

THE CENTER FOR ORTHOPAEDIC SURGERY
ANESTHESIA DELINEATION OF PRIVILEGES

Name: _____

The request for Clinical Privileges should be carefully reviewed by the applicant and in accordance with the Medical Staff By-Laws. Only privileges for which documented education and/or training which can be verified will be granted.

Req INITIAL	Description	Anesthesia Director		Medical Advisory Committee	
	Performance and documentation of pre-analgesic and/or pre-anesthetic patient assessments				
	Development, implementation and documentation of analgesia and/or anesthesia care plan reviewed, as needed				
	Anesthesia, Conscious sedation				
	Anesthesia, Local				
	Anesthesia, Monitored care				
	Anesthesia, Spinal (Differential block)				
	Aspiration of joint				
	Block, Brachial Plexus nerve				
	Block, Greater occipital nerve				
	Block, Intercostal				
	Block, lumbar sympathetic / puncture				
	Block, Nerve with neurostimulator				
	Block, Selective Nerve Root				
	Epidural, Anesthesia				
	Epidural, Blood patch				
	Epidural, Caudal steroid injection				
	Epidural, Cervical steroid injection				
	Epidural, Lumbar steroid injection				
	Epidural, Neuroforaminal injection				
	Epidural, Thoracic steroid injection				
	Injection, Facet				
	Injection, Joint				
	Injection, Trigger Point				
	Stimulator, Spinal cord stimulator placement				
	Support life functions during the administration of anesthesia, including CPR and induction and intubation procedures – Code Blue				
	Emergency endotracheal intubations				
	Accurately document and maintain medical record and document observation in progress notes, and other parts of the medical records as specifically designated for anesthesia care.				
	C-Arm, Use of fluoroscopy and interpretation of image during procedure				
	Ultrasound, use of ultra sound during procedures				
	OTHER:				

SIGNATURE PAGE FOLLOWS:

I hereby request the clinical privileges as indicated above. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in the performance of privileges I have requested. I understand that any and all privileges granted to me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Medical Advisory Committee and the Executive Board reserve the right to grant or limit my privileges in accordance with my continuing performance in rendering of patient care.

_____, M.D.

Date

Approval Anesthesia Director/Medical Executive Committee

Date

Approval Medical Director/Medical Executive Committee

Date

Approved Medical Affairs Committee: _____

Information Board of Managers: _____

Appointment Dates: _____ to _____

Letter Sent: _____