and defibrillation, infusion of vasoactive drugs, interosseous catheter insertion, fracture stabilization, reduction of dislocations, repair of complex lacerations, minor nerve blocks, arthrocentesis, foreign body removal, tympanocentesis, arrest of epistaxis, and conscious sedation.

Reappointment/Renewal of Clinical Privileges

To maintain privileges in this category, an individual must demonstrate continued experience and clinical skill in Pediatric Emergency Medicine and meet the minimum requirements for the pediatric procedures requested.

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IVB privileges in the Division of Medicine, Department of Emergency Medicine with expertise in the field of **Toxicology**. Qualification for Level IVB Privileges (expertise in Toxicology) is separate from, and does not automatically constitute qualification for Level IVA Privileges (expertise in Pediatric Emergency Medicine.)

- PRIVILEGES IN TOXICOLOGY-CATEGORY IVB – Practitioners in this category may provide expert consultation and/or primary care management of patients with suspected or confirmed toxicology related illness. These practitioners must document clinical competence in the management of such patients
- ◆ Requirements:
 - a. Completion of primary Residency (Emergency Medicine, Pediatrics, Internal Medicine, Family Medicine, etc.) with appropriate Board eligibility/certification.
 - b. Completion of Medical Toxicology Fellowship.
 - c. Eligibility/completion of toxicology examination of the American Boards of Emergency Medicine, Pediatrics, or Occupational Medicine

Department of Endocrinology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Endocrinology.

- **CATEGORY IV-A:** Physicians in this category may provide expert consultation and management of patients with a variety of endocrine problems, including those with complex and severe endocrine diseases with immediate or serious threat to life. These physicians must document an unusual degree of expertise, experience, and familiarity with endocrine diagnostic and treatment procedures as applied to children. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for Board certification in Endocrinology, or considerable experience beyond Board certification in Pediatrics.
 - ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-board of Pediatric Endocrinology with certification within six years of completion of training.

Alternatively, pediatricians without formal training in Endocrinology and non-pediatricians with Board certification in Endocrinology applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex conditions. Consultation with a Category IV-B physician is recommended.
 - ◆ Examples of serious endocrine disease include diabetic ketoacidosis, neonatal hypoglycemia, complex or unusual endocrine disease in the neonate, congenital adrenal hyperplasia, or diabetes insipidus.

- **CATEGORY IV-B:** As in Category IV-A, physicians in this category may provide expert consultation and management of pediatric patients with complex or severe endocrine diseases with immediate or serious threat to life and illness or problems requiring unusual degree of expertise, experience, and familiarity with endocrine diagnostic and treatment procedures as applied to children.
 - ◆ Requirements: (a) Board certification in Pediatrics and (b) certification by the American Sub-board of Pediatric Endocrinology.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Pediatric Endocrinology and meet the minimum requirements for the pediatric procedures requested.

Department of Epidemiology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Epidemiology.

- CATEGORY IV: Board certification or eligibility in Pediatric Infectious Diseases with demonstrable experience in infection control and hospital epidemiology.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories an individual must demonstrate continued experience and clinical skills in Epidemiology and must meet the minimum requirement for pediatric procedures requested. It shall be the responsibility of the applicant to provide the institution with evidence of continued expertise and activity to maintain this level of privileges.

Department of Family Medicine

Delineation of Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting privileges in the Division of Medicine with expertise in the field of Family Medicine.

Select the category that best describes the severity of illness you expect to treat independently within the hospital and for which you are qualified to apply on the basis of your training or experience. The department has in place a mechanism to assure that all individuals with clinical privileges provide services within the scope of privileges granted.

It should be recognized that all staff physicians are granted privileges to perform emergency, life saving procedures.

Applicants may be requested to provide documentation of the number and types of hospital cases during the past 24 months. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

CATEGORY I: Privileges for uncomplicated, basic procedures and cognitive skills with illness, injuries, or conditions having no serious threat to life. Consultation with a physician holding higher level of privileges must be sought when doubt exists as to the diagnosis or in cases in which improvement is not apparent.

- Physicians applying for privileges in this category will be graduates of approved medical/osteopathic schools who are properly licensed, and who have demonstrated skills in family medicine.
- Privileges in this category do not include performing procedures.
- Physicians in this category may apply for privileges to perform procedures by application with documentation of additional training.

CATEGORY II: Privileges include those in Category I as well as those privileges for procedures and cognitive skills involving more serious medical problems and which normally are acquired during successful completion of a family practice residency program. These are usually conditions with no major risk to life. Consultation with a physician holding Category III or IV hospital privileges must be sought in those situations in which improvement is not apparent.

Physicians may request privileges in this category if they have completed training in a family practice residency program, are board certified in family practice by the American Board of Family Practiced (ABFP) or the American Osteopathic Board of Family Practice (AOBFP), or will have documented experience, demonstrated abilities and current competence in family medicine.

Physicians in this category may perform procedures commonly acquired in family medicine residency training. Physicians may apply for additional specific procedures with documentation of additional training (NALS/PALS/ATLS)

CATEGORY III: Privileges in this category include those in Category I and Category II and require special skills and knowledge beyond those generally acquired during a family medicine residency program and therefore require documentation of such significant training and experience. Treatment may include complex, severe, or serious illness or conditions with immediate or serious threat to life.

- Physicians may request privileges in this category if in addition to the completion of a family medicine residency program and board certification, they have completed additional pediatric specific training in a post residency fellowship, by certificate of added qualification, or by documented practice experience.
- Physicians requesting privileges in this category will have their delineations of privileges reviewed by the Department of Family Medicine.

Reappointments, renewals, and modifications of initial clinical privileges will be done in accordance with the process outlined in the Medical Staff Bylaws. Information regarding the practitioner's continued activity in the field of Pediatric Medicine during the reappointment interval will be obtained from the practitioner's request for reappointment and his/her clinical activity profile (CAP) provided by the hospital's Quality Improvement Department.

Department of Gastroenterology/Hepatology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Gastroenterology/Hepatology.

- CATEGORY IV: Physicians in this category may provide expert consultation and management of patients with a variety of gastrointestinal problems, including those in the intensive care units with complex and severe GI problems with immediate or serious threat to life. These physicians must document competence in specific diagnostic techniques and treatment modalities in the field of Gastroenterology/Hepatology requiring special skills. Such competence is typically acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for Board certification in Pediatric Gastroenterology/Hepatology, or considerable experience in Pediatric Gastroenterology/Hepatology beyond that necessary for Board certification in Pediatrics.
- ◆ Requirements: (a) Board certification in Pediatrics or (b) eligibility for certification by the American Board of Pediatrics, sub-board of Gastroenterology/Hepatology.

Pediatricians with Board eligibility for Pediatric Gastroenterology are expected to acquire certification by the Sub-board of Pediatric Gastroenterology within 6 years of completion of their fellowship training (three examination cycles). Those Pediatricians who do not acquire such certification within 6 years will be expected to develop a plan for such acquisition with the assistance of the head of the Department of Gastroenterology. Progress in carrying out this plan will be reviewed with the head of the Department yearly. If appropriate progress is not being made towards the acquisition of Sub-board certification, the physician's credentialing within the Department may be limited or revoked.

Pediatricians without formal training in Pediatric Gastroenterology/Hepatology and non-pediatricians with Board certification in Gastroenterology/Hepatology applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex conditions.

- ◆ Physicians in this category are privileged to perform gastrointestinal diagnostic and therapeutic procedures. These include but are not restricted to upper and lower endoscopy, Polypectomy, percutaneous liver biopsy, esophageal manometry, esophageal and other intestinal dilation with balloon or bougie, abdominal paracentesis, intestinal biopsy by capsule or endoscopy, rectal biopsy, endoscopic retrograde cholangiopancreatography, placement of biliary or pancreatic duct stents, pancreatic or biliary papillotomy, variceal sclerotherapy or banding, percutaneous placement of gastrostomy tube, transvenous hepatic biopsy or transvenous stent placement, gastrointestinal manometric studies. Credentialing for each of these procedures will be required separately and will be based upon proof of adequate training, and/or documentation of adequate experience in the last two years, plus proctoring of procedures by the head of the Department or his/her designee. Provisional permission for performance of procedures without prior proctoring may be given by the head of the Department.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Pediatric Gastroenterology/Hepatology (75% of total clinical practice devoted to Gastroenterology/Hepatology) and meet the minimum requirements of competence and patient safety for the pediatric procedures requested. Attendance at 50% of Department staff meetings per year is required.

Department of Genetics/Metabolism/
Birth Defects

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Genetics, Metabolism and Birth Defects.

- **CATEGORY IV:** Physicians in this category may provide expert consultation and/or primary care management of patients with suspected or confirmed genetic, metabolic or birth defect abnormalities. These physicians must document clinical competence in the diagnosis and management of such patients.
 - ◆ **Requirements:** (a) Board eligibility in Pediatrics with Board certification within 5 years of eligibility; (b) Board eligibility/certification in Medical Genetics; and (c) alternatively non-pediatricians with Board eligibility/certification by the American Board of Medical Genetics must provide evidence of experience with pediatric patients with these complex conditions.

Reappointment/Renewal of Clinical Privileges:

Physicians applying for appointment or renewal of privileges in this category must demonstrate and document continued clinical experience and expertise in genetics, metabolism and birth defects.

Non-physicians who hold a doctorate degree providing counseling, educational, research, technical and/or administrative functions within the Department may apply for membership as Associated Scientific Medical Staff. Such individuals can provide services within the limits defined by their training, experience, licensure and all relevant Hospital and Department policies and standards.

Department of
Hematology/Oncology/and Bone
Marrow Transplantation

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Hematology/Oncology.

- CATEGORY IV-A: Physicians in this category may provide expert consultation and management of patients with complex or severe hematologic or oncologic diseases, including problems with immediate or serious threat to life. These physicians must document competence in techniques or treatment modalities in the field of hematology/oncology requiring special skills. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for Board certification in Hematology/Oncology, or on occasion after considerable experience beyond Board certification in Pediatrics. Physicians in this category also include those who provide treatment and consultation in the radiation therapy of malignant and non-malignant diseases.

- ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility or certification by the American Sub-board of Pediatric Hematology/Oncology.

Alternatively, Board-certified pediatricians without formal training in Pediatric Hematology/Oncology and non-pediatricians with Board certification in Hematology/Oncology applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex conditions. Physicians with board Certification in Internal Medicine and Fellowship training including the treatment of malignancies will also be considered for this category of privileges. In addition, those physicians with Board Certification in Radiation Therapy and experience with the care of children are included in this category, with restrictions of privileges to radiation treatment modalities and associated ancillary care.

Physicians functioning with this level of privileges may admit and attend patients in the Oncology Department and may perform procedures such as transfusions, lumbar punctures, bone marrow aspirations and biopsies. Consultation with a Category IV-B physician is required for initiation and monitoring of chemotherapy regimens. Consultation with a Category IV-C physician is required for initiation and monitoring of all therapies requiring lymphohematopoietic stem cell transplantation.

- CATEGORY IV-B: Physicians in this category may provide expert consultation and management of patients with complex or severe hematologic or oncologic diseases, requiring an unusual degree of expertise and competence in techniques requiring special skills and may perform all therapy interventions as outlined in Category IV-A.

- ◆ Requirements: (a) Board certification in Pediatrics, (b) eligibility or certification by the American Sub-board of Hematology/Oncology of the American Board of Pediatrics, and (c) within the last five years, at least three years of documented experience in the area of hematology/oncology that included management of patients on clinical protocols.

Physicians with this level of privileges will be recognized as consultants in the field of Hematology/ Oncology and will have all the privileges according to the foregoing categories plus the privileges of using experimental drugs and/or treatment protocols following the usual review procedures. Consultation with a Category IV-C physician is required for initiation and monitoring of all therapies requiring lymphohematopoietic stem cell transplantation.

- CATEGORY IV-C: Physicians in this category may provide expert consultation and management of patients with complex or severe hematologic, oncology, immunologic or selected genetic disorders, requiring an unusual degree of expertise and competence in techniques requiring special skills and may perform all therapy interventions as outlined Categories IV-A and IV-B as well as all therapies requiring lymphohematopoietic stem cell transplantation.
- ◆ Requirements: (a) Board certification in pediatrics, (b) eligibility or certification by the American Sub-board of Hematology/Oncology of the American Board of Pediatrics or at least two years fellowship training in Pediatric Immunology, (c) One or more years of clinical fellowship training which incorporated at least three months of experience in lymphohematopoietic stem cell transplantation, and (d) at least two years of documented post-fellowship experience in the areas of hematology/oncology or clinical immunology that included management of patients on clinical protocols involving lymphohematopoietic stem cell transplantation. For those non-board certified physicians who completed medical training prior to 1985, at least five years of documented clinical experience, published contributions, and current clinical activity in the field of lymphohematopoietic stem cell transplantation could replace (c) and (d).

Physicians with this level of privileges will be recognized as consultants in the field of hematology, oncology, and bone marrow transplantation and will have all the privileges according to the foregoing categories plus the privileges of using experimental agents and treatment protocols involving lymphohematopoietic stem cell transplantation.

Physicians with this level of privileges will practice under the direction and guidance of the Director of the Pediatric Bone Marrow Transplant Program, and must have a continued clinical presence while directing inpatient care.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Pediatric Hematology/Oncology, and meet the minimum requirements for the pediatric procedures requested. It is the burden of the individual seeking privileges to supply documentation of ongoing clinical competence.

Department of Infectious Diseases

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Infectious Diseases.

- CATEGORY IV-A: Physicians in this category may provide expert consultation and management of patients with a variety of infectious diseases or complex problems, including those in the intensive care units with immediate or serious threat to life. These physicians must document competence in diagnostic techniques or treatment modalities in the field of infectious diseases. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for the proposed certification by the American Sub-Board of Pediatric Infectious Diseases, or on occasion after significant experience beyond Board certification in Pediatrics.

- ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-Board of Pediatric Infectious Diseases (after 1994).

Alternatively, pediatricians without formal training in Pediatric Infectious Diseases and non-pediatricians with Board certification in Infectious Diseases applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex conditions. Consultation with a Category IV-B physician is recommended.

- CATEGORY IV-B: As in Category IV-A, physicians in this category may provide expert consultation and management of patients with complex/unusual pediatric infectious illnesses or problems and may perform all the necessary diagnostic procedures and therapy interventions. Applicants should provide evidence of an unusual degree of expertise and experience in the management of these complex pediatric problems. This level of competence is usually acquired by completion of the proposed subspecialty training in pediatric infectious diseases and a minimum of three years of consulting work after completing subspecialty training, or on occasion after considerable experience as consultant clinician and researcher in the field of Pediatric Infectious Diseases.

- ◆ Requirements: (a) Board certification in Pediatrics and (b) Board eligibility/certification by the American Sub-Board of Pediatric Infectious Diseases, and (c) three or more years of consulting work after completing subspecialty training.

Alternatively, non-pediatricians with Board certification in Infectious Diseases applying for privileges in this category should provide evidence of extensive (usually ten or more years) consulting work in the field of Pediatric Infectious Diseases.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Pediatric Infectious Diseases and meet the minimum requirements for the pediatric procedures requested. It is the burden of the individual seeking privileges to supply documentation of ongoing clinical experience.

