



## CAROLINAS HEALTHCARE SYSTEM UNION

Provider Name: \_\_\_\_\_

### CAROLINAS MEDICAL CENTER-UNION

### REAPPOINTMENT DELINEATION OF PRIVILEGES

### DEPARTMENT OF ANESTHESIOLOGY

The Criteria for meeting the minimal requirements necessary for obtaining privileges in a specific area are listed under the following sections:

- A. General Anesthesiology Privileges
- B. Subspecialties in Anesthesiology
- C. Privileges granted to Anesthesiologists and other physicians

Clinical privileges in the Department of Anesthesiology are based upon education, clinical training, demonstrated skills, current competence and the ability to perform all procedures requested and to manage procedurally related complications. It is the mission of the Department of Anesthesiology at CAROLINAS MEDICAL CENTER-UNION to provide high quality specialized anesthesia care twenty-four (24) hours per day for all patients, regardless of ability to pay or insurance status. If granted membership and privileges, applicants must assume all the functions and responsibilities of appointment and privileges in the Department of Anesthesiology, including care of unassigned patients, care of staff cases, equal share of Medicare, Medicaid and indigent care, emergency service care, subspecialty call, and consultation. In addition, each Anesthesiologist must adhere to all Departmental policies and procedures, and must demonstrate compliance with Medicare billing requirements and all federal and state regulations applicable to the practice of Anesthesiology.

#### SECTION I. GENERAL ANESTHESIOLOGY PRIVILEGES

Applicants for membership in the Department of Anesthesiology must be physicians who have obtained licensure by the Board of Medical Examiners of the State of North Carolina and who have:

- A. Achieved certification in Anesthesiology **OR**
- B. Completed the training requirements which render the person eligible or admissible for board certification in Anesthesiology General Anesthesiology Privileges allow the applicant to practice Anesthesiology in providing services for adults and uncomplicated Pediatric patients in all anesthetizing locations and for the provision of basic critical care services in the recovery room, intensive care units and on the floors. In order to meet clinical workload and call requirements, applicants must be able to document their relevant training, experience, current competence and ability to perform all of the procedures described under the General Anesthesiology Privileges.



The performance of a preoperative evaluation to include history, physical exam and appropriate medical preparation of the patient for surgery. The establishment of an anesthetic plan based on preexisting medical conditions and the surgical procedure to be performed. The ability to document the assessment and plan and communicate this to consultants and surgeons.

The administration of inhalational and intravenous anesthetic agents for the purpose of rendering a patient less sensible or insensible to pain and/or emotional stress during surgical, obstetrical, and certain medical procedures.

The administration of major regional anesthesia for rendering a patient less sensible or insensible to pain and/or emotional stress during surgical, obstetrical, and certain medical procedures. Such techniques include, but are not limited to, spinal and epidural.

The performance of peripheral nerve blocks for the purpose of rendering a patient insensible to pain and/or emotional stress during surgical, obstetrical and certain medical procedures. Such techniques include, but are not limited to, brachial plexus, femoral, sciatic, and ankle blocks, as well as I.V. regional anesthesia and continuous local anesthetic infusions into nerve plexuses.

The support of life functions under the stress of anesthetic and surgical manipulations. Such support would include the use of the defibrillator for defibrillation and cardioversion. Such support would also include emergency insertion of temporary pacemaker for life-threatening arrhythmias.

The insertion of arterial catheters.

The insertion of venous cannulas to include central venous catheters and pulmonary artery catheters.

The insertion of nasotracheal and orotracheal tubes and the performance of emergency cricothyrotomy for the purpose of airway management.

The utilization of Bronchoscopy as it pertains to airway management, intubation, and intra and postoperative ventilatory care.

The management of problems in cardiac and respiratory resuscitation.

The clinical management of fluid, electrolyte, acid-base, and metabolic disturbances in the surgical patient.

The management of massive transfusion in the trauma patient.

The application of specific methods of ventilation and inhalation therapy.

The applicant is capable of placing and managing a double lumen endotracheal tube, including the use of Fiberoptic Bronchoscopy to position the tube.

The applicant understands the physiologic concerns of carotid and aortic surgery and is able to manage cerebral perfusion during carotid surgery and the effects of aortic clamping and unclamping in aortic surgery.

The applicant has an understanding of cerebral perfusion and determinants of intracranial pressure and is able to apply this knowledge to the management of patients with intracranial pathology undergoing surgical procedures.

The applicant is able to provide postoperative care including postoperative pain management, respiratory care and cardiovascular support.

