

## 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 the Air Force.

**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, 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 facility master Strawman. Use of this code is reserved for the Credentials 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**

I Scope		Requested	Verified
<b>P384980</b>	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
<b>P385028</b>	Management of malignant hyperthermia		
<b>P388337</b>	Mechanical ventilatory management (invasive and noninvasive)		
<b>P388353</b>	Central venous pressure monitoring		
<b>P388919</b>	Initiation and management of patient-controlled analgesia, intrathecal and epidural		
<b>P390328</b>	Pulmonary artery catheter insertion and interpretation		
Procedures		Requested	Verified
<b>P385044</b>	Double lumen tube placement for single lung ventilation		
<b>P385046</b>	Fiberoptic bronchoscopy		
<b>P385066</b>	Intraoperative transesophageal echocardiography (TEE) - includes TEE probe insertion and basic echocardiography diagnosis		
<b>P388370</b>	Endotracheal intubation		
<b>P388451</b>	Cricothyrotomy		
<b>P388933</b>	Ultrasound guidance for vascular access and regional anesthesia		
<b>P390707</b>	Central venous catheter insertion		
	<b>Anesthesia:</b>	Requested	Verified
<b>P388923</b>	General anesthesia		
<b>P388925</b>	Spinal anesthesia		
<b>P387323</b>	Peripheral nerve block anesthesia		
<b>P387317</b>	Topical and local infiltration anesthesia		
<b>P388406</b>	Moderate sedation		
<b>P388941</b>	Advanced nerve block techniques (includes continuous catheter techniques)		
<b>P387333</b>	Regional nerve block anesthesia		

**CLINICAL PRIVILEGES – ANESTHESIOLOGY (CONTINUED)**

<b>Procedures(Con't)</b>			
	<b>Anesthesia for the following specialty categories:</b>	<b>Requested</b>	<b>Verified</b>
<b>P385052</b>	Anesthesia for the following specialty category: Non-cardiac thoracic		
<b>P385054</b>	Anesthesia for the following specialty category: Major vascular		
<b>P385056</b>	Anesthesia for the following specialty category: Neurosurgical		
<b>P385058</b>	Anesthesia for the following specialty category: Obstetric anesthesia and analgesia		
<b>P385060</b>	Anesthesia for the following specialty category: Pediatric anesthesia, age 1 month to 2 years		
<b>P385062</b>	Anesthesia for the following specialty category: Organ transplant (other than liver and cardiac)		
	<b>Pain management procedures:</b>	<b>Requested</b>	<b>Verified</b>
<b>P385070</b>	Lumbar/thoracic epidural injection for pain control		
<b>P385072</b>	Trigger point blocks		
<b>P385074</b>	Epidural blood patch		
<b>P391425</b>	Peripheral nerve block anesthesia (including continuous catheter technique)		
<b>Procedure Advanced Privileges (Requires Additional Training):</b>		<b>Requested</b>	<b>Verified</b>
<b>P384986</b>	Intermediate intraoperative transesophageal echocardiography (TEE) - Includes basic TEE plus qualitative and quantitative monitoring of cardiac systolic function and ventricular loading conditions		
<b>P384988</b>	Advanced intraoperative transesophageal echocardiography (TEE) -more complex patients. Requires expert training in TEE		
<b>P384990</b>	Transcranial doppler monitoring		
<b>P384992</b>	Evoked potential / neurophysiologic monitoring		
<b>P384994</b>	Pediatric anesthesia, age birth to 1 month (term neonates)		
<b>P384996</b>	Pediatric anesthesia, premature infants (age less than 38 weeks conceptual age)		
	<b>Anesthesia for the following specialty categories:</b>	<b>Requested</b>	<b>Verified</b>
<b>P384982</b>	Anesthesia for the following specialty category: Cardiac to include management of cardiopulmonary bypass (CPB)		
<b>P384984</b>	Anesthesia for the following specialty category: Anesthesia for liver transplant		
<b>Advanced Pain Management Procedures Privileges (formal pain management Tng)</b>		<b>Requested</b>	<b>Verified</b>
<b>P384998</b>	Fluoroscopic guided procedures		
<b>P385000</b>	Cervical epidural injection for pain control		
<b>P385002</b>	Implantation and subcutaneous tunneling of Intrathecal / epidural catheter		
<b>P385004</b>	Chemical / thermal neurolysis of sympathetic nerves		
<b>P385006</b>	Chemical / thermal neurolysis of peripheral nerves		
<b>P385008</b>	Chemical / thermal neurolysis of cranial nerves		
<b>P385010</b>	Chemical / thermal neurolysis via epidural or subarachnoid approach		
<b>P385012</b>	Percutaneous spinal cord stimulation		
<b>P385014</b>	Implantation of epidural stimulation lead and pulse generator / receiver		
<b>P385016</b>	Intrathecal analgesic / antispasmodic		
<b>P385018</b>	Implantation of permanent intrathecal catheter and infusion pump		
<b>P385020</b>	Thermal zygapophyseal joint denervation		
<b>P385022</b>	Intervertebral disc injection		
<b>P385024</b>	Intradiscal electrothermal therapy (IDET)		
<b>P385026</b>	Percutaneous vertebroplasty		

**CLINICAL PRIVILEGES – ANESTHESIOLOGY (CONTINUED)**

**Other (Facility- or provider-specific privileges only):**


**SIGNATURE OF APPLICANT**

**DATE**

**II CLINICAL SUPERVISOR’S RECOMMENDATION**

**RECOMMEND APPROVAL**

**RECOMMEND APPROVAL WITH MODIFICATION**  
(Specify below)

**RECOMMEND DISAPPROVAL**  
(Specify below)

**STATEMENT:**

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**