Department of Neonatology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Neonatology.

- CATEGORY IV-A: Physicians in this category may provide expert consultation and management of patients with a variety of neonatal problems, including those in the Neonatal Intensive Care Units (NICUs) with complex and severe neonatal problems with immediate or serious threat to life. These physicians must document competence in diagnostic techniques or treatment modalities in the field of Neonatology requiring special skills. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for Board certification in Neonatology or on occasion after considerable experience beyond Board certification in Pediatrics.

- ◆ Requirements: (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-board of Neonatal-Perinatal Medicine with certification within five years of completion of training.

Alternatively, pediatricians without formal training in Neonatology and pediatric subspecialists with Board certification in any of the intensive care pediatric subspecialties (i.e., pulmonary medicine, cardiology, critical care medicine) applying for privileges in this category should provide evidence of more than casual experience in the management of these complex neonatal conditions. Consultation with a Category IV-B physician is recommended.

- ◆ Physicians applying for privileges in this category may provide routine management of critically ill patients including initiation and maintenance of mechanical ventilation, percutaneous and cutdown vascular access (both arterial and venous), diagnostic thoracentesis and thoracostomy tube placement, and continuous therapy with cardiopulmonary medications.

- CATEGORY IV-B: Physicians in this category may provide expert consultation and management of patients with complex or severe neonatal problems and may perform all therapeutic interventions and procedures as outlined under Category IV-A. In addition, they may be granted privileges for the initiation and maintenance of high frequency ventilation (HFOV and/or HFJV), Extracorporeal Membrane Oxygenation, constant intravenous analgesia and sedation. Physicians in this category may apply for privileges to use experimental drugs and/or treatment protocols following the usual review procedures.

- ◆ Requirements: (a) Board certification in Pediatrics and (b) certification by the American Sub-board of Neonatal-Perinatal Medicine. In addition, physicians applying for this category must document significant evidence of competence in the use of complex invasive technology in the management of sick newborns.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Neonatal Medicine and meet the minimum requirements for the pediatric procedures requested. It is the burden of the individual seeking privileges to supply documentation of ongoing clinical experience.

Department of Nephrology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Nephrology.

- CATEGORY IV-A: Complex or severe renal disease or problems with immediate or serious threat to life. Requires skills achieved only during training sufficient to meet the educational requirements for certification by the American Sub-board of Pediatric Nephrology or the American Board of Nephrology. This assumes certification by the Board of Pediatrics or the Board of Internal Medicine, and, in the latter case, must be accompanied by proof of more than casual experience in the management of sick children (e.g., able to document 25 renal biopsies and 10 acute hemo and peritoneal dialyses in children). Nephrologists with internal medicine background and other physicians with expertise in nephrology and with other than pediatrics as a basic discipline will fall into this category. The use of such techniques as renal biopsies, peritoneal dialysis, and/or hemodialysis will be included only under unusual circumstances to be determined by a Category IV physician. Consultation with a Category IV-B physician is required.

- CATEGORY IV-B: Illness or problems requiring unusual degree of expertise, experience, and familiarity with dialytic or diagnostic techniques as applied to children. This level of competence is usually acquired only by completion of subspecialty training in pediatric nephrology. The physician applying for this category must be certified within six years of completion of training by the American Sub-board of Pediatric Nephrology, or be certified by the American Board of Nephrology and able to document significant experience in the management of sick children (e.g., able to document 25 renal biopsies and 10 acute hemo and peritoneal dialyses in children). Those physicians in practice prior to the initiation of specific Pediatric Renal Sub-boards may "grandfather" out of this requirement if they can document significant expertise, as outlined previously. To attain or maintain Category IV privileges in a given technique for children less than 50 kg and/or less than 13 years of age, the physician must document three experiences within the past year in that technique.
 - ◆ These techniques/privileges are: percutaneous renal biopsies, acute and chronic hemodialysis and related problems (i.e., acute vascular access), acute and chronic peritoneal dialysis and placement of acute peritoneal dialysis catheters, and access for chronic peritoneal dialysis (Tenckhoff permanent peritoneal dialysis catheter).
 - ◆ Physicians who are unable to document maintenance of a given clinical skill will revert to Category III in that area and be able to return to Category IV when their ongoing experience qualifies them. Physicians in Category IV will have all the privileges of the other categories. Physicians in this category must adhere to the rules set forth by the Department of Nephrology.

Reappointment/Renewal of Clinical Privileges

At least three index cases for a given technique in each year of the two-year recredentialing period must be available to the department chair for review and must meet standard of care for the Department before a Department member can be recredentialed. It is the burden of the Department member to supply documentation if these cases were performed outside of The Children's Hospital. In the event that these minimum standards are not met, the member will voluntarily revert to Category III and be required to meet initial review standards.

Department of Neurology

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pediatric Neurology.

- CATEGORY IV-A: Physicians in this category provide expert consultation and management of patients with a variety of neurologic problems, including patients over the age of two years with complex and severe neurologic disorders that immediately or seriously threaten life. These physicians must document that they provide outpatient neurologic care to at least fifty children and inpatient neurologic care or consultation to at least six children annually. Such competence is usually acquired during neurology residency training that requires three months or more of child neurology training. Consultation with Category IV-B physician is required for patients under age two years who require management in an intensive care unit.

Neuropsychologists applying for privileges in this category provide expert consultation and management of children of any age. These neuropsychologists must provide documentation of a post-doctoral fellowship in neuropsychology and at least one year's experience of supervised practice of pediatric and adolescent neuropsychology.

- ◆ Requirements: (a) Certification by the American Board of Psychiatry and Neurology in Neurology, or (b) Certification by the American Board of Clinical Neuropsychology.

- CATEGORY IV-B: Physicians in this category provide expert consultation and management of patients of any age with a variety of complex or severe neurologic disorders that may pose an immediate or serious threat to life. Such competence is acquired during a formal, three-year residency in child neurology.

- ◆ Requirements: (a) Eligibility for certification by the American Board of Psychiatry and Neurology with Special Competence (Qualifications) in Child Neurology with board certification within three years of completion of child neurology residency training, or (b) Certification by the American Board of Psychiatry and Neurology with Special Competence (Qualifications) in Child Neurology.

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience and clinical skills in Child Neurology and meet the minimum requirements for the pediatric procedures requested.

Department of Nutrition

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Pediatric Medicine with expertise in the field of Nutrition.

- CATEGORY IV:** Providers in this category may provide expert consultation and/or primary care management of patients with suspected or confirmed nutritional abnormalities, including those with growth problems (inadequate or excessive), nutrient deficiencies or imbalances, or conditions requiring specialized nutrition support. These providers must document clinical competence in the diagnosis and management of such patients.

Requirements: (a) Physicians must be Board eligible in Pediatrics with Board certification within 5 years of eligibility or Board eligible/certified in Nutrition; or b) Non-physicians providing counseling, educational, research, technical and/or administrative functions within the Department, and who hold a doctorate degree may apply as Associated Scientific Medical Staff. Non-physicians with lesser graduate degree as Adjunct Medical Staff.

Reappointment/Renewal of Clinical Privileges:

Physicians applying for appointment or renewal of privileges in this category must demonstrate and document continued clinical experience and expertise in Nutrition. This would include recertification as required by the American Board of Pediatrics and the subspecialty certifying organization.

Department of Pulmonary Medicine

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to **all applicants** requesting Category IV privileges in the Division of Medicine with expertise in the field of Pulmonary Medicine.

- CATEGORY IV-A: Physicians in this category may provide expert consultation and management of patients with complex or severe pulmonary disease including problems with immediate or serious threat to life. These physicians must document competence in techniques or treatment modalities in the field of pulmonary medicine requiring special skills. Such competence is usually acquired after extensive post-residency subspecialty training sufficient to meet the educational requirements for Board certification in Pulmonary Medicine, or considerable experience beyond Board certification in Pediatrics.
 - ◆ **Requirements:** (a) Board certification/eligibility in Pediatrics and (b) eligibility for certification by the American Sub-board of Pediatric Pulmunology with certification within five years of completion of training.

Alternatively, pediatricians without formal training in Pulmonary Medicine and non-pediatricians with Board certification in Pulmonary Medicine applying for privileges in this category should provide evidence of experience in the management of pediatric patients with these complex conditions. Consultation with a Category IV-B physician is recommended.
 - ◆ Physicians applying for privileges in this category may, in addition, interpret pulmonary function test results and provide routine management of critically ill patients including initiation and maintenance of mechanical ventilation, percutaneous vascular access (both arterial and venous), diagnostic thoracentesis, and continuous therapy with cardiopulmonary medications.

- CATEGORY IV-B: Physicians in this category may provide expert consultation and management of patients with complex or severe pulmonary disease and may perform all therapy interventions and procedures as outlined under Category IV-A. In addition, they can perform flexible bronchoscopy, fiberoptic and direct laryngoscopy, flexible rhinoscopy, thoracostomy tube placement, pleural biopsy, and lung biopsy if requested. Furthermore, this category permits for physicians to maintain chronic ventilation including conventional ventilation or the use of face mask or nasal ventilation.
 - ◆ **Requirements:** (a) Board certification in Pediatrics and (b) certification by the American Sub-board of Pediatric Pulmunology. In addition, physicians applying for this category must document significant evidence of competence in the management of sick children (i.e., document at least 50 flexible bronchoscopies and a minimum of 4 of each of the above procedures requested).

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in these categories, an individual must demonstrate continued experience through involvement in at least 25 bronchoscopy or three procedures other than bronchoscopy over the previous two years. It is the burden of the individual seeking privileges to supply documentation of on-going clinical experience.

1528. DELINEATION OF PRIVILEGES FOR THE SURGICAL DIVISION

*Note: Non-physicians who hold a doctorate degree providing counseling, educational, research, technical and/or administrative functions within the Department may apply for membership as Associated Scientific or Adjunct Medical Staff. Such individuals can provide services within the limits defined by their training, experience, licensure and all relevant Hospital and Department policies and standards.

1528.1 Approval by Credentials Committee

All staff members intending to do surgery at The Children's Hospital must have the approval of the Credentials Committee. Its recommendations will be sent to the Medical Board. Those members who are Board Certified or qualified for their Board will have unlimited privileges in their specialty. All members of all departments doing surgery shall adhere to the policies of the section of surgery involved.

1528.2 Surgical Applicants to the Medical Staff

Surgical operative procedure privileges will be granted in each instance based upon the surgeon's documented experience. Every surgical resident and practitioner has available the list of procedures that s/he has performed and this list is usually submitted for Board eligibility. Surgical privileges may be granted if appropriate Board certification or evidence of Board eligibility accompanies the surgeon's application to the Medical Staff. Otherwise, the Department Chairman, at his/her discretion, may require submission of a complete list of operative cases performed in the surgeon's training or practice. Operations may be done at The Children's Hospital if there is evidence that the surgeon has previously performed or assisted at five such procedures. Certain rare operations may be performed by qualified surgeons with broad experience and depth of knowledge about the organ(s) in question and the surgical techniques involved. Rules specified herein apply to all members of the Medical Staff desiring to perform surgical procedures.

1528.3 Updating (especially in Highly Technical Procedures)

Certain technical procedures such as microvascular surgery, artificial organ implant, and transplantation may be initiated through educational training. Before the surgeon performs these procedures at The Children's Hospital, s/he is to present the content of the educational course to his/her department chairman for approval of the course.

1528.4 New Procedures

A surgeon desiring to perform a new procedure, either as presented at a meeting, as described in the literature, or as a personal innovation, will secure an appropriate consultation to document the indication and applicability of the operation. This local consultation will be in addition to either documentation in the approved literature or a letter from the pertinent national specialty organization as to the feasibility. Consideration may be given to referring some innovative procedures to the Research Committee for discussion.

1528.5 Impaired Physicians

Instances of impaired performance in any aspect of the surgical craft are expected to be reported and acted upon by the Medical Staff organization. Evidences of impaired ability will be reported either directly or through the Operating Room Supervisor to the Chair of the surgeon's Department. If that is not feasible because of the individual involved, then the President of the Medical Staff will be informed. The case will then proceed through the approved channels as outlined in the Medical Staff Bylaws with the specified procedures for appeal.

1528.6 Diagnostic and Surgical Procedures for Medical Division Physicians

- a. Group I:** May be granted as a group to those possessing Medical Division Category II (and above) privileges.
1. LP
 2. Proctoscopy
 3. Bladder tap
 4. Suture of simple lacerations
 5. Excision of superficial masses
 6. Incision for drainage of superficial abscesses
 7. Removal of superficial foreign bodies
 8. Circumcision of the newborn
 9. Other procedures commonly held as "usual"
- b. Group II:** May be granted to those possessing Medical Division Category III or IV privileges.
1. Subdural tap with open sutures
 2. Abdominal paracentesis
 3. Thoracentesis
 4. Bone marrow aspiration
 5. Arthrocentesis
 6. Pericardiocentesis

1528.7 Work-up Prior to Surgery and Consent

Except in cases of emergency or exceptions approved by the Medical Board, patients for all operations shall be admitted in time for adequate work-up. Except in emergencies, a surgical operation shall be performed only on consent of the patient or his/her legal representative.

1528.8 Description of Operation by Surgeon

See 1514.3.

1528.9 Pathologists Review Tissues Removed

All tissues and foreign bodies removed at operation shall be sent to the hospital pathologist who shall make such examination as s/he may consider necessary to arrive at a pathological diagnosis, and s/he shall sign his/her report.

1528.10 Dental Patients

Patients receiving dental surgery shall have had a physical examination done and recorded by a physician and endorsed by a member of the medical staff, who shall also do any necessary medical follow-up and record the same. The dentist is to record preoperative study, dental history and preoperative diagnosis. Operative reports by dentist should indicate findings, techniques, specifics, types and number of teeth removed. All teeth and tissue removed are to be sent to laboratory for examination and reported in the medical record.

1528.11 Clinical Privileges for Use of Laser Systems for Diagnostic and Therapeutic Purposes

- a. Authority and responsibility for the supervision and control of laser hazards shall be delegated to a Laser Safety Officer (LSO). The LSO shall be a Medical Staff Member with laser privileges.
- b. A Laser Use Committee appointed by the Hospital will be responsible for governing laser activity and establishing policies and criteria for laser use. The LSO shall be Chairperson of this Committee. The standards described in ANSI Z136.3 - 2005 American National Standard for the Safe Use of Lasers in Health Care Facilities shall be adopted where appropriate. The Laser Use Committee shall report to the Quality Improvement Committee.
- c. Physicians seeking to use a laser system in Children's Hospital shall, in addition to the departmental privileging process, provide evidence to the Laser Use Committee of suitable training in the operation of the laser system and basic laser principles and safety. This information will be forwarded to the Medical Staff Credentials Committee with appointment recommendations for laser credentialing. Appropriate training may include either instruction in an approved residency program, completion of a recognized training course in laser use, or completion of an approved preceptorship with an instructor who has already been approved for laser use.
- d. The Laser Use Committee shall maintain a list of physicians approved for laser use. The list shall be available in the Medical Staff Office, the Operating Rooms, and respective Medical Staff Departments.

