



## Surgical Privileges Form: Pediatric Surgery

## Clinical Privileges Request

### (Advanced Privileges/for Specialty Only)

Applicant's Name: .....

Scope of Practice: .....

License No. (If Any): .....

Facility: .....

Date: .....

### Instructions

#### For applicant:

1. Please note that you should sign next to each requested privilege.
2. Please use this sign (✓) for the requested privilege.
3. Please leave any procedures you do not want to apply for blank and do not use (X) sign.
4. Please do not write additional privilege out of your scope of practice, as it will not be accepted.
5. Please do not write anything in the "for committee Use "section.
6. For additional privilege, do not choose the already granted privilege.
7. Please attach the previous approval of surgical privilege when you apply for additional privilege.
8. Please note that you can apply for Appeal within one month of the date of Issuance of the Privilege.
9. You can only apply Once for Appeal per a single Privilege Application.

#### For committee:

1. Please note that the final decision must be signed by minimum 2 committee members.
2. Please use this sign (✓) for recommended and not-recommended privilege.
3. Please note that granting privileges under supervision is not permitted. Please do not write "under supervision" note next to any privilege.
4. Please specify the reasons for rejection (if applicable); for example (require experience, logbook is insufficient, need additional courses, etc.)



## Surgical Privileges Form: Pediatric Surgery

Clinical Privileges Request

### (Advanced Privileges/for Specialty Only)

#### CATEGORY I: GENERAL PROCEDURES

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Insertion of peritoneal dialysis catheter					

#### CATEGORY II: ABDOMINAL SURGERY

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Operative reduction of intussusceptions					
2. Resection of mesenteric & omental cysts					
3. Small bowel resection with or without anastomosis past neonatal period					
4. Creation of ileostomy					
5. Closure of ileostomy					
6. Creation of colostomy					
7. Closure of colostomy					
8. Large bowel resection & anastomosis					
9. Cut back procedure of Anal stenosis					
10. Surgery for rectal prolapse					
11. Total and partial Splenectomy					



**Surgical Privileges Form: Pediatric Surgery**

Clinical Privileges Request

**(Advanced Privileges/for Specialty Only)**

**CATEGORY III: General Procedures that need higher pediatric Surgery Experience**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Excision of thyroglossal duct cyst					
2. Excision of branchial cyst/fistula					
3. Excision of periauricular					
4. Excision of Cystic hygroma					

**CATEGORY IV: Thoracic Surgery**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Tracheostomy					
2. Excision of mediastinal tumors					
3. Lung biopsy					
4. Thoracotomy lung lobectomy					
5. Surgery for esophageal perforation					
6. Esophageal replacement					
7. Fundoplication					
8. Heller's Procedure					
<b>9. Endoscopy:</b>					
a. Bronchoscopy					
b. Esophagoscopy					
10. Correction of chest wall deformities					



## Surgical Privileges Form: Pediatric Surgery

## Clinical Privileges Request

### (Advanced Privileges/for Specialty Only)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
11. Repair of diaphragmatic eventration					

### CATEGORY V: Neonatal Surgery (Abdominal)

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for neonatal intestinal obstruction					
2. Creation of colostomy for ARM					
3. Repair of esophageal atresia & TEF (open)					
4. Surgery for NEC					
5. Rectal suction biopsy					
6. Excision of chest wall swellings					
7. Repair of diaphragmatic hernia					
8. Omphaloasty					
9. Repair of exomphalous minor					
10. Repair of exomphalous major					
11. Repair of Gastroschisis					
12. Repair of other midline abdominal & chest wall defects excluding umbilical hernia					



## Surgical Privileges Form: Pediatric Surgery

Clinical Privileges Request

### (Advanced Privileges/for Specialty Only)

#### CATEGORY VI: Liver/ Biliary Tree

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery of biliary atresia					
2. Surgery for choledochal cyst					
3. Cholecystectomy (open)					
4. Exploration of common bile duct					
5. Excision of hepatic tumors					

#### CATEGORY VII: Pancreas

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Internal drainage for pancreatic pseudocyst					
2. Distal pancreatic resection					
3. Exploration pancreatic duct & duct drainage or repair					
4. Pancreatic surgery for pancreatic tumors					



**Surgical Privileges Form: Pediatric Surgery**

**Clinical Privileges Request**

**(Advanced Privileges/for Specialty Only)**

**CATEGORY VIII: Renal Surgery**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Surgery for ureteropelvic junction obstruction					
2. Cystourthroscopy					
3. Urethral dilation					
4. Surgery for urethral stricture					
5. Fulguration of posterior urethral valve					
6. Sting for vesico ureteric reflux					
7. Vesico ureteric reimplantation					
8. Cystolithotomy					
9. Ureterolithotomy					
10. Nephrolithotomy					
11. Partial nephrectomy					
12. Total nephrectomy					
13. Urinary diversion: Temporary & permanent					
14. Augmentation cystoplasty					
15. Bladder neck reconstruction					
16. Surgery for urinal incontinence					
17. Bladder extrophy surgery					



