

**MODALITY / PROCEDURE CHECKLIST for PEDIATRICS**

<b>R</b>	<b>PEDIATRIC PRIVILEGE DESCRIPTION</b>
	<p><b>Core Privileges:</b> Admission, evaluation, diagnosis, and provision of non-surgical treatment and management, including consultation for newborn and pediatric patients admitted or in need of care to treat general medical problems.</p>
<b>R</b>	<b>PEDIATRIC CORE PROCEDURE DESCRIPTION</b>
	<p>CPR, ECG Interpretations, I&amp;D Abscess, Lumbar Puncture, Nasal Pack, Repair Laceration, Umbilical Artery/Vein Central Line Placement, Endotracheal Intubations, Circumcision, Arterial puncture, Arterial cannulation, Bone Marrow Needle Insertion, Care of simple fractures, venous aspiration, internal jugular</p> <p><b>Emergency Procedures:</b> Thoracentesis, Chest Tube Placements, Cardioversion, Paracentesis, Pericardiocentesis</p>
<b>R</b>	<b>SPECIAL PROCEDURE REQUESTS</b>
	<p><b>Instructions:</b> For each procedure request, list approximate # performed within the past two years:</p> <p><u># Performed</u></p> <p>_____ CVP line</p> <p>_____ Endotracheal intubation, elective</p> <p>_____ Diagnostic Joint Aspiration</p> <p>_____ Myringotomy</p> <p>_____ Suprapubic bladder aspiration</p>

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_