1528.12 Credentialing Criteria for Interventional/Invasive Laparoscopic/Thoroscopic Surgery at TCH

- a. A certified basic course in laparoscopic/thoroscopic surgery inclusive of didactic and animal procedures;
- b. To serve as assistant to a certified proctor in laparoscopic/thoroscopic surgery for as many cases as a proctor feels necessary before advancing to #3;
- c. To serve as primary surgeon under supervision of a certified proctor for a minimum of five (5) laparoscopic/thoroscopic surgical cases; and,
- d. Written certification from a proctor confirming laparoscopic/thoroscopic surgical competence.

1528.13 Clinical Privilege Criteria to operate Computer Enhanced/Robotic Surgical Systems

- a. Practitioners who wish to utilize Computer Enhanced/Robotic Surgical Systems, must show proof of having completed a training course approved by the Department Chair. Documentation of training shall be presented to the Department Chair for recommendation, and forwarded to the Credentials Committee for approval.
- b. A list of practitioners approved to operate computer enhanced surgical systems shall be maintained in the Medical Staff Office, the Operating Rooms, and respective Medical Staff Departments.

Department of Cardiothoracic Surgery

Surgery Privileges

- CATEGORY I - Minor surgical procedures not requiring general anesthesia. Index cases include:
 - 1. Suture of simple lacerations
 - 2. Excision of superficial masses
 - 3. Incision and drainage of superficial abscesses
 - 4. Removal of superficial foreign bodies
 - ◆ Requirements - Attainment of staff privileges.

- CATEGORY II - Surgical procedures which may require general anesthesia but without extensive invasion of the thoracic or abdominal cavities. Index cases include:
 - 1. Arterial and venous cutdowns
 - 2. Thoracostomy tube placement
 - 3. Central venous line placement
 - 4. Removal of sternal sutures
 - 5. Permanent or temporary transvenous pacemaker insertion
 - 6. Tracheostomy
 - 7. Pericardial or pleural centesis
 - ◆ Requirements:
 - 1. Successful completion of an approved thoracic and cardiovascular training program;
 - 2. Board certification within five years of completion of training.

- CATEGORY III - Major surgical procedures with invasion of the thoracic and/or abdominal cavities. Index cases include:
 - 1. Exploratory thoracotomies/celiotomies for trauma
 - 2. Pulmonary resections
 - 3. Endoscopy
 - 4. Resection of thoracic tumors
 - 5. Vascular surgery
 - 6. Pericardial window
 - 7. Chest deformity repair
 - 8. Diaphragm application
 - ◆ Requirements:
 - 1. Successful completion of an approved thoracic and cardiovascular training program;
 - 2. Board certification within five years of completion of training;
 - 3. Documented operative experience to include 50 index cases during training.

□ CATEGORY IV - Procedures for simple congenital and acquired cardiac lesions.

1. Closed procedures: Index cases include repair of patent ductus arteriosus, coarctation of the aorta, and the creation of systemic-pulmonary shunts.
2. Open heart procedures (cardiopulmonary bypass): Index cases include repair of atrial and ventricular septal defects, pulmonary and aortic valvotomy and other open heart procedures upon approval of the Department Chair. With evidence of previous experience, the Department Chair can deny approval only for stated cause.

◆ Requirements:

1. Successful completion of an approved thoracic and cardiovascular training program;
2. Board certification within five years of completion of training;
3. Practice consisting of at least 3/4 thoracic and cardiovascular surgery;
4. Documented operative experience to include 50 index cases during training.

□ CATEGORY V - Procedures for complex congenital and acquired cardiac lesions.

Open procedures (cardiopulmonary bypass): Index cases include repair of tetralogy of Fallot, transposition of the great vessels, truncus arteriosus, anomalous pulmonary venous return and atrioventricular canal. Also included are open heart procedures on any small infant and cases that will require prolonged postoperative ventricular assist.

◆ Requirements:

1. Successful completion of an approved thoracic and cardiovascular training program;
2. Board certification within five years of completion of training;
3. Practice consisting of at least 3/4 thoracic and cardiovascular surgery;
4. Documented operative experience to include at least 25 Category V index cases and 50 Category IV index cases during training.

Initial Review:

The pre-, intra- and post-operative care of three patients must be reviewed by the Department Chair or designee during the provisional period and meet the standard of care for the Department before the category of staff privileges is advanced.

Recredentialing Review:

At least six index cases in each year and twelve index cases in each two-year recredentialing period must be available to the Department Chair for review and must meet the standard of care for the Department before a Department member can be recredentialled. It is the burden of the Department member to supply documentation if these cases were performed outside of The Children's Hospital. In the event that these minimum standards are not met, the member will voluntarily revert to provisional status and be required to meet initial review standards as indicated above.

Department of Dentistry

Surgery Privileges

- CATEGORY I - Activities at this level are confined to educational, research, technical and administrative functions which do not affect patient care directly. Any person with credentials required for medical staff appointment is eligible for this category.
- CATEGORY II - will not be used.
- CATEGORY III - Individuals holding Category III privileges may perform procedures consistent with their education and experience. Individuals seeking privileges at this level will have completed a hospital dentistry residency program (a minimum of one year) and be able to demonstrate competency in providing dental care for children in a hospital setting. Care must be authorized and intermittently evaluated by a dental staff member with Category IV privileges.
- CATEGORY IV - Individuals holding Category IV privileges may perform procedures consistent with their specialty training, e.g., orthodontics, pedodontics. They may supervise individuals with staff privileges at Category III. Individuals seeking privileges at this level will be Board eligible or Board certified in their specialty and must be practicing their specialty at least fifty (50%) percent of their professional time.

Department of Gynecology

Surgery Privileges

- CATEGORY I - will not be used.
- CATEGORY II - will not be used.
- CATEGORY III - Normal outlet delivery. Dilatation and curettage. Surgical procedures which may require anesthesia but not extensive invasion of the abdominal cavity.
 - ◆ Requirements: Board certification in Obstetrics/Gynecology or eligibility for certification.
- CATEGORY IV - Major obstetrical or gynecological surgical procedures involving invasion of the abdominal cavity such as radical cancer surgery, laser surgery, microtubular reanastomosis.
 - ◆ Requirements: Board certification in Obstetrics/Gynecology and satisfactory evidence of pertinent experience in areas requested.

Department of Neurosurgery

Surgery Privileges

- CATEGORY I - Suture of scalp lacerations.
- CATEGORY II - will not be used.
- CATEGORY III - will not be used.
- CATEGORY IV - Board eligibility or certification a prerequisite for operating privileges. These privileges include treatment of:
 1. Craniosynostosis
 2. Craniofacial dysmorphism
 3. Placement of intercranial pressure monitors
 4. Hydrocephalus
 5. Cranio and myelodysplasias
 6. Cranial and spinal infections
 7. Cranial and spinal trauma involving osseous and/or neural tissues
 8. Cranial and spinal hematomas
 9. Peripheral nerve injury or entrapment
 10. Cranial and spinal arterial or arteriovenous lesions or malformations

All other procedures accepted as neurosurgical in character

Department of Ophthalmology

Surgery Privileges

CATEGORY I - The treatment of illnesses, injuries or conditions, or the performance of procedures which have low risk for the patient (i.e., minor surgical procedures not requiring general anesthesia except in infants and small children). Examples of such procedures include removal of superficial foreign bodies, excision of chalazia, tarsorrhaphy, subconjunctival injections, etc.

◆ Requirements: Previous and ongoing experience in the care of these conditions. Board certification not necessary.

CATEGORY II - The treatment of illnesses, injuries or conditions which have a moderate risk for the patient (i.e., surgical procedures which may require general anesthesia but without extensive invasion of the eye). Examples of such procedures include repair of eyelid lacerations, conjunctiveoplasties, enucleation, paracentesis of anterior chamber, retrobulbar injection, dilation of lachrymal puncta, etc.

◆ Requirements: Successful completion of approved ophthalmology residency training program. Board certification is not necessary but desirable.

CATEGORY III - The treatment of major illnesses, injuries or conditions or the performance of procedures which carry a substantial risk to vision (i.e., surgical procedures which may require general anesthesia and involve invasion of the eye). Examples of such procedures include cataract extraction, repair of laceration of the globe, anterior vitrectomy, laser trabeculoplasty, laser photocoagulation of the retina, removal of intraocular foreign body, repair retina detachment, strabismus surgery, glaucoma surgery, etc.

◆ Requirements: Successful completion of approved ophthalmology training program with evidence of previous experience and eligibility or certification by the American Board of Ophthalmology.

CATEGORY IV - The treatment of unusually complex or critical illnesses, injuries or conditions, or the performance of procedures which carry a serious threat to vision (i.e., procedures which may require general anesthesia and involve extensive invasion of the eye or orbit).

- Category IV-a: Posterior vitrectomy, retinal membrane peeling, Endophotocoagulation.
- Category IV-b: Orbital Surgery
- Category IV-c: Major oculoplastic reconstruction

◆ Requirements: Subspecialty training or extensive experience beyond board certification in ophthalmology.

I wish to apply for privileges in the following categories (check all that apply):

- Category I Category IV Category IVc
- Category II Category IVa
- Category III Category IVb

Signature of applicant

Date

Department of Orthopaedic
Surgery

Surgery Privileges

The Orthopaedic Advisory Committee is empowered to define the privileges and will use the following classification as a guideline in this evaluation.

- CATEGORY I - Will not be used.
- CATEGORY II - Will not be used.
- CATEGORY III - Routine surgical procedures on the musculoskeletal system, such as:
 1. Fractures requiring open or closed reduction;
 2. Infections of bone or joint requiring drainage.
 - ◆ Requirements: Board eligibility or certification in Orthopaedic Surgery.
- CATEGORY IV - Special Orthopaedic procedures in children, such as:
 1. Scoliosis spine surgery
 2. Open reduction of congenital dislocation of hip
 3. Release of talipes equinovarus or vertical talus
 4. Pelvic osteotomies
 5. Tumor resection or biopsy
 - ◆ Requirements: Board eligibility or certification in Orthopaedic Surgery and evidence of expertise in having performed these procedures.

Department of Otolaryngology

Surgery Privileges

- CATEGORY I - Minor surgical procedures not requiring general anesthesia.
 1. Suture of simple lacerations
 2. Closed reduction nasal fracture
 3. Incision and drainage superficial abscesses.
 4. Removal of foreign bodies (e.g. nose, ear)
 5. Arrest of epistaxis
 6. Tympanocentesis

- CATEGORY II - Surgical procedures which may require general anesthesia without extensive dissection of facial planes.
 1. Tympanostomy tubes
 2. Sinus washout, antro-meatal window
 3. Closed reduction of tripod fracture
 4. Tonsillectomy, Adenoidectomy
 5. Thyroglossal duct, Branchial cleft cyst/sinus
 - ◆ Requirement: Staff privileges with successful completion of an approved general surgical and subspecialty (otolaryngology) residency program, with Board eligibility.

- CATEGORY III - Major surgical procedures with otolaryngology expertise.
 1. Endoscopy diagnostic or therapeutic
 2. Tracheotomy
 3. Sinusotomy Caldwell Luc - Transantral approach sphenoidotomy
 4. Exploratory tympanotomy/complete mastoidectomy
 5. Nasal spetoplasty
 6. Parotidectomy
 - ◆ Requirements: Completion of approved residency (Board eligibility) with documented evidence of previous experience or Board Certification.

- CATEGORY IV - Complex otolaryngologic procedures in children.
 1. Transantral - ethmoidal approach for CSF leak with neurosurgical consultation.
 2. Laryngotracheal reconstruction
 3. Cochlear implantation
 4. Endolymphatic sac surgery
 5. Free flap or pedicled flap reconstruction of head/neck defects
 6. Major facial trauma Lefort I, II and III type
 7. Cleft lip/palate surgery
 8. Choanal atresia correction
 9. Radical neck dissection/primary tumor resection for malignancy
 10. Angiofibroma surgery
 11. Neck exploration of penetrating injury
 12. Surgical procedures for chronic ear disease
 13. Facial nerve repair
 - ◆ Requirements: Completion of residency program (Board eligibility) with previous experience or Board Certification in Otolaryngology with documented evidence of pediatric otolaryngologic experience or training. Specific documentation of experience in each of the specialized procedures will be required.

Department of Pediatric Surgery

Surgery Privileges

The Department Chairman and the Active Department Members define these privileges and will use the following classifications as a guideline in this evaluation.

- CATEGORY I - Minor surgical procedures not requiring general anesthesia. For example:
 1. Suture of simple lacerations
 2. Excision of superficial masses
 3. Incision or drainage of superficial abscesses
 4. Removal of superficial foreign bodies
 - ◆ Requirement: Attainment of M.D./D.O. degree, Colorado license for practice and medical staff privileges.

- CATEGORY II - Major surgical procedures in all patients over one year of age and excluding repair of major congenital defects or pediatric tumors as listed in Category IV. For example:
 1. Arterial and venous cutdowns
 2. Thoracostomy tube placement
 3. Central venous line placement
 4. Hernia repair (inguinal/umbilical)
 5. Orchiopexy
 6. Thyroglossal/branchial cleft duct-cyst resection
 7. Appendectomy
 - ◆ Requirements: Successful completion of approved surgical training program leading to the American Board of Surgery certificate in General Surgery. This certificate must be accomplished within five years of completion of training. Recertification must be accomplished within five years of expiration of the current certificate.

- CATEGORY III - Major surgical procedures in all pediatric patients excluding repair of major congenital defects or pediatric tumors as listed in Category IV. For example:
 1. Arterial and venous cutdowns
 2. Thoracostomy tube placement
 3. Central venous line placement
 4. Hernia repair (inguinal/umbilical)
 5. Orchiopexy
 6. Thyroglossal/branchial cleft duct-cyst resection
 7. Appendectomy
 - ◆ Requirements: Successful completion of approved general surgery training program leading to the American Board of Surgery Certificate in General Surgery. This certification must be accomplished within five years of completion of training. Recertification must be accomplished within five years of expiration of the current certificate. Case documented evidence of previous primary pediatric surgical experience must be submitted and reviewed by Department Chairman.

- CATEGORY IIIA - Transplant procedures or transplant related procedures in pediatric patients. For example:
 1. Kidney transplant*
 2. Donor nephrectomy - living related*
 3. Liver transplant
 4. Donor hepatectomy - living related*
 5. Dialysis access
 - a. peritoneal catheter insertion
 - b. dialysis of AV fistula
 - c. creation of AV fistula
 - d. Insertion of Gortex graft
 6. Surgical procedures for transplant complications (e.g., repair of ureteral leak/bile duct leak, repair of bowel perforation, homeostasis, and thrombectomy).
 - ◆ **Requirements:** Successful completion of approved surgical training program leading to American Board of Surgery certification (or American Board of Urology*) or equivalent. Certification must be accomplished within five years of completion of training. At least one year of specialized formal training in a UNOS approved transplantation center or three years of experience in UNOS approved transplantation program, including pediatric transplant experience.

