

**UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS**

**Pediatrics**

**Delineation of Privilege Form**

Page 1 of 1

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
<b>Category I Privileges: Infants, Children, Adolescents</b>				
Admit, treat and / or consult on medical conditions / problems affecting infants, children and adolescents				
Suprapubic bladder aspiration				
Excision and drainage of simple abscesses				
Suture simple lacerations				
Lumbar puncture				
Arterial punctures for blood sampling				
External jugular vein punctures				
Umbilical vein catheterization				
Umbilical artery catheterization				
Endotracheal intubation / laryngoscopy (emergency)				
Reduction of radial head dislocation				
Removal of foreign body (ear, nose, skin or subcutaneous tissue)				
Management of clavicle fracture				
Newborn resuscitation				
Neonatal ventilator management				

**Acknowledgment of Practitioner:**

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date