## Surgical Privileges Form: Pediatric Surgery

## Clinical Privileges Request

### (Advanced Privileges/for Specialty Only)

#### CATEGORY IX: Suprarenal Gland

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Adrenalectomy					

#### CATEGORY X: External Genitalia Surgery

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Meatotomy/ Dilatation					
2. Meatolasty					
3. MAGPI procedure for hypospadias					
4. Repair of distal penile hypospadias					
5. Repair of midshaft hypospadias					
6. Correction of penile chordee					
7. Correction of penile torsion					
8. Repair of proximal and perineal hypospadias					
9. Redo hypospadias repair					
10. Repair of urethral fistula					
11. Surgery for ambiguous genitalia					
12. Surgery for vaginal atresia & obstruction					
13. Vaginal reconstruction					



**Surgical Privileges Form: Pediatric Surgery**

**Clinical Privileges Request**

**(Advanced Privileges/for Specialty Only)**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
14. Surgery of cloacal anomalies					
15. Surgery of urogenital sinuses					
16. Surgery for tumors of the genito-urinary system					

**CATEGORY XI: Large Bowel, Rectum and Anus**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Endorectal pull through (Soave)					
2. Swenson procedure for Hirschsprung disease					
3. Duhamel procedure for Hirschsprung disease					
4. Trans anal pull through					
5. Anoplasty for low ARM					
6. Posterior sagittal anorectoplasty					
7. Abdominoperineal pull through for ARM					
8. Excision of perianal abscesses					
9. Surgery for Fistula-in-ano					
10. Hemorrhoidectomy					





**Surgical Privileges Form: Pediatric Surgery**

Clinical Privileges Request

**(Advanced Privileges/for Specialty Only)**

**CATEGORY XII: Laparoscopic & Thoracoscopic Surgery**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic appendectomy					
2. Laparoscopic exploration * orchiopexy for intra-abdominal testis					
3. Laparoscopic pyloromyotomy					
4. Laparoscopic exploration for acute abdomen					
5. Laparoscopic exploration for trauma					
6. Laparoscopic cholecystectomy					
7. Laparoscopic resection of ovarian cysts					
8. Laparoscopic excision of abdominal masses					
9. Laparoscopic procedures that include intra- corporeal knotting					
10. Laparoscopic bowel resection & intra- corporeal anastomosis					
11. Laparoscopic splenectomy					
12. Laparoscopic pull through					
13. Laparoscopic abdominal tumor biopsy					
14. Laparoscopic supra renal tumor excision					



**Surgical Privileges Form: Pediatric Surgery**

**Clinical Privileges Request**

**(Advanced Privileges/for Specialty Only)**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
15. Laparoscopic repair of diaphragmatic hernia					
16. Thoracoscopic lung biopsy					
17. Thoracoscopic lobectomy					
18. Thoracoscopic repair of diaphragmatic hernia					
19. Thoracoscopic repair of diaphragmatic eventration					
20. Thoracoscopic excision of bronchogenic cyst					
21. Thoracoscopic repair of esophageal atresia & TEF					

**CATEGORY XIII: Neck Surgery**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Thyroid Surgery					
2. Parathyroid Surgery					



**Surgical Privileges Form: Pediatric Surgery**

Clinical Privileges Request

**(Advanced Privileges/for Specialty Only)**

**CATEGORY XIV: Upper GIT Endoscopy**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Rigid esophagoscopy					
2. Flexible esophagoscopy					
3. Gastroscopy for FB					
4. Gastroscopy diagnostic					
5. Esophago gastroduodenoscopy					
6. Endoscopic papilotomy					

**CATEGORY XV: Laparoscopic Genitourinary Surgery**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
1. Laparoscopic exploration for undescended testis					
2. Laparoscopic orchiopepy					
3. Laparoscopic high ligation for varicocele					
4. Laparoscopic excision of multicystic kidney					
5. Laparoscopic nephrectomy					
6. Laparoscopic resection of kidney tumors					



**Surgical Privileges Form: Pediatric Surgery**

**Clinical Privileges Request**

**(Advanced Privileges/for Specialty Only)**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)
7. Laparoscopic ureterolithotomy					
8. Laparoscopic pyeloplasty					

**CATEGORY XV1: Additional Privileges (not included above)**

Privileges	For applicant use		For committee use		
	Request	Signature	Recommended	Not Recommended	Reason for rejection (if any)



**Surgical Privileges Form: Pediatric Surgery**

**Clinical Privileges Request**

**(Advanced Privileges/for Specialty Only)**

Note:

- If additional privilege(s) are desired, please indicate this in the space provided above. You must submit along with this application a necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.
- Granting privileges under supervision is no longer permitted

By signing below, I acknowledge that I have read, understand, and agree to abide by DHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by DHP's policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the recognized policies and rules.

.....  
Applicant's signature (Stamp if any)

.....  
Date

.....  
Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

.....  
Date



**Surgical Privileges Form: Pediatric Surgery**

Clinical Privileges Request

**(Advanced Privileges/for Specialty Only)**

**For Committee use only**

**Committee Decision:**

**Evaluation type:**

- By Interview  virtual / personal
- By documents only
- Or both

**Other comments:**

.....

**Evaluation Committee Chairman:**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

.....  
Chairperson's Stamp & signature

.....  
Date

**Other Committee Members:**

.....

.....

1) Name

Date

.....

.....

2) Name

Date