- CATEGORY IV - Major surgical procedures in all pediatric age groups including thoracic and tumor surgery and specialized surgery of the newborn with congenital defects. For example:
 1. Neuroblastoma
 2. Wilms tumor
 3. Rhabdomyosarcoma
 4. Hepatic tumors
 5. Teratomas
 6. Esophageal atresia/tracheoesophageal fistula
 7. Diaphragmatic hernia
 8. Intestinal malformations/obstructions/atresia/volvulus/necrotizing enterocolitis
 9. Hirschsprung's Disease
 10. Imperforate anus
 11. Omphalocele/gastroschisis or the following procedures:
 12. Head and neck surgery
 13. Thoracotomy for trauma/tumors/congenital defects
 14. Pulmonary resections
 15. Endoscopy
 16. Gastrointestinal/hepatic/biliary procedures
 17. Vascular surgery
 - ◆ **Requirements:** Successful completion of two years specialized training in pediatric surgery leading to the American Board of Surgery Certificate of Special Competence in Pediatric Surgery. This certification must be accomplished within five years of completion of training. Recertification must be accomplished within five years of expiration of the current certificate. A five case peer review process is required for all department members with temporary/provisional privileges to attain active/courtesy staff status for Clinical Category IV. This requirement includes review of clinical case management as well as observation of operative skills in pediatric patients. This/her performance must be evaluated in writing by the Chairman of the Department and be considered with all other credentialing data when the applicant's temporary/provisional privileges are being considered for evaluation to active/courtesy staff status. Attainment of a given level includes clinical privileges at all lesser levels. Procedures listed are given as examples and are not inclusive.

Reappointment:

All department members will be reviewed for recredentialing every two years. Material examined will include: clinical category change, insurance coverage, physician practice profile from the Quality and Risk Management Department, malpractice experience, department meeting attendance and clinical case reviews (e.g., morbidity and mortality data). The Chairman will recommend to the Credentials Committee that a physician be 1) reappointed; 2) reappointed with modification of practice; 3) reappointed with monitoring (one specific area or entire practice); 4) reappointed under probation with mandatory review; or 5) not reappointed.

Department of Plastic Surgery

Surgery Privileges

- CATEGORY I - Will not be used.
- CATEGORY II - Surgical procedures with local or general anesthesia, e.g. treatment and repair of simple and complex wounds; treatment of partial thickness burns under 15% total body surface in non-vital areas; removal of skin and soft tissue tumors.
 - ◆ Requirements: Board eligible in Plastic & Reconstructive Surgery, having successfully completed an approved residency in Plastic & Reconstructive Surgery.
- CATEGORY III - Treatment and care of complex plastic & reconstructive cases, e.g. congenital anomalies; flap procedures; maxillofacial injuries, etc.
 - ◆ Requirements: Board eligible in Plastic & Reconstructive Surgery, having successfully completed an approved residency in Plastic and Reconstructive Surgery. In order to retain privileges in Category III and above, an applicant must become Board certified within three years of completion of training. Consideration will be given, upon written request to extensions of the time limit, on a case by case basis.
- CATEGORY IV - Treatment and care of complex Pediatric Plastic and Reconstructive cases, requiring specialized pediatric training and /or experience e.g., microvascular surgery, major burns, major craniofacial anomalies, complex congenital anomalies.
 - ◆ Requirements: Same as Category III plus documentation of training and/or experience in the specific type of procedure.

Addendum:

Plastic & Reconstructive Surgeons who are not Board eligible (i.e. those trained prior to established residencies), but who have documented professional competence in Pediatric Plastic and Reconstructive Surgery, may retain privileges commensurate with their training or experience.

The Department Chairman of Plastic and Reconstructive Surgery will determine adequacy of training and/or experience.

Department of Urology

Surgery Privileges

- CATEGORY 0 - Urologists, Board certified or qualified. Emergency care of life threatening conditions.
- CATEGORY I – May perform the following:
 1. Circumcision
 2. Meatotomy, urethra
 3. Orchiectomy (benign disease)
 4. Orchiopexy/Orchiectomy/Testis prosthesis
 5. Hydrocelectomy/Herniorrhaphy
 6. Testicular biopsy
 7. Suprapubic cystostomy
 8. Percutaneous antegrade pyelography
 9. Nephrostomy
 10. Ureteral stent
 11. Cystoscopy
 - ◆ Requirements: Successful completion of an approved urology residency program and board certification within five years of residency.
- CATEGORY II - In children greater than one year of age. Incidental or emergency urinary diversion or urinary repair procedure during operations on other organ systems:
 1. Nephrectomy (for benign disease)
 2. Nephrostomy
 3. Pyelostomy
 4. Ureterostomy
 5. Open kidney biopsy
 6. Ureterolithotomy
 7. Urethral fulguration
 8. Cystoscopy
 9. Suprapubic urinary drainage
 - ◆ Requirements: Successful completion of an approved urology program with board certification within five years of training.

□ CATEGORY III – Surgery listed in Category II on urinary and genital tracts in infants (newborn to 5 years of age).

1. Vesicoplasty including exstrophy
2. Vaginoplasty
3. Clitoroplasty in intersex
4. Cloacal exstrophy
5. Hypospadias, proximal and midshaft
6. Epispadias/Exstrophy, placement of urethral sphincter
7. Partial nephrectomy
8. Pyeloplasty/uretercalicostomy
9. Pyelolithotomy
10. Nephrectomy
11. Ureteral reimplantation/STING
12. Robotic Surgery
13. Ureterocelelectomy/incision/laser
14. Cutaneous vesicostomy
15. Undiversion of the urinary tract
16. Diversion of urinary tract
17. Augmentation of urinary tract
18. Laparoscopy
19. Tumor surgery of the male and female genitourinary tract including renal tumors, adrenal tumors, testicular tumors, bladder and urethral tumors.

- ◆ Requirements: Successful completion of an approved urology residency program with board certification within five years of training and at least 80% of practice limited to pediatric urology and either: a. Completion of an approved pediatric urology fellowship of at least one year after residency, or b. Having adequate credentials and experience to have been admitted as a Fellow of the American Academy of Pediatrics (Section of Urology).

□ CATEGORY IV -

1. Renal allo or autotransplantation
2. Renal vascular surgery

- ◆ Requirements: As for Category III with completion of either a recognized transplant/vascular fellowship or documentation of greater than 25 index cases in such a field.

Initial Review

The pre-, intra- and post-operative care of three patients must be reviewed by the Department Chair or designee during the provisional period and meet the standard of care for the Department before the category of staff privilege is advanced.

Recredentialing Review

At least six index cases in each year and twelve index cases in each two year recredentialing period must be available to the Department Chair for review and must meet the standard of care for the Department before a Department member can be recredentialled. It is the burden of the Department member to supply documentation if these cases were performed outside of The Children's Hospital. In the event that these minimum standards are not met, the member will voluntarily revert to provisional status and be required to meet initial review standards as indicated above.

1529. DELINEATION OF PRIVILEGES FOR THE PPAARDI DIVISION

*Note: Non-physicians who hold a doctorate degree providing counseling, educational, research, technical and/or administrative functions within the Department may apply for membership as Associated Scientific or Adjunct Medical Staff. Such individuals can provide services within the limits defined by their training, experience, licensure and all relevant Hospital and Department policies and standards.

Department of Anesthesiology

Delineation of Privileges

- CATEGORY I - Privileges are to be granted to those members of the medical staff who are permitted to perform local infiltration anesthesia, topical application, and minor nerve blocks.
- CATEGORY II - Privileges are assigned to members of the medical staff who are qualified to perform motor point blocks and bier blocks in addition to local infiltration, topical application, and minor nerve blocks.
- CATEGORY III - Privileges are granted to those individuals who by training and experience are competent in caring for children over six months of age in the Physical Status Classification I and II as outlined by the American Society of Anesthesiologists and in the following areas:
 1. Management of procedures for rendering a patient insensible to pain and emotional stress during surgical and certain medical procedures.
 2. The support of life functions under the stress of anesthetic and surgical manipulations.
 3. The clinical management of the patient unconscious from whatever cause.
 4. The management of problems in pain relief.
 5. The management of problems in cardiac and respiratory resuscitation.
 6. The application of specific methods of respiratory therapy.
 7. The clinical management of various fluid electrolyte and metabolic disturbances.
- CATEGORY IV - Privileges are granted to individuals who, by training and experience, are competent to care for children who fall in the American Society of Anesthesiologists Physical Status Groups III, IV and V. The same seven areas as listed under Category III should also be listed in this fourth category. In addition, an anesthesiologist in this category should be qualified to assume the role of a critical care physician functioning in the intensive care unit. His/her role in this area could be in one of three fashions: 1) in total management as a primary care physician for certain limited medical conditions, 2) as a cooperative physician in a coordinated care function with other attending physicians in which continuing evaluation and care must be rendered by at least two responsible parties; and, 3) in a consultative position in which on a one-time or limited-number-of-times basis, evaluation and advice for management is made.

To be eligible to hold Category IV privileges an anesthesiologist must be able to document experience anesthetizing at least six infants less than six months of age in the past year. Individuals holding Category III privileges, or who are unable to provide this documentation, may be allowed to care for patients under six months of age after consultation and/or cooperative care has been obtained through the department director or his/her delegate.

Department of Audiology, Speech
Language Pathology and Learning Services

Delineation of Clinical Privileges

The following criteria for delineation of clinical privileges will uniformly apply to all applicants requesting Category IV privileges with expertise in the field of audiology, speech pathology, or learning disabilities.

- CATEGORY IV: Audiologists and speech-language pathologists in this category may provide non-medical consultation and management of patients with speech, language, hearing, or learning disorders. These clinicians must document expertise, experience, and familiarity with diagnostic and treatment procedures in audiology, speech-language pathology, or learning disabilities as applied to children. Such competence is usually acquired after extensive post-graduate training in the primary professional discipline in audiology, speech-language pathology, or special education.
 - ◆ Requirements: (a) Earned doctorate in audiology, speech-language pathology, or special education (e.g., Ph.D., Ed.D., Au.D.) (b) certification of clinical competence by American Speech-Language-Hearing Association, or certification of qualifications for special education teaching by Colorado Department of Education, (c) state licensure or registration as required, (d) evidence that pediatrics constitutes the majority of the practitioner's clinical care and (e) evidence of clinical need for practitioner's services.
 - ◆ Audiologists and speech-language pathologists in this category may perform diagnostic evaluation including behavioral and non-behavioral measures of hearing, speech and language function, and/or academic performance. They may also perform non-medical management including speech-language therapy, learning therapy, and/or fitting of prosthetic devices (e.g., hearing aids, auditory training units, augmentative communication systems).

Reappointment/Renewal of Clinical Privileges:

To maintain privileges in this category, an individual must demonstrate continued experience and clinical skills in audiology, speech-language pathology, or special education and meet the minimum requirements for the procedures requested.

Department of Diagnostic Imaging

Delineation of Privileges

- CATEGORY I** – Activities at this level are confined to educational, research, technical and administrative functions that do not affect patient care directly. Any person with credentials required for medical staff appointment is eligible for this category.
- CATEGORY II** – The holder of Level II privileges is permitted activities at Level I and operations which affect patient care so long as they work under the supervision of a staff member who has Level III or IV privileges. Members of the staff who have shown competency by training and/or experience in the field of Diagnostic Imaging are eligible for such privileges.
- CATEGORY III** – Approved activities at this level include those involved directly with patient care including fluoroscopic examinations and interpretation of radiographic studies. This work must be authorized by and intermittently evaluated by a staff member with Category IV privileges. A physician with specialized training in Diagnostic Imaging and who is eligible for Board Certification in Diagnostic Imaging is eligible for Category III privileges.
- CATEGORY IV** – Individuals holding Category IV privileges may independently perform fluoroscopic examinations and interpret radiographic studies. They may supervise individuals with staff privileges at Category I, Category II and Category III. Individuals seeking privileges at this level must be Board Certified in Diagnostic Imaging. They must have, in addition, at least one year of formal training in Pediatric Diagnostic Imaging and be practicing Pediatric Diagnostic Imaging at least fifty (50%) percent of their professional time.

Special privileges:

The scope, qualifications and maintenance of special privileges within the Department of Imaging are listed below.

- Subcategory A-Cardiac Magnetic Resonance Imaging:** Scope: Individuals holding cardiac magnetic resonance imaging privileges may prescribe, facilitate and interpret cardiac magnetic resonance imaging studies. Qualifications: Individuals requesting privileges must have category III or IV privileges in diagnostic imaging or have completed an accredited pediatric cardiology fellowship program and one year of specialized training in cardiac MRI. Maintenance of privileges requires documentation of cardiac MRI experience within the last two years of practice.
- Subcategory B-Diagnostic radiology invasive procedures:** Scope: Individuals holding privileges in diagnostic radiology invasive procedures may provide image directed biopsy, drainage and fluid collection and may provide image guided vascular access. They may exchange or modify vascular catheters. They may exchange, reposition or modify gastrointestinal access. They may remove esophageal foreign bodies by Foley catheter technique. Consultation with an interventional radiologist should be obtained in high risk or clinically complicated patients. Qualifications: Individuals applying for these privileges must have Category III or IV privileges and documented experience with these procedures in the last two years. Maintenance: Maintenance of privileges requires participation in the hospital QA program in interventional radiology with patient care outcomes that meet existing hospital standards.
- Subcategory C-Interventional radiology:** Scope: In addition to those privileges within the scope of diagnostic radiology invasive procedures, this category of special privileges encompasses all of the interventional radiology including peripheral and cerebral angiography, thrombolysis, peripheral angioplasty and stenting, endovascular stent grafting, invasive hepatobiliary and genitourinary procedures, embolization and placement of caval filters, percutaneous GI access, radiofrequency ablation, intravascular directed therapy, and percutaneous therapy. Qualifications: Interventional radiology privileges require Category III or IV privileges. In addition the applicant requesting certification must hold a certificate of added qualification (CAQ) with time limited maintenance of certification (MOC) in interventional radiology through the American Board of Radiology or documentation of successful completion of an accredited fellowship program that includes a minimum of 6 months concentrated interventional training. Documentation of experience within the last 2 years is required. Maintenance: Maintenance of interventional privileges requires participation in the hospital QA program in interventional radiology with patient care outcomes that meet existing hospital standards.

Request for privileges Diagnostic Imaging The Children's Hospital

Applicants name (please print): _____ Date _____

I am requesting the following privileges:

Categories of Privileges

- Category I**
- Category II**
- Category III**
- Category IV**

Special privileges

- Subcategory A**-Cardiac MRI
- Subcategory B**-Diagnostic radiology invasive procedures
 - Vascular intervention
 - Diagnostic angiography
- Subcategory C**-Interventional radiology
 - Hepatobiliary intervention
 - Genitourinary intervention
 - Radiofrequency ablation
 - Gastrointestinal access
 - Neuroradiology
 - Interventional neuroradiology

Signature of Applicant

Date

Recommendations of the Department Chairman

- Recommend privileges as requested
- Recommend privileges as requested with the following conditions:

- Do not recommend privileges requested for the following reason(s):

Signature of Department Chair

Date

Department of Pathology

Delineation of Privileges

These criteria delineating privileges in the Department of Pathology will apply to all applicants for initial appointment and reappointment as required by Medical Staff Bylaws. Privileges granted shall be commensurate with the candidate's training, experience, competence, judgement, character, and abilities.

All physicians applying for Privileges in the Department of Pathology must have an active license to practice medicine in the state of Colorado and be an Active Member of The Children's Hospital Medical Staff.

