

**Harris Methodist Southlake
Center for Diagnostics and Surgery
Core Privileges in Anesthesiology**

Name: _____

Please indicate with a check mark the privileges requested.

Qualifications

To be eligible to apply for core privileges in anesthesiology, the applicant must meet the following qualifications:

- Documentation of the performance of at least 500 anesthesiology cases during the past two years;
- and**
- Current certification or eligibility to participate in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology;
- and**
- Successful completion of an ACGME- or AOA-accredited four-year residency in anesthesiology, and acceptable practice in the privileges requested.

_____ Privileges included in the core

Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment for patients of all ages; to 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 supervision of patients in post-anesthesia care units; except for those special procedure privileges listed below.

- Admitting, performing history and physical exams, and assuming responsibility for the medical care of patients;
- The clinical management of general anesthesia, regional anesthetics and/or resuscitation of patient unconscious from whatever cause;
- The management of problems in pain relief (excluding chronic pain management); (including local anesthetics, injections of sympathetic, peripheral, epidural, central nervous system blockade and blood patches);
- Supervision of CRNA's during general, regional and local anesthesia;
- Admitting and treating patients for pain management (excluding chronic pain management). Consultation is required on any patient with multisystem disease; and
- The insertion of central venous access catheters.

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth here.

Patient Age Group	Criteria	Requested	Recommended	Not Recommended
Infants 6 months to 2 years	10 cases			

_____ Core Pain Management Privileges

Privileges to admit, evaluate, diagnose, consult, and provide non-destructive and relatively low risk care to patients of all ages—except as specifically excluded from practice and except for those special procedure privileges listed below—to correct or treat various conditions, illnesses, and injuries of the neurological system, including the provision of consultation.

- Lumbar epidural injection of, or catheter placement for, injection of local anesthetics, opioids or steroid lumbar puncture, blood patch
- Injection of local anesthetics, opioids, or steroids for block of the cervical, celiac, splanchnic or lumbar paravertebral, sympathetic ganglia or plexuses
- Intramuscular injection of local anesthetic and steroid for treatment of trigger points
- Lumbar epidural blood patch
- Diagnostic lumbar puncture

****If the procedure that you are interested in is not included on this form, please provide a separate written request and appropriate documentation of training and experience.**

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 **Harris Methodist Southlake**, 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: _____

Credentials Committee Recommendations: _____ Recommend _____ Deny

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: _____