

LIST OF CLINICAL PRIVILEGES – ANESTHESIOLOGY

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from military service.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges;

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

CLINICAL SUPERVISOR: In Part I, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

CODES: 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference local facility privilege list. Use of this code is reserved for the Credentials Committee/Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

NAME OF APPLICANT:

NAME OF MEDICAL FACILITY:

ADDRESS:

I Scope		Requested	Verified
P384980	The scope of privileges in anesthesiology includes administration of anesthesia and administration of all levels of sedation for pediatric and adult patients. This includes pre-, intra-, and postoperative evaluation, treatment and the support of life functions and vital organs under the stress of anesthetic, surgical, and other procedures. Anesthesiologists provide acute and chronic pain management and consultation. Anesthesiologists may provide care to patients in the intensive care setting in accordance with MTF policies. Additionally, they may assess, stabilize, and determine the disposition of patients with emergent conditions in accordance with medical staff policy.		
Diagnosis and Management (D&M)		Requested	Verified
P385028	Management of malignant hyperthermia		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
P388353	Central venous pressure monitoring		
P388919	Initiation and management of patient-controlled analgesia, intrathecal and epidural		
P390328	Pulmonary artery catheter insertion and interpretation		
Procedures		Requested	Verified
P385044	Double lumen tube placement for single lung ventilation		
P385046	Fiberoptic bronchoscopy		
P385066	Intraoperative transesophageal echocardiography (TEE) - includes TEE probe insertion and basic echocardiography diagnosis		
P388370	Endotracheal intubation		
P388451	Cricothyrotomy		
P388933	Ultrasound guidance for vascular access and regional anesthesia		
P390707	Central venous catheter insertion		

LIST OF CLINICAL PRIVILEGES – ANESTHESIOLOGY (CONTINUED)			
Anesthesia		Requested	Verified
P387317	Topical and local infiltration anesthesia		
P387323	Peripheral nerve block anesthesia		
P387333	Regional nerve block anesthesia		
P388406	Moderate sedation		
P388923	General anesthesia		
P388925	Spinal anesthesia		
P388941	Advanced nerve block techniques (includes continuous catheter techniques)		
Anesthesia for the following specialty categories:		Requested	Verified
P385052	Anesthesia for the following specialty category: Non-cardiac thoracic		
P385054	Anesthesia for the following specialty category: Major vascular		
P385056	Anesthesia for the following specialty category: Neurosurgical		
P385058	Anesthesia for the following specialty category: Obstetric anesthesia and analgesia		
P385060	Anesthesia for the following specialty category: Pediatric anesthesia, age 1 month to 2 years		
P385062	Anesthesia for the following specialty category: Organ transplant (other than liver and cardiac)		
Pain Management Procedures		Requested	Verified
P385070	Lumbar / thoracic epidural injection for pain control		
P385072	Trigger point blocks		
P385074	Epidural blood patch		
P391425	Peripheral nerve block anesthesia (including continuous catheter technique)		
Procedure Advanced Privileges (Requires Additional Training)		Requested	Verified
P384986	Intermediate intraoperative transesophageal echocardiography (TEE) - Includes basic TEE plus qualitative and quantitative monitoring of cardiac systolic function and ventricular loading conditions		
P384988	Advanced intraoperative transesophageal echocardiography (TEE) -more complex patients. Requires expert training in TEE		
P384990	Transcranial doppler monitoring		
P384992	Evoked potential / neurophysiologic monitoring		
P384994	Pediatric anesthesia, age birth to 1 month (term neonates)		
P384996	Pediatric anesthesia, premature infants (age less than 38 weeks conceptual age)		
P572023	Point of Care Ultrasound (POCUS) Heart		
P582023	Point of Care Ultrasound (POCUS) Lungs		
P592023	Point of Care Ultrasound (POCUS) Abdomen		
Anesthesia for the following specialty categories		Requested	Verified
P384982	Anesthesia for the following specialty category: Cardiac to include management of cardiopulmonary bypass (CPB)		
P384984	Anesthesia for the following specialty category: Anesthesia for liver transplant		

Advanced Pain Management Procedures Privileges (formal pain management training).		Requested	Verified
P384998	Fluoroscopic guided procedures		
P385000	Cervical epidural injection for pain control		
P385002	Implantation and subcutaneous tunneling of Intrathecal / epidural catheter		
P385004	Chemical / thermal neurolysis of sympathetic nerves		
P385006	Chemical / thermal neurolysis of peripheral nerves		
P385008	Chemical / thermal neurolysis of cranial nerves		
P385010	Chemical / thermal neurolysis via epidural or subarachnoid approach		
P385012	Percutaneous spinal cord stimulation		
P385014	Implantation of epidural stimulation lead and pulse generator / receiver		
P385016	Intrathecal analgesic / antispasmodic		
P385018	Implantation of permanent intrathecal catheter and infusion pump		
P385020	Thermal zygapophyseal joint denervation		
P385022	Intervertebral disc injection		
P385024	Intradiscal electrothermal therapy (IDET)		
P385026	Percutaneous vertebroplasty		
Other (Facility- or provider-specific privileges only):		Requested	Verified
SIGNATURE OF APPLICANT		DATE	
II CLINICAL SUPERVISOR'S RECOMMENDATION			
<div> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND APPROVAL WITH MODIFICATION (Specify below) <input type="checkbox"/> RECOMMEND DISAPPROVAL (Specify below) </div> <p>STATEMENT:</p>			
CLINICAL SUPERVISOR SIGNATURE		CLINICAL SUPERVISOR PRINTED NAME OR STAMP	DATE