Appointment, reappointment or renewal of privileges depends upon the core criteria of relevant training or experience, competence, and ability to provide services defined under the privileges requested. Specific criteria will include:

- Active participation in Departmental Quality Assurance activities, including meeting attendance for performance monitoring and departmental peer review, documentation of appropriate continuing medical education, and departmental utilization management activities
- Review of services provided, including numbers, complexities and outcomes of procedures performed, and documentation of competency for practice level requested.
- Results of other performance improvement activities, including but not limited to departmental and hospital committee meeting attendance.
- Level of practice activity at TCH, or evidence of comparable activity at other institutions.
- Risk-management data, including information from the National Practitioner Data Bank., voluntary or involuntary reduction or loss of privileges and results of malpractice litigation
- Compliance with the Departmental, Hospital and Medical Staff policies, procedures, rules, regulations, and bylaws.

CATEGORIES OF PRIVILEGES

CATEGORIES I – III ASSOCIATED SCIENTIFIC MEDICAL STAFF

These categories provide for credentialing of non-physicians who hold a doctorate degree and provide research, technical and/or administrative functions within the department.

CATEGORY I. SCIENTIST – Doctoral level scientists performing tests in a pure research laboratory are eligible for privileges in this category. Activities are confined to performing one or more educational, research, or administrative functions that do not affect patient care directly. Oversight or direct involvement in anatomical pathology or clinical laboratory testing is not a privilege in this category.

CATEGORY II. LABORATORY SCIENTIST – Doctoral level scientists who have by training, certification or experience shown competency in a laboratory-related science with research or service implications are eligible for privileges in this category. Activities are confined to performing one or more educational, research, or technical activities such as clinical test development, test performance, assisting clinical laboratory research projects, and working with a medical staff member who has Category III - VII privileges. Oversight of or direct involvement in anatomical pathology or clinical laboratory testing or issuing of signed reports is not privileges in this category.

CATEGORY III. CLINICAL LABORATORY SCIENTIST – Non physician, doctoral level scientists who are directly involved in patient care confined to laboratory testing, educational, research, technical and administrative activities are eligible for this category. Such individuals may provide services within the limits defined by their training, experience, and relevant hospital and departmental policies and standards. These services may include interpretation of clinical and anatomical pathology test results, consultation in anatomical or clinical pathology testing, and participation in departmental Quality Assurance activities. These individuals may co-sign reports with a physician member of the department who has Pediatric Anatomic Pathologist or Pediatric Clinical Pathologist privileges.

CATEGORIES IV – VII PHYSICIAN PATHOLOGY STAFF

Privileges in Categories IV, V and VI and VII are restricted to physicians who are active members of the TCH Medical Staff and require, except where indicated, Certification (or eligibility for certification for a period not to exceed 5 years) by the American Board of Pathology in relevant areas. Additional certification by the American Board of Pathology as having Special Qualification in Pediatric Pathology is desirable. New staff members, training, certification and experience notwithstanding, must be monitored by an appropriate Active staff member for a six month period prior to their being assigned to independent practice in the category of privileges requested. A one year or more hiatus in the direct and continuous practice of Pediatric Anatomic or Clinical Pathology or Transfusion Medicine requires credentials review and six months of practice experience monitored by an appropriate Active staff member before independent practice privileges can be restored.

CATEGORY IV. ASSOCIATE PHYSICIAN – A physician who is Board certified (or board eligible for a period not to exceed five years) in another specialty, and who has relevant training and experience in a specialized laboratory discipline is eligible for privileges in this category. Appointment to this category must be for a specific laboratory discipline, and training, experience and ongoing competency must be documented. The physician must hold privileges in another Department of the Hospital, and must be involved in an active and ongoing basis with the laboratory of assignment. Education, research and medical consultation are included as activities in this category.

CATEGORY V. PEDIATRIC CLINICAL PATHOLOGY – Privileges in this category are for pathologists whose practice includes professional medical oversight of pediatric clinical laboratories, interpretation of laboratory test results, correlation of clinical test data with medical significance, and the provision of medical consultations with clinicians and others regarding laboratory test results. Specific training and competence are required for each focused discipline sought under this category. Reappointment in these categories requires a minimum of 8 weeks service provision in each of the two prior calendar years (total 16 weeks).

Category V. a. Flow Cytometry is a focused Clinical Pathology discipline. Privileges in this category are for pathologists who have specific training, experience and competence in the use of the instruments and techniques utilized in flow cytometry and in the interpretation of data produced.

Category V. b. Molecular Pathology is a focused Clinical Pathology discipline. Privileges in this category are for pathologists who have specific training, experience and competence in the use of the instruments and techniques utilized in molecular diagnostic testing and interpretation of data produced. While molecular diagnostic tests are utilized by other disciplines such as anatomic pathology, microbiology, virology, chemistry, and others, specific privileges in molecular pathology are not required and therefore not granted for those purposes alone. All molecular diagnostic testing and results interpretation is carried out under the direction of the Medical Director of the Molecular Diagnostics Laboratory.

Category V.c. Clinical Chemistry is a focused Clinical Pathology discipline. Privileges in this category are for pathologists who have specific training, experience and competence in the use of the instruments and techniques utilized in Clinical Chemistry testing and interpretation of data produced.

Category V. d. Hematology is a focused Clinical Pathology discipline. Privileges in this category are for pathologists who have specific training, experience and competence in the use of the instruments and techniques utilized in Hematology testing and interpretation of data produced.

Category V. e. Microbiology is a focused Clinical Pathology discipline. Privileges in this category are for pathologists who have specific training, experience and competence in the use of the instruments and techniques utilized in Microbiology and interpretation of data produced.

CATEGORY VI. PEDIATRIC ANATOMIC PATHOLOGY – Assignment of privileges in this category requires certification by the American Board of Pathology in Anatomic Pathology and preferably additional certification by the American Board of Pathology as having Special Qualification in Pediatric Pathology, or another subspecialty area of pathology. The holder of privileges in this category evaluates anatomic pathology specimens (biopsies, resections, aspirates, smears, cytology specimens and the like), provides intra-operative consultations (including frozen section) and other consultations and issues timely appropriate written reports. Privileges in this category include relevant adjunct test ordering, (including electron microscopy, special stains, immuno-histochemistry, flow cytometry, molecular diagnostics and cytogenetics) to support diagnoses. Required participation in anatomic pathology quality assurance functions includes documented acknowledgment of departmental policies and practice guidelines as well as attendance at a minimum of 50% of weekly and monthly departmental meetings.

CATEGORY VI. A. Surgical Pathology. To maintain privileges in surgical pathology the individual must directly (or through direct supervision of another appropriate health care professional) process, evaluate and issue written reports on pediatric Surgical Pathology specimens for a minimum of 8 weeks of each calendar year.

CATEGORY VI. B. Frozen Section Diagnosis. To maintain privileges in this category the individual must directly cover, or directly supervise, and provide pediatric surgical frozen section consultations for a minimum of 8 weeks of each calendar year. This may be coincident with surgical pathology coverage.

CATEGORY VI.C. Cytopathology. To maintain privileges in this category the individual must directly evaluate, or directly supervise evaluation of pediatric cytopathology specimens and issue written reports for as minimum of 8 weeks in each calendar year. This may be coincident with surgical pathology coverage.

CATEGORY VI. D. Bone Marrow Aspiration and Biopsy Interpretation. To maintain privileges in this category, the individual must directly evaluate, or directly supervise evaluation and interpretation of, pediatric bone marrow biopsy and aspirate specimens and issue written reports for a minimum of 8 weeks of each calendar year.

CATEGORY VI. E. Autopsy Pathology. To maintain privileges in autopsy pathology the individual must perform, or directly supervise the performance of at least 5 pediatric post mortem examinations each calendar year and issue appropriate written reports therefrom.

CATEGORY VI, F. Neuropathology and Muscle Pathology Privileges in this category are for pathologists who have specific training, experience and competency in the interpretation of neuropathologic specimens, muscle biopsies and nerve biopsies. Certification by the American Board of Pathology as having Special Qualification in Neuropathology is desirable. While neuropathologic specimens may be interpreted during routine surgical pathology activities, specific privileges in this category are not required and therefore are not granted for those purposes alone. Neuropathologic specimen analysis and interpretation is ordinarily carried out under the direction of The Medical Director of Neuropathology.

Category VII. PEDIATRIC TRANSFUSION MEDICINE is a focused Clinical Pathology discipline. Privileges in this category are for pathologists and physicians who have specific training, experience and competency in the use of the techniques and instruments employed in all phases of Transfusion Medicine, Immunohematology and Blood Banking, including blood donor facilities operations, blood products utilization and immunohematology data interpretation. Privileges in this category include provision of direct patient management, specific therapies and procedures carried out in hospital nursing units or outpatient settings, in consultation with an attending or other specialty physician. Patients may be admitted to the hospital with a co-attending physician or may be registered as outpatients with the Transfusion Medicine physician as the attending physician.

(1) Assignment of privileges in this category requires:

- Documented completion of an ACGME accredited Transfusion Medicine fellowship program;
Or,
Transfusion Medicine specialty certification by examination by the American Board of Pathology;
Or,
10 or more years direct experience in an accredited pediatric transfusion medicine program.
- Documented review and familiarization with the Blood Bank and Donor Center facilities and personnel;
- Documented review of all Standard Operating Procedures of the Blood Bank and Donor Center;
- Documented formal training on the apheresis and photopheresis equipment in the section
- The ability to clinically manage a pediatric patient as to coagulation status, blood and platelet requirements, and fluid and electrolyte balance.
- The ability to discuss transfusion medicine procedures with the clinical staff as to indications and efficacy, risks and alternatives.

(2) Maintenance and Biennial Reappointment of privileges in this category requires:

- (a) Annual review of all Standard Operating Procedures of the Blood Bank and Donor Center;
- (b) Documented annual performance of a minimum of 10 procedures to include:
 - stimulated granulocyte collection procedure on donor for granulocyte support of a patient;
 - therapeutic plasmapheresis utilizing FFP;

- therapeutic apheresis utilizing albumin;
- cytoreduction procedure;
- red cell exchange procedure;
- stem cell collection procedure
- photopheresis
- therapeutic phlebotomy

(3) A hiatus in the continuous practice of pediatric transfusion medicine for a period of one or more years requires:

- credentials review
- six months of monitored direct, continuous experience in pediatric transfusion medicine
- completion of “procedure performance” requirements for reappointment in paragraph (2) above

Department of Pathology
Application for Appointment and Reappointment or Renewal of Privileges
Procedures Documentation

Quantification of services or procedures for delineation of clinical privileges applies to all applicants requesting reappointment of privileges in the Department of Pathology. Indicate Privileges requested. Where appropriate, provide actual number of procedures or weeks services were performed or directly supervised in the appropriate column.

CATEGORY	Privileges Requested	Service Weeks or Procedures Performed/Supervised * in Prior 24 months.		Recommendations and Comments by Chairman of Pathology
		Required	Actual	
Scientist				
Laboratory Scientist				
Clinical Laboratory Scientist				
Associate Physician				
<u>PEDIATRIC CLINICAL PATHOLOGY</u>				
Flow Cytometry	V a	16 weeks		
Molecular Pathology	V b	16 weeks		
Clinical Chemistry	V c	16 weeks		
Hematology	V d	16 weeks		
Microbiology	V e	16 weeks		
<u>PEDIATRIC ANATOMIC PATHOLOGY</u>				
Surgical Pathology	VI a	16 weeks		
Frozen section Pathology	VI b	16 weeks		
Autopsy Pathology	VI c	10 cases		
Bone marrow Pathology	VI d	16 weeks		
Body Fluid Cytology	VI e	16 weeks		
Neuropathology	VI f	16 weeks		
<u>PEDIATRIC TRANSFUSION MEDICINE</u> VII				
Difficult crossmatch/antibody		20		
Transfusion reaction/transmitted disease		10		
Therapeutic apheresis, Photopheresis, progenitor cell collection		20		

*Performed/Supervised: Supervision implies "physically present supervising the performance of the procedure by the trainee or other qualified healthcare provider."

I hereby request clinical privileges as indicated and hereby certify that I have the necessary training, skills, experience and competence to provide those services within the scope of privileges requested. I understand that privileges requested may differ from those finally approved.

Category(ies) applied for (circle all appropriate):

I II III IV Va Vb Vc Vd Ve Vf VIa VIb VIc VId VIe VIf VII

Name of applicant (print) _____

Signature of applicant _____ Date: _____

Approved _____ Date: _____
 Department Chair

Approved _____ Date: _____
 Division In-Chief

Department of Psychiatry and
Behavioral Sciences

Delineation of Privileges

- CATEGORY I - Practitioners in this category are able to provide consultation on any unit or outpatient service for behavioral and psychological questions. Associated Scientific Staff with evidence of training and experience in the evaluation and treatment of children and adolescents with psychiatric disease are eligible for this category of privileges.
- CATEGORY II - Includes all requirements and privileges of Category I practitioners. In addition, practitioners applying for privileges in this category must have some inpatient experience with children and/or adolescents in training or in supervised work experience. Individuals with Category II privileges may provide individual and/or family therapy with supervision to psychiatric inpatients, but may not be the attending practitioner of record. Supervision by a child or adolescent psychiatrist with Category IV and/or V privileges is required.
- CATEGORY III - Includes all requirements and privileges of Category II practitioners. In addition, practitioners applying for privileges in this category must have experience that includes at least four months, full time equivalent, on a child/adolescent psychiatric inpatient unit with supervision by a qualified individual. This training experience will include experience as an inpatient therapist and as a case manager.

Individuals with Category III privileges may respond to psychiatric and behavioral emergency calls concerning their patients. With the approval of the attending physician, they may be in charge of treatment plans and write orders in the chart, with the exception of medication orders and admission/discharge orders. They may draft admission and discharge summaries for review and signature by the attending physician.

Category III privileges do not include the privilege to be the attending practitioner of record and requires supervision by physicians with Category IV or V privileges.

- CATEGORY IV - May function as the attending physician for cases on the Adolescent Psychiatric Unit, including provision of individual and family therapy, treatment with psychotropic medications, and treatment planning. May supervise inpatient psychotherapists or primary therapists on the Adolescent Unit.
 - ◆ Requirements:
 - A. Member of the Medical Staff
 - B. Successful completion of an approved residency program in general psychiatry
- CATEGORY V - May function as attending physician for patients on the Adolescent and/or Child Psychiatric Units, including provision of individual and family therapy, prescribing of psychotropic medications, and directing treatment planning. May function as supervisor for inpatient psychotherapists or primary therapists.
 - ◆ Requirements:
 - A. Member of the Medical Staff
 - B. Successful completion of approved residencies in general psychiatry and child psychiatry

Department of Rehabilitation

Delineation of Privileges

- CATEGORY I - Activities at this level are confined to education, research, technical and administrative functions that do not affect patient care directly. Any person with credentials required for medical staff membership is eligible for this category.
- CATEGORY II - Activity of this level includes direct patient care in outpatient clinics. Direct inpatient care is limited to co-attending status with Hospital-based Active Medical Staff.
- CATEGORY III - Complex or severe illness or problem requiring knowledge and training usually achieved only during training sufficient to attain eligibility for Board Certification and/or as a consequence of one year rehabilitation experience in practice with children. Physicians applying for privileges in this category should provide evidence of experience in the rehabilitation of the child with spinal cord injury, head injury, cerebral palsy, neuromuscular disorders, spina bifida, juvenile rheumatoid arthritis, amputation, and limb deficiencies.
- CATEGORY IV – Illnesses or problems requiring an unusual degree of expertise or competence in techniques requiring special skills. Such competence is usually acquired only with Board Certification, specific subspecialty training and three years of pediatric experience. Examples of such training include rehabilitation management of the ventilator-dependent spinal cord-injured child, diaphragmatic electromyography, and phenol intra-muscular neurolysis

THE CHILDREN'S HOSPITAL PROCEDURAL SEDATION GUIDELINES

Approved 4/01

Revised 6/01, 7/02, 9/03, 1/05

Sedation/Invasive Procedures/Cor Sub-Committee

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PURPOSE

The purpose of this manual is to:

1. Provide uniform guidelines for safe and effective sedation.
2. Establish expectations for appropriate care and interventions, including monitoring and documentation, for those patients receiving sedation for procedures.
3. Educate health care professionals in the use of The Children's Hospital Sedation Guidelines.

