

**UNIVERSITY HOSPITAL AND HEALTH SYSTEM**  
**UNIVERSITY OF MISSISSIPPI MEDICAL CENTER**  
2500 North State Street, Jackson MS 39216

**PEDIATRIC ALLERGY/IMMUNOLOGY CLINICAL PRIVILEGES**

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

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- ☐ Initial Appointment
- ☐ Reappointment

***All new applicants must meet the following requirements as approved by the governing body effective: 4/3/2013.***

***Applicant:*** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

***Department Chair:*** Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

***Other Requirements***

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

**QUALIFICATIONS FOR ALLERGY/IMMUNOLOGY**

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***To be eligible to apply for core privileges in allergy/immunology, the initial applicant must meet the following criteria:***

Current certification in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification in allergy and immunology by the American Osteopathic Board of Internal Medicine.

OR

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in internal medicine or pediatrics followed by an accredited residency in allergy and immunology and active participation in the examination process with achievement within 5 years of completion of formal training leading to specialty certification in allergy and immunology by the American Board of Allergy and Immunology or subspecialty certification in allergy and immunology by the American Osteopathic Board of Internal Medicine.

***Required Previous Experience:*** Applicants for initial appointment must be able to demonstrate provision of inpatient, outpatient, or consultative allergy/immunology services, reflective of the scope of privileges requested, to a sufficient volume of patients during the past 24 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

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***Reappointment Requirements:*** To be eligible to renew core privileges in allergy/immunology, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience (inpatients, outpatients, or consultations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges. Medical Staff members whose board certificates in allergy and immunology bear an expiration date shall successfully complete recertification no later than three (3) years following such date. For members whose certifying board requires maintenance of certification in lieu of renewal, maintenance of certification requirements must be met, with a lapse in continuous maintenance of no greater than three (3) years.

**CORE PRIVILEGES**

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**ALLERGY/IMMUNOLOGY CORE PRIVILEGES**

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- ☐ **Requested** Admit, evaluate, diagnose, consult and manage children and adolescents, presenting with conditions or disorders involving the immune system, both acquired and congenital. Selected examples of such conditions include asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list

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**CHECK HERE TO REQUEST PEDIATRIC PRIVILEGES FORM**

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- ☐ **Requested**

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**CHECK HERE TO REQUEST ADULT ALLERGY/ IMMUNOLOGY PRIVILEGES FORM**

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- ☐ **Requested**

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**CORE PROCEDURE LIST**

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***To the applicant:*** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

- Airway maintenance intubation
- Allergen immunotherapy
- Allergy testing
- Delayed hypersensitivity skin testing
- Drug desensitization and challenge
- Drug testing
- Establishment and maintenance of open airway in non-intubated, unconscious, paralyzed patients
- Food challenge testing
- Immediate hypersensitivity skin testing
- Intraosseous infusion
- IVIG and SQIG treatment and administration
- Local anesthetic techniques
- Nasal cytology
- Order respiratory services
- Order rehab services
- Patch testing
- Perform routine medical procedures (Venipuncture, skin biopsy, bladder catheterization, fluid and electrolyte management, foreign body removal from nose or ear, manage and maintain indwelling venous access catheter, administer medications and special diets through all therapeutic routes, basic cardiopulmonary resuscitation, superficial burns, evaluation of oliguria, I & D abscess, interpretation of antibiotic levels and sensitivities, interpretation of EKG (for therapeutic purposes), lumbar puncture, arterial puncture and blood sampling, management of anaphylaxis and acute allergic reactions, management of the immunosuppressed patient, monitoring and assessment of metabolism and nutrition, pharmacokinetics, use of reservoir masks and continuous positive airway pressure masks for delivery of supplemental oxygen, humidifiers, nebulizers, and incentive spirometry)
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Performance of history and physical exam
- Physical urticaria testing
- Provocation testing for hyper-reactive airways
- Pulmonary function tests
- Rapid desensitization
- Rhinolaryngoscopy
- Telehealth
- Vaccine skin testing and challenge

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**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at University Hospital and Health System, University of Mississippi Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff 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 applicable section of the Medical Staff Bylaws or related documents.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

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**Division Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CREDENTIALS COMMITTEE REPRESENTATIVE'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully

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perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

***Privilege***

***Condition/Modification/Explanation***

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

***Notes***

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***Credentials Representative's Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

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**DEPARTMENT CHAIR'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

***Privilege***

***Condition/Modification/Explanation***

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

***Notes***

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***Department Chair Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Reviewed:

Revised:

2/3/2010, 6/2/2010, 12/16/2011, 1/4/2012, 2/1/2012, 11/07/2012, 4/3/2013