

**CLEVELAND AMBULATORY SURGERY CENTER  
 DELINEATION OF CLINICAL PRIVILEGES  
 Anesthesia**

Applicant's Signature _____	Date _____
-----------------------------	------------

The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you **do** and **do not** wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request		Recommendation by QM Committee	
	Yes	No	Yes	No
General anesthesia				
Oral and nasal endotracheal intubation				
Intravenous conscious sedation				
Local infiltration anesthesia				
Monitored anesthesia care				
Intravenous block (Bier)				
Spinal block				
Epidural block				
Epidural steroid injection				
Intercostal blocks				
Neurolept analgesia				
Stellate ganglion block				
Lumbar sympathetic block				
Celiac plexus block				
Celiac plexus block neurolytic				
Epidural blood patch				
Cervical epidural				
Spinal accessory				
Greater occipital				
Brachial plexus				
Suprascapular				
Intercostal NB single				
Intercostal NB multiple				
Intercostal NB neurolytic				
Ilioinguinal				
Supra-orbital				
Obturator				
Supervision of CRNAs administering anesthesia				
Use of ultrasound with nerve blocks				

*For Administrative Purposes Only*

Clinical privileges recommendations approved by Governing Body. _____	Board of Managers Chairperson _____	Date _____
---	-------------------------------------	------------