GOALS

The goals of sedation are to:

1. Minimize physical discomfort, pain and anxiety.
2. Guard the patient's safety and welfare.
3. Minimize negative psychologic or physical responses to treatment by providing analgesia and maximize the potential for amnesia.
4. Avoid adverse effects of sedation.

DEFINITIONS

Sedation is the use of drugs to reduce pain, anxiety and awareness for the purpose of performing a test or procedure. Sedation includes a spectrum of effects ranging from anxiolysis to deep sedation where artificial support may be needed to maintain airway patency, adequate ventilation and oxygenation. JCAHO standards for sedation and anesthesia care apply "when patients receive, in any setting, for any purpose, by any route, moderate or deep sedation as well as general, spinal or other major regional anesthesia."

The following definitions of the levels of sedation are taken from the JCAHO manual:

1. **Minimal sedation (anxiolysis)** – A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
2. **Moderate sedation/analgesia** – A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
3. **Deep sedation/analgesia** – A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
4. **Anesthesia** – consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

The American Society of Peri-Anesthesia Nursing (ASPAN) provides the following additional definitions applicable to sedation:

5. **Phase I Sedation:** The patient is receiving or has received a drug, which is achieving its peak clinical effects (i.e., analgesia, sedation and cardio respiratory effects).
6. **Phase II Sedation:** The patient is beyond the peak clinical effects of the drug and exclusive of prn supplemental oxygen, is able to maintain normal airway patency, ventilation, heart rate/rhythm, blood pressure and temperature.

EXCEPTIONS

The Medical Board has determined that when used alone without other sedatives, the use of these drugs has not been associated with any episodes of respiratory depression and is excluded from these guidelines.

These Guidelines do not apply to:

- 1) The use of chloral hydrate alone up to a total dose of 50 mg/kg/po (or pr)
- 2) Nitrous oxide
 - a) When nitrous oxide is used alone, at or less than 50%, with a full face mask, continuous pulse oximetry is strongly recommended.
 - b) When 70% or less nitrous oxide is used alone with a nasal hood, the patients may be placed on a pulse oximeter depending on crying behavior.
- 3) Patients who require analgesia or sedation for non-procedural reasons (e.g. spasms, agitation, post-operatively, chronic pain).
- 4) Exemptions may be granted on an individual basis by the Chairman of the Sedation/Cor Zero/Invasive Procedure Committee or designee for patients that require analgesia or sedation for procedural reasons on a daily/routine basis in ambulatory settings (e.g., Epidermolysis Bullosa patients receiving sedating medications on an ongoing basis for dressing changes). The exception will be written as an order in the patient's chart by the Chairman of the Sedation/Cor Zero/Invasive Procedure Committee or designee. These patient's sedation doses may be greater than the doses stated in the "Delineation of Clinical Privileges" because of their chronic requirement for these medications. Documentation of the sedation and procedure will include initial completion of the Sedation/invasive Procedure Flowsheet, including a sedation plan and sedation orders. Documentation of subsequent sedations will reflect any interval changes in patient status noted by the RN assessing the patient status, medication administered and patient monitoring (including vital signs before and after the procedure), any complications and related interventions.
- 5) Patients in critical care settings who receive analgesia or sedation while they are mechanically ventilated may need to receive sedation doses greater than the doses stated in the "Delineation of Clinical Privileges" because of their chronic requirement of higher doses of these medications. The airway for these patients is established and respiratory depression is avoided. Documentation of the sedation and test/procedure may be completed within the nursing flowsheet and procedure note. A Physician or Licensed Independent Practitioner who is privileged to sedate at The Children's Hospital must complete the procedure note which includes documentation of the patient verification and "time-out" process.
- 6) Occasions where oral agents are given alone with the specific intent to provide anxiolysis. These constitute "Minimal sedation or anxiolysis" and are excluded from these sedation guidelines.

RISK FACTORS PREDISPOSING CHILDREN TO COMPLICATIONS AND RESPIRATORY DEPRESSION

Neurological impairment

- Cerebral palsy
- Mental retardation
- Altered level of consciousness
- Increasing sedation

Respiratory compromise and increased oxygen requirements

- Thoracic skeletal deformities (e.g., scoliosis, kyphosis, contracture) or neurodegenerative disorders (e.g., muscular dystrophy, tuberous sclerosis, Werdnig-Hoffman disease, myasthenia gravis)
- Thoracic or high abdominal incision
- Abdominal distension
- Compromised airway anatomy (e.g., Pierre-Robin, Treacher-Collins syndromes)

Metabolic alteration

- Liver dysfunction or failure
- Metabolic disease
- Sepsis
- Fever

Renal compromise

- Kidney dysfunction or failure
- Single kidney
- Hypovolemia
- Urine output < 1 ml/kg/hr in children, <30 ml/hr in adults, or elevated BUN/creatinine

Cardiovascular compromise

- Congenital heart disease
- Congestive heart failure
- Hypotension

Obesity

- Poor venous access
- Difficult to obtain accurate blood pressure; hypertension common
- Poor neck mobility makes airway maintenance difficult
- Actual circulating blood volume 20% less than equal weight of non-obese
- Adipose tissue holds drug longer

Other

- Agitation
- Pre-verbal or non-verbal child
- Concurrent administration of other narcotics or sedatives:
 - Opioid analgesics/narcotics (e.g., morphine, hydromorphone, hydrocodone, oxycodone, codeine, fentanyl, meperidine)
 - Sedatives/Hypnotics and tranquilizers (e.g., chloral hydrate, prochlorperazine, chlorpromazine, pentobarbital)

- Anticonvulsants (e.g., carbamazepine, phenobarbital, phenytoin)
- Antihistamines (e.g., hydroxyzine, diphenhydramine, promethazine)
- PsychotropicsTricyclic antidepressants (e.g., amitriptyline, imipramine, nortriptyline, doxepin)
- Benzodiazepines (e.g., diazepam, lorazepam, midazolam)
- Butyrophenones (e.g., haloperidol, eridol)

Adapted from "Risk Factors Predisposing to Respiratory Depression", TCH Pain Consultation Service, Denver, 1995

POTENTIAL COMPLICATIONS OF PEDIATRIC SEDATION

Potential complications of pediatric sedation include, but are not limited to, the following:

- a. Respiratory problems (apnea, obstruction, hypoxia, hypoventilation, laryngospasm)
- b. Cardiovascular complications (hypotension, ECG changes)
- c. Vomiting
- d. Seizures
- e. Anaphylaxis

Sedation is a continuum. Patients may pass from one level of sedation to the next without readily apparent signs. As a patient becomes more deeply sedated, the risk for respiratory depression and airway obstruction increases, necessitating an increased level of monitoring. Anesthesia monitoring guidelines (1:1 monitoring and documentation of vital signs at a minimum of every 5 minutes during Phase I) apply to patients who have reached deep sedation.

- Progression along this continuum may not depend on drugs or dosages but may be an individual response.
- Unpredictable absorption, metabolism and excretion may result in complications of over versus under sedation.
- The child is at the greatest risk of complications (becoming too deeply sedated) from the sedating medication before and after the procedure/treatments because there is no painful stimulus during this time.

SEDATION REQUIREMENTS

CLINICAL PRIVILEGES

Sedating drugs to be given for the purpose of performing a test or procedure may be ordered only by Physicians and Licensed Independent Practitioners that have Clinical Privileges for Sedation (refer to department specific sedation privileges).

After discussing the patient's status, care needs and sedation recommendations with an attending physician or fellow who has clinical privileges to sedate; House Staff and Advanced Practice Nurses with prescriptive authority may write an order for sedating medications. The order will be consistent with the information in the "Delineation of Clinical Privileges". The order will be cosigned by an individual who is credentialed to sedate prior to implementation of the order.

COMPETENCY OF PERSONNEL

1. Individuals privileged to sedate must be able to rescue patients from a deeper level of sedation than intended and deal with complications that may occur as a result of sedation. They must:
 - a. Pass an educational module/test on Procedural Sedation including drugs, dosages, risk factors, complications and their management.
 - b. Maintain a current advanced life support certification as applicable to their practice (eg: Pediatric Advanced Life Support, Neonatal Resuscitation Provider (NRP) or Advanced Trauma Life Support) which includes hands-on demonstration of proficiency in resuscitation and airway management.
 - c. Anesthesiologists and Emergency Medicine physicians, by virtue of their specialized training and ongoing ability to demonstrate competence in airway management and resuscitation/rescue, are exempt from PALS certification. Upon request, they must be able to provide evidence of having received pediatric specific training in airway management and resuscitation/rescue.
 - d. Submit copy of current advanced life support certification to the Medical Staff Office. Re-privileging will require proof of this advanced life support certification.
2. Refer to "Cardiopulmonary Resuscitation Competence of Nursing Personnel" policy for requirements of TCH Nursing Personnel. [Cardiopulmonary Resuscitation Competence of Nursing Personnel](#)
 - a. All nurses and respiratory therapists regularly involved in sedations (includes, but is not limited to: Diagnostic Imaging, Critical Care Areas, Cardiac Cath Lab, ED, Infant Pulmonary Function Lab, PACU, Surgical Services) must be PALS certified (NRP certified in newborn areas).
 - b. Other areas must have an identified resource (Clinical Coordinator, Charge Nurse, Resource Nurse) in attendance who meets above requirements
 - c. In ambulatory areas Emergency Nursing Pediatric Course (ENPC) may take the place of PALS.
3. Respiratory Therapists may administer oral Chloral Hydrate and monitor sedated patients in the Infant Pulmonary Function Lab.
4. Nurses and Respiratory Therapists must pass the CHEX computerized education module on Moderate Sedation, have documented competence in measuring vital signs, assessing a patient's airway and respiratory status and use of cardiorespiratory monitors and pulse oximeters.
5. Respiratory Therapists must pass an exam initially and then every year which tests ability to accurately verify safe doses and dose ranges. Nurses must pass medication test at time of hire and yearly, thereafter.
6. Licensed Technologists and Unlicensed Assistive Personnel may monitor patients in Phase II sedation at TCH if they are BLS/CPR certified (must be either American Heart Association Health Care Provider or American Red Cross CPR for the Professional Rescuer), and if they have documented competence in measuring vital signs, recognition of respiratory distress and use of cardiorespiratory monitors and pulse oximeters.
7. Personnel in TCH Satellite Clinics:
 - a. Physicians and nurses who routinely administer sedation will meet all requirements listed above.

- b. Echo technicians and/or other staff involved in sedation will be BLS certified.

EQUIPMENT/ RESOURCES

1. For sedations performed on TCH's Main Campus, the following equipment appropriate for the age and size of the patient.
 - a. Standard TCH Emergency Cart and defibrillator readily available.
 - b. Suctioning equipment.
 - c. An oxygen supply and delivery system. The oxygen source is usually a flowmeter connected to the central piped oxygen supply.
 - d. If oxygen from the central piped oxygen supply is not available, oxygen cylinders are used. There will be reserve tanks available that are capable of delivering a 60-minute supply at 15 liters/minute (900 liters of oxygen). Therefore a minimum of two "E" tanks is required (capacity of an "E" tank is 660 liters oxygen).
 - e. Face masks and reservoir or self-inflating bags should be available in a range of suitable sizes.
2. If sedations are performed in TCH Satellite clinics:
 - a. A standard TCH Emergency Cart or a portable resuscitation pack, which contains the items listed on page 25.
 - b. An oxygen supply and delivery system. The oxygen source may be a flowmeter connected to the central piped oxygen supply.
 - c. If oxygen from the central piped oxygen supply is not available, oxygen cylinders are used. There will be reserve tanks available that are capable of delivering a 60-minute supply at 15 liters/minute (900 liters of oxygen). Therefore a minimum of two "E" tanks is required (capacity of an "E" tank is 660 liters oxygen).
 - d. Continuous pulse oximetry
 - e. Blood pressure monitor
3. Monitoring Equipment:
 - a. The purpose of a monitoring device is to identify an adverse clinical event that cannot be detected by observation alone, and to identify that event early before adverse consequences develop. The use of these devices is supplemental to the observation of the patient, which is essential.
 - b. Monitors and observation must be able to continuously assess the:
 - adequacy of circulation and perfusion (pulse oximetry, blood pressure monitor, precordial stethoscope, palpation of pulse, observation),
 - adequacy of ventilation and oxygenation (pulse oximetry, precordial stethoscope/ auscultation, end-tidal CO₂/ capnometry, impedance pneumography, observation).
 - depth of sedation (level of consciousness or sedation score)
 - c. Continuous pulse oximetry is required for all sedated patients.
 - d. Since early desaturation cannot be detected with reliability, at least one of the following additional monitors should be used:
 - Precordial stethoscope
 - Impedance pneumograph
 - Blood pressure monitor
 - End-tidal CO₂ (capnometer)
 - e. ECG should be used with patients who are at risk for development of dysrhythmias and is a valuable additional source of heart rate information should motion or other artifacts affect the oximeter.
 - f. In settings where electrical devices may be hazardous or unusable (tubbing of burn patients), auscultation and vigilant observation must be used; ways of using at least a pulse oximeter should be sought. In the MRI, special MRI-compatible monitors must be used, and, since adequate observation of the patient is very difficult, capnometry is important to assess airway patency.

Emergency Response

- a. The Children's Hospital "Emergency Response Team (ERT)" is the in-house team for response to unexpected cardiorespiratory depression and/or cor zero. Begin CPR and dial 5555 to activate the ERT through the operator.
- b. In TCH satellite clinics not on TCH's main campus, begin CPR and dial 911.

PATIENT CARE and MONITORING

Responsibilities of the Physician or Licensed Independent Practitioner (LIP) Ordering the Test or Procedure

Prior to Treatment

The physician or licensed independent practitioner (LIP) ordering the test or procedure is responsible for assessing and documenting/verifying information addressed in “History and Assessment” section of the Sedation/Invasive Procedure Flowsheet. This may be delegated to an RN. This includes:

- a. Chief complaint
- b. A pertinent history (including patient and family’s previous sedation history and outcomes, current medications, and allergies)
- c. Physical assessment, with particular emphasis on airway and cardiopulmonary evaluation.
- d. NPO time

Procedural and Preoperative Fasting: ASA Practice Guidelines

Summary of Fasting Recommendations to Reduce the Risk of Pulmonary Aspiration ¹	
Ingested Material	Minimum Fasting Period ²
Clear liquids ³	2 hours
Breast milk	4 hours
Infant formula	6 hours
Solids including non-human milk ⁴	8hours

¹These recommendations apply to healthy patients who are undergoing procedures.

