

PEDIATRIC PRIVILEGES
Gulf Coast Medical Center
Department of Pediatrics

Name: _____

Date: _____

General Privileges	Currently Approved	Requested	Approved
Admit Patients			
Perform Histories / Physicals			
Order Diagnostic / Therapeutic Services			
Write Orders / Progress Notes in Patients Charts			
Request Consultation			
Provide Consultation			
Render Any Care in Life Threatening Emergency			
Allergic Disorders (e.g., Asthma)			
Cardiovascular (e.g., Hypertension, Congenital/Rheumatic Heart Disease)			
Diseases of Blood and Blood Forming Organs (e.g., Leukemia, Aplastic Anemia)			
Disturbances of Growth and Development			
Respiratory Disorders (e.g., Cystic Fibrosis)			
Endocrine Metabolic Disorders (e.g., Diabetes)			
Infections:			
Central Nervous System			
Fever of Undetermined Origin			
Gastrointestinal Tract			
Genitourinary Tract			
Respiratory Tract			
Skin			
Other Body Systems			
Surgical / Invasive / Diagnostic Procedures			
Endotracheal Intubation			
Exchange Transfusion			
Hyperalimentation			
I&D Abscess			
Peripheral Arterial Cut-down			
Peripheral Venous Cut-down			
Simple Fractures and Dislocations			
Umbilical Catheterization			
Abdominal Paracentesis			
Bladder Tap			

Surgical / Invasive / Diagnostic Procedures (Cont.)	Currently Approved	Requested	Approved
Bone Marrow Aspiration			
Laryngoscopy			
Lumbar Puncture			
Peripheral Arterial Puncture			
Venipuncture			
Establishment of IV Access			
Skin Biopsy			
Sedation Analgesia			
Newborn Care			
Routine Newborn Care			
Premature Infant Care			
Attendance at High Risk Deliveries:			
C-section Deliveries			
Vaginal High Risk Deliveries			
Additional Requests:			

Modifications / Comments: _____

Physician Signature: _____ **Date:** _____

Chief of Service: _____ **Date:** _____

Credentials Approval: _____ **Date:** _____

Medical Executive Approval: _____ **Date:** _____

Board Approval: _____ **Date:** _____