

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

Applicant's Signature: _____	Date _____
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Printed Name: \_\_\_\_\_

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.

<b>Procedures</b>	<b>Credentialing Request</b>	
	<b>Yes</b>	<b>No</b>
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		