Following the guideline does not guarantee complete gastric emptying has occurred.

²The fasting periods apply to all ages.

³Examples of clear liquids include water, fruit juices without pulp, Kool-Aid, apple juice, clear tea, and black coffee.

⁴Since non-human milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate fasting period.

- These are to be considered guidelines only, and may be altered at the discretion of the individual anesthesiologist and/or physician responsible for sedation.
- Consideration should be given for patients with delayed gastric emptying (e.g., increase NPO time frame).
- For the emergency patient, evaluation of food and fluid intake must be done and risks/ benefits weighed.

Exception for Ambulatory Departments – When the TCH physician or Licensed Independent Practitioner ordering the procedure has not provided a History and Physical, the history and assessment section of the Sedation/Invasive Procedure flow sheet may be completed by an RN in ambulatory departments. The physician or Licensed Independent Practitioner responsible for sedation must review and sign the sedation form. This signature indicates that the information was reviewed and verified prior to assignment of ASA classification, formulation of the sedation plan and writing the sedation orders.

PATIENT CARE and MONITORING

Responsibilities of the Physician or Licensed Independent Practitioner (LIP) Ordering the Sedation

Pre-sedation Evaluation & Documentation

1. The physician or Licensed Independent Practitioner (LIP) ordering the sedation is responsible for the following information on the Sedation/Invasive Procedures Flowsheet, including:
 - a. Assignment of ASA classification

ASA (AMERICAN SOCIETY OF ANESTHESIOLOGISTS) PHYSICAL STATUS CLASSIFICATION

ASA Class	Definition	Example
I	A healthy patient with no underlying medical problems.	
II	A patient with mild systemic illness that does not interfere with daily activity.	A child with asthma that does not require continual therapy, and is asymptomatic in between exacerbation.
III	A patient with serious systemic illness that interferes with daily activity.	A child with cyanotic congenital heart disease that has been palliated, but who has continued cyanosis and mild cardiorespiratory dysfunctions.
IV	A patient with serious systemic illness that is a continual ongoing threat to life.	The same child described above, who has developed endocarditis and is requiring inotropic and ventilatory support, but is hemodynamically stable.
V	A patient who has life-threatening disease and is unstable; may not survive for more than 24 hours even with medical intervention.	A child with septic shock and multi-system organ failure; hemodynamic and respiratory status is unstable and responding poorly to maximal medical intervention.
E modifier (added to the above)	Emergency status with need for procedure without sufficient time for adequate treatment of physiologic risk factors including insufficient fasting time	A child with head trauma, uncooperative, needing emergent diagnostic imaging, but has not had adequate NPO time

- b. Options, risks, sedation plan discussed, consent obtained and documented.
- c. Sedation plan is documented.
- d. Sedation orders may be written on a separate order form.

During Treatment

1. During Phase I Sedation, when drugs are reaching peak effect, the privileged physician, Licensed Independent Practitioner or dentist responsible for the patient's sedation must be in the department/unit.

2. During Phase II Sedation, when drugs are past the peak effect, the privileged physician, Licensed Independent Practitioner or dentist must be able to return to the department immediately when notified of a problem related to the sedation.

PATIENT CARE and MONITORING

Responsibilities of the Registered Nurse, RT in the Infant PFT Lab

Immediately Prior to Treatment

1. The RN or Respiratory Therapist (in the Infant PFT Lab) is responsible for the following actions to enhance patient safety and/or minimize effects of complications.
 - a. Anticipate potential complications and identify any change in patient status through review of the patient's history, physical assessment, sedation plan and ASA classification. The physician or Licensed Independent Practitioner ordering the sedation will be notified of any change in patient status or inability to sedate the patient.
 - b. NPO status reviewed in order to anticipate the need to consider alternatives. Failure to maintain appropriate NPO status is the greatest deterrent to timely completion of scheduled procedures requiring sedation. The physician or Licensed Independent Practitioner ordering the sedation will be notified of failure to comply with NPO requirements.
 - c. Obtain or verify immediate availability and functioning of equipment for emergency response.
 - d. Gather equipment required for patient monitoring, check alarms, set limits.
 - e. Verify sedation orders against "Delineation of Clinical Privileges"
 - f. Prepare medications as described in the "Medication Administration" procedure.

2. The RN or Respiratory Therapist (in the Infant PFT Lab) is responsible for performing the following activities and documentation on the Sedation/Invasive Procedures Flowsheet.
 - a. Patient/parent learning needs assessed.
 - b. Patient/parent readiness to learn assessed and addressed. Assessment of readiness to learn includes at least the following parameters:
 1. Desire / motivation to learn
 2. Cultural / religious beliefs that require alternatives to usual practice
 3. Emotional barriers
 4. Physical Limitations
 5. Cognitive Limitations
 6. Whether or not the patient speaks English
 7. Able to read English (if no, ability to read other language)
 8. Financial implications of health care choices
 - c. Assessment and interventions related to readiness to learn are documented on the Sedation/Invasive Procedure Flowsheet
 - d. Pre-sedation/procedure teaching completed
 - e. Patient identification verified using 2 patient specific identifiers: name and Medical Record number
 - f. Patient isolation status assessed and appropriate precautions implemented
 - g. Vital signs including blood pressure (The physician or Licensed Independent Practitioner ordering the sedation will be notified of any measurements not within normal limits for that patient.)
 - h. Weight
 - i. Pre-sedation baseline assessment using Modified Aldrete score (see page 17)
 - j. Oxygen saturation (The physician or Licensed Independent Practitioner ordering the sedation will be notified of any measurements not within normal limits for that patient.)
 - k. Pre-procedure pain assessment. The patient's pain will be quantitatively assessed and documented as a pain score. Refer to TCH Pain Assessment and Management Clinical Procedure Statement for details. Pain scale used should be identified: B = Bieri, F = FLACC, N = Numerical.

- I. Documentation of Patient Verification (Universal) Protocol to include the 3 elements (Refer to TCH Clinical Practice Statement – Patient Verification Protocol):
 1. Pre-surgical/Procedural Verification
 - Patient identity verified using 2 patient specific identifiers: Name and Medical Record number
 - Parent/legal guardian verbalizes procedure/site
 - Verification of correct patient and procedure on schedule, if available
 - Informed Consent describing the procedure, site and laterality if applicable (consent form and/or narrative documentation in progress notes/orders)
 - History and Physical or progress note reviewed to verify site/laterality
 - Notification of Physician/Licensed Independent Practitioner if any discrepancy
 - Availability of radiological/diagnostic studies verified
 2. Site marking, when appropriate, should occur with patient/family involvement prior to the patient being positioned for the procedure. Initials of physician/Licensed Independent Practitioner marking the site should be visible after prepping and draping.
 3. “Time-Out”
 - Chart is reviewed prior to procedure for final verification including
 - Patient name
 - Procedure as it appears on the consent
 - Site/site
 - Final verification “time-out” is conducted immediately prior to the start of the procedure by the procedural team. This involves verbal, active communication by the entire team and includes verification of date and time and the following elements:
 - Patient name (name & medical record #)
 - Procedure as it appears on the consent form
 - Side/site (when appropriate)
 - Patient position
 - Proper equipment and supplies (including implants)
 - Additional radiological studies available if needed
- m. Patient is re-evaluated immediately before sedation to determine if any changes have occurred since the initial assessment and this pre-sedation re-assessment is documented on the sedation form.

PATIENT CARE and MONITORING

Responsibilities of the Registered Nurse, Respiratory Therapist in the Infant PFT Lab,

During Treatment

1. During treatment, the RN or Respiratory Therapist (in the Infant PFT Lab) is responsible for monitoring and documentation of the following activities.
 - a. All drugs used including dose, route of administration, time given, who ordered and who administered. This includes administered concentrations of inhalation sedation agents and oxygen and the duration of administration.
 - b. Pulse oximetry – continuous monitoring, documented quantitatively at least once every 15 minutes. For patients whose oxygen saturation baseline is normal (at or greater than 92%), the oxygen saturation should be maintained at or greater than 90%. When the patient's baseline oxygen saturation is lower than normal, a physician should recommend appropriate monitoring and therapy. If the patient's oxygen saturation falls below 90% (or other value recommended by the physician), the physician should be informed immediately.
 - c. Heart rate - continuous monitoring, documented quantitatively at least once every 15 minutes. If the patient's heart rate is consistently 10% above or below baseline, inform the physician immediately.
 - d. Respiratory rate and blood pressure are to be measured and documented at a minimum prior to sedation and prior to discharge. Additional measurements will be taken as indicated by deviations in the patient's pulse oximeter and heart rate values, increased depth of sedation.
 - e. The patient's response to sedation (pain score and level of consciousness or sedation scale) are assessed and documented with interventions/medication administration or at minimum every 30 minutes during an invasive procedure and as indicated during a non-invasive procedure.
 - f. The patient is monitored for any unexpected events or complications of sedation and/or procedure. Deep sedation can be a complication of procedural sedation. These events must be documented under "complications" on the Sedation/Invasive Procedure Flow sheet. Deep sedation is not considered a "complication" if deep sedation is the intended depth of sedation.
 - g. The use of immobilizing devices is documented according to TCH policy "Patient Restraint, Immobilization & Protection" and Nursing procedure "Restraints for Immobilization of Medical/Surgical Patients."
2. In short procedures less than 15 minutes, at least one set of procedural vital signs will be documented.
3. During Phase I Sedation, when drugs are reaching peak effect, this person is responsible solely for monitoring and observation of the sedated patient. This person must be able to recognize respiratory insufficiency and be BLS and be advanced life support certified.
4. During Phase II Sedation, when drugs are past the peak effect, this person may take responsibility for monitoring and observation of up to three patients.

PATIENT CARE and MONITORING

Responsibilities of the Registered Nurse, Respiratory Therapist in the Infant PFT Lab

After Treatment

1. During Phase I Sedation, this person is responsible solely for monitoring and observation of the sedated patient. This person must be able to recognize respiratory insufficiency and be BLS registered.
2. During Phase II Sedation, this person may take responsibility for monitoring and observation of up to three patients.
3. If Phase I recovery takes place in PACU, admission and/or discharge must be arranged by the sedating area.
4. After Treatment (during recovery care), the RN or Respiratory Therapist (in the Infant PFT Lab) is responsible for assessing and documenting the parameters listed below. After the initial post-procedural assessment, the nurse may delegate the monitoring, documentation and assessment to other qualified clinical staff after providing a thorough report.
 - a. Vital signs, oxygen saturation and pain score on arrival to recovery area and as needed based on patient's status, usually every 15-30 minutes.
 - b. Level of consciousness on arrival and every 30 minutes until discharge. Modified Aldrete score and pain score will be documented at time of discharge or transfer.
 - c. Any adverse events in recovery period
 - d. Complications and interventions (e.g., additional drugs, IV fluids) given in recovery period
 - e. Patients will be monitored post-sedation until cardiovascular function and airway patency are satisfactory and patient has achieved pre-determined Phase II discharge criteria before discontinuing Phase II care.
 - f. Criteria for discharge from Phase II care:
 1. Airway is patent, adequate oxygenation.
 2. Swallowing reflex present - may be demonstrated by swallowing clear fluids.
 3. Awake or easily arousable - minimal tactile and/or vocal stimulus may be necessary.
 4. Able to sit up with assistance (if age appropriate).
 5. Modified Aldrete Post-sedation recovery score (see chart on next page) greater than 8 or within 20% of pre-procedural baseline
 6. A maximum Modified Aldrete Post-sedation recovery score of 10 (or at pre-procedural baseline) would indicate that the patient is in optimal condition to return the nursing unit or be discharged to home.
 7. If the Modified Aldrete Post-sedation recovery score is lower than 8 or not within 20% of pre-procedural baseline, patient requires evaluation by the sedating physician or Licensed Independent Practitioner.
 8. If a patient is to be transferred to the post-anesthesia care unit or inpatient unit for recovery or after the initial recovery phase, report is to be given to the receiving RN or care provider to include the procedure, medications received, summary of vital signs during the procedure, any significant occurrences during the procedure or significant patient specific information.
 - g. Parent/guardian/patient teaching and provision/review of written discharge instructions: to include diet, activity level, signs and symptoms of complications and emergencies, emergency contact information.
 - h. Parent/guardian/patient understanding of written discharge instructions and signature verifying receipt of these instructions.
 - i. If an outpatient does not meet discharge criteria and requires hospital admission, the initiation of the admission process is the responsibility of the sedating physician or LIP using one of the following 2 (two) options:
 - A. Communicate with One Call Access Center (x3999), which will then do the following:
 1. Locate a bed from Nursing Supervisor.

2. Locate the appropriate attending with admitting privileges.
 3. Set up a conference call to arrange transfer of care (i.e. between sedating physician/LIP and unit/service attending).
 4. Sedating physician writes order for transfer if appropriate.
- B. If Critical Care admission is indicated, communicate with and transfer care to Critical Care attending or fellow.
- j. Placement of a Sedation sticker on the patient's clothing and instruction to the caregiver to make sure the sticker stays on clothing the patient is wearing until the next day. The sticker is to identify date/time and medication received in case the child experienced any complications and needed emergency treatment later.

Modified Aldrete (Pre-Sedation and Post-Sedation Recovery Scores)

Activity:

- 0 = Unable to lift head or move extremities voluntarily or on command
- 1 = Moves two extremities voluntarily or on command and can lift head
- 2 = Able to move four extremities voluntarily or on command. Can lift head and has controlled movement

Respiration:

- 0 = Apneic, condition necessitates ventilator or assisted respiration
- 1 = Labored or limited respirations
- 2 = Can take a deep breath and cough well; has normal respiratory rate and depth

Circulation:

- 0 = Abnormally high or low blood pressure; greater than 50mm Hg variability from normal
- 1 = BP within 20-50 mm Hg of normal
- 2 = Stable BP and pulse. BP within 10-20 mm Hg of normal

Neurologic Status:

- 0 = Not responding or responding only to painful stimuli
- 1 = Responds to verbal stimuli but drifts off to sleep easily
- 2 = Awake and alert; oriented to time, place, person (as developmentally appropriate)

Oxygen Saturation:

- 0 = Oxygen saturation less than 90% even with supplemental oxygen
- 1 = Needs supplemental oxygen to maintain oxygen saturation greater than 90%
- 2 = Able to maintain oxygen saturation greater than 92% on room air

SEDATION/INVASIVE PROCEDURE/COR SUBCOMMITTEE DESCRIPTION

1. The Sedation/Invasive Procedure/COR Subcommittee is a subcommittee of the Medical Quality Assessment Committee.
2. As described in the Medical Staff Bylaws:
 - a. The purpose of the Sedation/Invasive Procedure/COR Subcommittee is to strive for compliance with applicable standards for sedation and invasive procedure activities to ensure appropriate care for the patient.
 - b. The duties of the Sedation/Invasive Procedure/COR Subcommittee include:
 - Develop and update guidelines and policies to conform to JCAHO standards.
 - After approval by the Medical Board, distribute guidelines and policies related to sedation and invasive procedures.
 - Inservice where appropriate, Departments, Divisions or individuals about sedation and invasive procedure guidelines and policies.
 - Monitor hospital wide sedation and invasive procedure activities
 - Review all complications and make appropriate recommendations to the Medical Board and Departments or Divisions where complications and variances can be corrected.

