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| Name: | Click here to enter text. |

HURLEY MEDICAL CENTER

Anesthesiology Privileges

Group 1

**1.00 Anesthesiology Core Privileges**

**Qualifications -** to be eligible to apply for core privileges in anesthesiology, the applicant must meet the

following qualifications:

* Current certification or active participation in the examination process leading to certification in

anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of

Anesthesiology; or

* Successful completion of an ACGME- or AOA-accredited four-year residency in anesthesiology,

and acceptable practice in the privileges requested with regards to scope and quality of practice.

#### Privileges Included in the Core

Management of patients rendered unconscious or insensible to pain and emotional stress during surgical,

obstetrical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and

treatment; spinal and epidural anesthesia; the support of life functions and vital organs under the stress

of anesthetic, surgical, and other medical procedures; management of patients with a difficult airway;

management of problems in pain relief; cardiopulmonary resuscitation; and the management of patients

in post-anesthesia care units and all operating room areas, including the following procedures:

fiberoptic laryngotracheobronchoscopy, mechanical ventilation, cardioversion and invasive

hemodynamic monitoring (including Swan-Ganz), except for those special procedure privileges listed

below.

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| **Requested** | **Recommended** | **Not Recommended** |
| **Recommended with the following modification(s) and reason(s):**  Click here to enter recommended modification(s) and reason(s) | | |

##### Patient Age Classification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient Age Group | Criteria | Requested | Recommended | Not Recommended |
| Newborn (0-30 days) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| All others | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**1.01 Special Procedures Privileges (See qualifications and/or specific criteria listed on page 2[[1]](#footnote-1)\*)**

##### 1.02 Comprehensive Critical Care – *Qualifications -* these privileges require a certificate of subspecialty

##### certification in Critical Care Medicine-Anesthesiology (CCM-A), eligibility for participation in the

##### examination process for CCM-A, or documentation of equivalent credentials.

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### Privileges included in the comprehensive critical care core

Comprehensive management of patients in critical care units including but not limited to the use of

procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, ultrafiltration,

thoracentesis, and pericardiocentesis.

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| **Requested** | **Recommended** | **Not Recommended** |
| **Recommended with the following modification(s) and reason(s):**  Click here to enter recommended modification(s) and reason(s) | | |

\**Specific criteria should be hospital-specific and should be recommended by the department chair or an*

*ad hoc committee to the MEC.*

##### Comprehensive Pain Management - *Qualifications -* these privileges require subspecialty certification

##### for pain management (PM), eligibility for participation in the examination process for PM or

##### documentation of equivalent credentials.

###### Privileges included in the comprehensive pain management core

Comprehensive management of acute and chronic pain; intraspinal medications, including diagnostic

and therapeutic blocks, neurolytic nerve blocks, and dorsal column stimulation.

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| **Requested** | **Recommended** | **Not Recommended** |
| **Recommended with the following modification(s) and reason(s):**  Click here to enter recommended modification(s) and reason(s) | | |

# 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 that I wish to exercise at **Hurley 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 a situation my actions are governed by the applicable section of the medical staff

bylaws or related documents.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

# Department Chair’s Recommendation

I have reviewed the requested clinical privileges and supportive documentation for the above named

applicant and recommend action on the privileges as noted above.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

Credentials Committee Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Committee Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Approval Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. [↑](#footnote-ref-1)