ADMINISTRATION OF DRUGS

Drugs used at TCH for sedation purposes, as well as some reversal agents, are summarized below. A generalized mechanism of action, onset, duration and some considerations are included. However, this may not be an exclusive list, so please consult the TCH Formulary to verify dosages and all related precautions/adverse effects.

Polypharmacy can lead to unexpected cardiovascular compromise. Caregivers need to allow sufficient time between doses and medications for adequate absorption and response time to the drug.

A good rule of thumb is: Whenever more than one drug is used for sedation, the initial dose of each drug should be reduced by 25-33%.

NARCOTICS/OPIOID ANALGESICS and REVERSAL AGENTS

DRUG	ACTION	DOSE/ROUTE	ONSET	DURATION	ADVERSE REACTIONS/ PRECAUTIONS
MORPHINE SULFATE	Opiate agonist analgesic Alters perception of and response to pain	0.05 – 0.1 mg/kg IV over 5 minutes (2.5-5 mg adolescent)	5 minutes Peak 20 minutes	3-5 hours	<ul style="list-style-type: none"> • Respiratory depression **especially infants younger than 3 months of age • Suppression of cough reflex • CNS depression • Histamine release • Increased ICP • Hypotension • Bradycardia • Nausea/vomiting
FENTANYL	Opiate agonist Very strong analgesic 100 times more potent than morphine	0.5-1 mcg/kg IV over 3-5 minutes (25-50 mcg adolescent) May repeat at 5 minute intervals	Almost immediate onset *maximum effect may not be noted for up to 15 minutes	30-60 minutes *good for short, painful procedures	<ul style="list-style-type: none"> • Respiratory depression • Hypotension • Bradycardia • Nausea/vomiting • *Chest wall and glottic rigidity especially following rapid IV administration • *Least hemodynamic changes of any opiate
MEPERIDINE (DEMEROL)	Opiate agonist analgesic 1/10 as potent as morphine	0.5-1 mg/kg IV over at least 5 minutes (25-150 mg adolescent)	5-10 minutes Poorly titrated	2-4 hours	<ul style="list-style-type: none"> • *Active metabolite normeperidine may precipitate tremors or seizures (accumulation multiple dosing) • Caution with renal impairment • Respiratory depression • CNS depression • Hypotension • Bradycardia/tachycardia • Nausea/vomiting • Histamine release
NALOXONE (NARCAN)	Narcotic antagonist Reverses CNS & respiratory depression	0.1mg/kg IV over 30 seconds (2 mg max) repeat 2-3 minutes prn	1-2 minutes	20-60 minutes *re-sedation may occur, observe for 2 hours	<ul style="list-style-type: none"> • Nausea/vomiting • Hypertension/hypotension • Dysrhythmias • Tachycardia • Pulmonary edema

SEDATIVES – ANXIOLYTICS/BENZODIAZEPINES and REVERSAL AGENTS

DRUG	ACTION	DOSE/ROUTE	ONSET	DURATION	ADVERSE REACTIONS/PRECAUTIONS
DIAZEPAM (VALIUM))	Sedation, anxiolysis, anterograde amnesia, skeletal muscle relaxation	0.1-0.2 mg/kg PO (5-10 mg max) 0.04-0.2 mg/kg IV over 3 minutes (5-10 mg max)	20-60 minutes PO 2-4 minutes IV	6-8 hours PO, but may last up to 40+ hours 2-4 hours IV	<ul style="list-style-type: none"> • Contraindicated with narrow angle glaucoma • Paradoxical excitability • Respiratory depression/apnea • Bradycardia • Hypotension • Confusion, ataxia, dizziness • Laryngospasms • Pain and phlebitis at injection site
MIDAZOLAM (VERSED)	Short-acting benzo-diazepine 3-4x more potent than diazepam	0.2-0.4 mg/kg PO (15 mg max) 0.05-0.1 mg/kg IV over 2 minutes titrate to effect Adolescents may respond to 0.5-2 mg initial dose (10 mg max) 0.3 mg/kg IN, may repeat in 5-15 minutes	15-30 minutes PO 1-5 minutes IV Peak 10 minutes intranasal	60 min PO (dose related) 20-60 min IV (elimination half life up to 2.5 hours) 60 minutes intranasal	<ul style="list-style-type: none"> • Significant respiratory depression/arrest • Over sedation/drowsiness • Hiccups • Nausea/vomiting • Headache • *Decrease dose 25%-33% if given with narcotics <p>Intranasal (IN) administration may rapidly cross blood-brain barrier</p>
FLUMAZENIL (ROMAZICON)	Reverses sedative effects, psychomotor impairment and possibly amnesia caused by benzo-diazepines	0.01mg/kg IV (maximum 0.2mg/dose given over 15 seconds) May repeat every minute up to total of 1mg Consult formulary	1-3 minutes Peak 6-10 minutes	Less than 1 hour *reversal effects may wear off before effects of benzo-diazepine * observe patient for at least 2 hours	<ul style="list-style-type: none"> • *Caution in patients with known seizure disorder or patients receiving benzodiazepines • Nausea/vomiting • Headaches/blurred vision • Anxiety/emotional lability

SEDATIVES – HYPNOTICS/BARBITURATES (NO DIRECT ANTAGONISTS EXIST)

DRUG	ACTION	DOSE/ ROUTE	ONSET	DURATION	ADVERSE REACTIONS/ PRECAUTION
CHLORAL HYDRATE	Short-term sedative and hypnotic	Neonates: 25mg/kg/dose oral or rectal may repeat Others: 50-100 mg/kg may repeat to maximum 120mg/kg total or 1 gm infants or 2 gm children	15-30 minutes peak 30-60 minutes	Main effects 60 minutes Duration 4-8 hours *residual sedation may persist for 10+ hours toddlers, 20+ hours neonates	<ul style="list-style-type: none"> • Caution with hepatic/renal disease • Paradoxical excitability • Desaturation • Respiratory depression • Airway obstruction • Prolonged sedation/coma • Gastric irritation • Nausea/vomiting • *Most effective in children under 18 months of age – responses variable up to 4 years of age
PENTO-BARBITAL (NEMBUTAL)	Intermediate acting barbiturate used primarily to induce sleep for non-painful Radiologic exams (MRI, CT, NucMed)	2-5 mg/kg IV, not to exceed 50mg/minute May repeat with 2mg/kg to max of 7mg/kg if desired level of sedation not achieved within 5-10 minutes	30 sec to 5 minutes peak 5-10 minutes	Main effects 60 minutes *some residual effects may last up to 24 hours	<ul style="list-style-type: none"> • Caution with hepatic/renal disease • Hypovolemic shock • Paradoxical excitability • Respiratory depression/apnea • Transient decrease in oxygen saturations usually respond to head positioning, stimulation or oxygen • Hallucinations (rare) • Laryngospasm (rare) • Valproic Acid and derivatives (Depakene/Depakote) increase half life of pentobarbital

GENERAL ANESTHETIC – KETAMINE & PROPOFOL

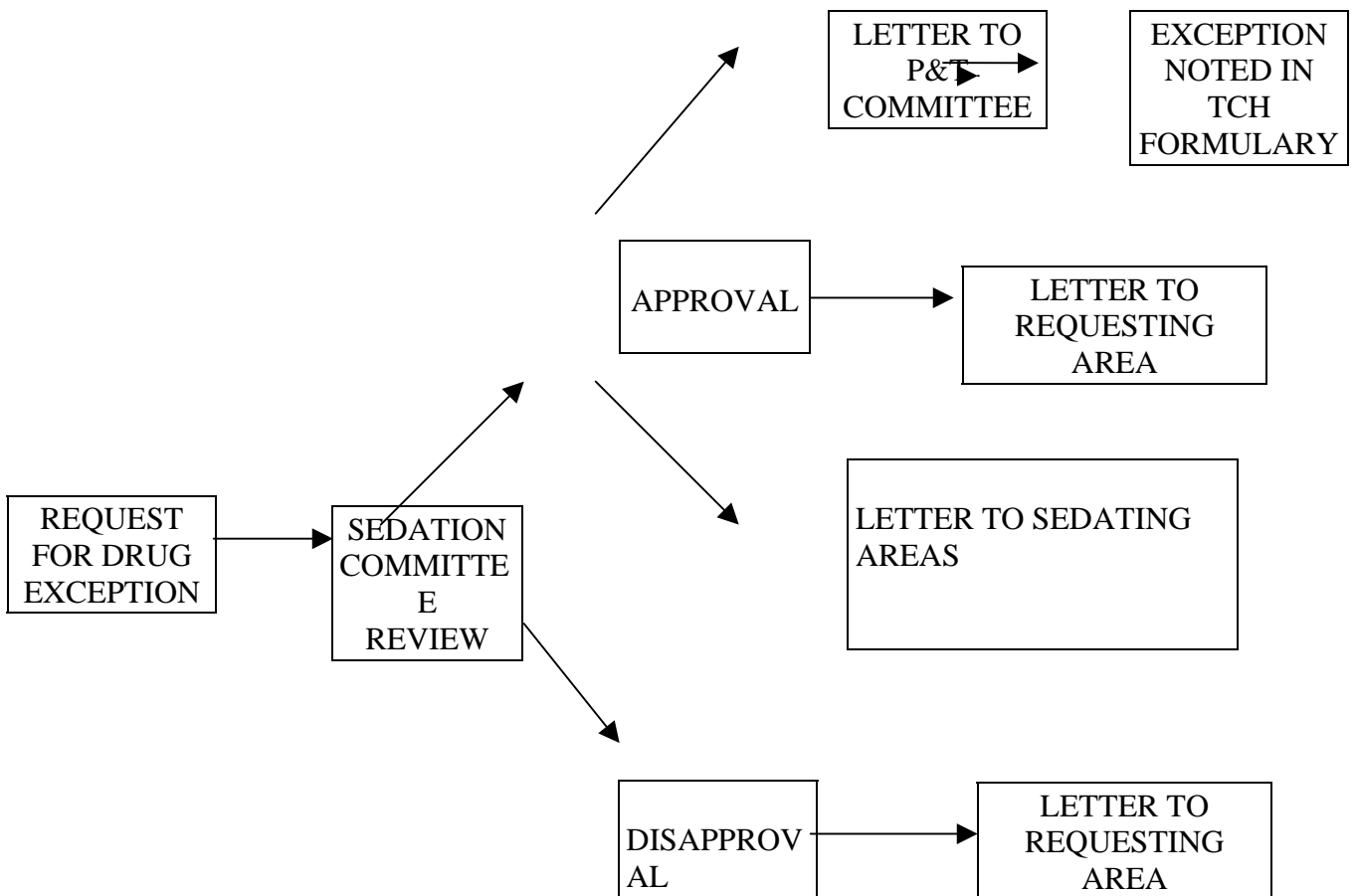
DRUG	ACTION	DOSE/ ROUTE	ONSET	DURATION	ADVERSE REACTIONS/ PRECAUTION
KETAMINE (for use only by approved sedation services – see credentials)	Dissociative anesthetic - Produces trance-like state - interferes with mind’s ability to perceive painful stimuli - appear awake with glassy-eyed stare, unfixed gaze or nystagmus - exhibit random tonic movements of extremities and increased muscle tone Potent analgesic and amnesic	1-2 mg/kg IV over 1 minute May repeat 0.5-1 mg/kg IV every 3-5 minutes to max of 3-5mg 2-3 mg/kg IM initial dose	IV 30-60 seconds IM 2-4 minutes	IV: 5-15 minutes Unconsciousness lasts 10-15 minutes Analgesia persists 30-40 minutes Amnesia effects may last up to 1-2 hours IM: 10-25 minutes Total recovery time may last 1-2 hours	Respiratory depression and loss of airway reflexes rare Positive inotrope <ul style="list-style-type: none"> • increases blood pressure • increases cardiac output and heart rate • increases intracranial pressure • increases secretions if less than 3 months or greater than 10 years of age <ul style="list-style-type: none"> • Hypertension • Increased ICP • Glaucoma • Significant pulmonary or cardiac disease • Procedures involving pharynx, larynx, trachea • Anatomic/congenital airway abnormalities • Porphyria • Major psychiatric disorder
PROPOFOL	To be used only by anesthesia CICU and Critical Care Refer to Sedation Credentials				

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18. CHEX (Children's Hospital Knowledge Exchange), Child Health Corporation of America, 2004.

DRUG DOSAGE EXCEPTION ALGORITHM

A drug dosage exception refers to a request from a sedating area for approval from the sedation committee to use a sedative or opioid analgesic at dosages out of the range recommended in The Children's Hospital Formulary.



Areas Credentialed for Sedation at TCH

Department Heads:

Sedating Area	Department Head or Designee	
<u>Anesthesia</u>	<u>Desmond B. Henry, MD</u>	
	B090	
Cardiology	D. Dunbar Ivy, MD	B100
Cardiovascular Surgery	Francois Lacour-Gayet, MD	B200
Cardiac ICU	Melvin Almodovar, MD	B100
Critical Care	Emily Dobyms, MD	B530
Dentistry	Stephen Wilson, DMD	B240
Emergency Medicine	Joan Bothner, MD	B251
Gastroenterology/Hepatology	Judith Sondheimer, MD	B290
Hematology/Oncology/BMT	Edie Albano, MD	B115
Neonatology	Daniel Hall, MD	B070
Nephrology	Gary M. Lum, MD	B328
Orthopedics	Robert E. Eilert, MD	B060
Pediatric Surgery	Frederick Karrer, MD	B323
Pulmonary (incl Infant PFT & Sleep Lab)	Frank Accurso, MD	B395
Radiology & Interventional Radiology	John D. Strain, MD	B125
Rehabilitation	Dennis Matthews, MD	B285

Sedation Equipment List for Satellites

Ambu-Bag: Small Self-Inflation with reservoir

Anesthesia Bags: 500 Liter and 1 Liter

Tonsil Tip Suction

Clear Face Masks: Neonatal, Infant, Toddler and Small child

Green O2 Tubing

Suction Catheter and Glove Sets: 5-6 French, 8 French, 10 French, 12 French

Pediatric simple O2 Mask with tubing (2)

Portable Suction Machine (small)

Oral airways: Several sizes

Portable O2 Tanks (2)

This list is appropriate for the pediatric subspecialties that provide sedation for infants and young children at satellite or outreach locations.

If any subspecialty anticipates the need to provide sedation for older children or adolescents, additional supplies in appropriate larger sizes would need to be added to this list to include the following:

Ambu Bag: Large (2 Liter) Self-Inflation with reservoir

Anesthesia Bag: large (adult)

Clear Face Mask: Large child

Suction Catheter and Glove Set: 14 French

Adult simple O2 Mask with tubing (1)