**SECTION II. SUBSPECIALTY ANESTHESIOLOGY PRIVILEGES**

**A. CARDIAC ANESTHESIOLOGY**

Anesthesiologists specialty trained in Cardiac Anesthesiology will be required for the management of any case in which cardiopulmonary bypass is used or could potentially be used in an emergency situation. Cardiac Anesthesiology coverage will be available twenty-four (24) hours per day, seven (7) days per week. Applicants for privileges in Cardiac Anesthesiology must meet all required items listed under Basic Cardiovascular Anesthesiology Privileges. In order to meet requirements for privileges in Cardiac anesthesiology, the applicant must have completed the following:

1. Fulfill the requirements for General Anesthesiology Privileges; **AND**
2. Completed an additional Fellowship year of training in Cardiac Anesthesiology, Critical Care, or Vascular and Thoracic Anesthesiology, **OR**
3. Fulfill the requirements of General Anesthesiology Privileges; **AND**
4. Completed six (6) full months of Cardiac anesthesiology in the final year of Anesthesiology residency; **OR**
5. The applicant can demonstrate that they have managed two hundred (200) patients for Cardiac Surgery in the previous three (3) years.



**ANS-2 – BASIC CARDIOVASCULAR ANESTHESIOLOGY PRIVILEGES**

| SOURCE OF TRAINING:  | NUMBER OF PROCEDURES | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|--|----------------------|---------------------|---|
| 1. Fulfill requirements for General Anesthesiology, AND<br>2. Residency/Fellowship<br>3. Post-Graduate (Indicate which Fellowship)<br>4. Hands on – (Attach documentation) |                      |                     |   |

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The applicant is facile in the placement and management of arterial catheters, central lines and pulmonary artery catheters. The applicant is facile in hemodynamic management including the use of vasoactive drugs to support the circulation.

The applicant understands the pathophysiology of coronary artery and valvular heart disease and is experienced in the intraoperative management of patients undergoing surgery for these diseases.

Management of patient undergoing cardiopulmonary bypass. The applicant is able to manage the use of deep hypothermia and circulatory arrest.

Clinical management of an intraortic balloon pump.

**BASIC CARDIOVASCULAR ANESTHESIOLOGY PRIVILEGES - Continued:**

Management of patients undergoing Off Pump Coronary Artery Surgery.

Management of anticoagulation for cardiopulmonary bypass and the management of reversal of anticoagulation and the management of coagulation disorders associated with cardiopulmonary bypass.

Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level the Cardiac Anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

Credentialing at the Basic level will require:

1. Evidence of continuing medical education in TEE (completion of thirty (30) hours of didactic instruction), **AND**
2. Performance of twenty (20) exams under supervision.



**ANS-2A – TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION PRIVILEGES**

| SOURCE OF TRAINING FOR BASIC INTRAOPERATIVE TRANSEOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION   | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|---|---------------------|---|
| 1. Attach documentation of continuing medical education in TEE (completion of thirty (30) hours of didactic instruction)<br>2. Attach documentation of performance of twenty (20) exams under supervision |                     |   |

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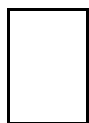
Anesthesia for Thoracic Surgery. The applicant is capable of placing and managing a double lumen endotracheal tube and/or endobronchial blocker including the use of Fiberoptic Bronchoscopy in positioning. The applicant is experienced in the placement and management of thoracic epidural catheters for post operative pain management.

Anesthesia for Major Vascular Surgery. The applicant understand the physiologic concerns of carotid and aortic surgery and is able to manage cerebral perfusion during carotid surgery and the effects of aortic clamping and unclamping in aortic surgery.

Anesthesia for Cardiac Transplantation. The applicant understands the physiologic concerns of patients undergoing cardiac transplantation and is experienced in the care of patients for cardiac transplantation.

Management of patients undergoing placement of left and right ventricular support devices including Heartmate Left Ventricular support Systems.

### ADDITIONAL CARDIOVASCULAR ANESTHESIOLOGY PRIVILEGES



**ANS-2B- ADVANCED INTRAOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW OF CARDIAC FUNCTION**

**INTERPRETATION**

Applicants must have completed:

1. At least three months of TEE training as part of a Cardiac Anesthesia Fellowship Program; **OR**
2. Performance of at least one hundred (100) TEE exams; **AND**
3. Passage of the qualifying exam by the American Society of Echocardiography.

Individuals credentialed at this level will have skills and experience that will enable them to fully utilize the full diagnostic potential of TEE. They will be capable of utilizing the full range of TEE functions and tools including assessment of valvular integrity, flow velocity data, and quantification of cardiac function.

| SOURCE OF TRAINING:  | NUMBER OF PROCEDURES (if applicable) | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|--|--------------------------------------|---------------------|---|
| 1. Cardiac Fellowship with at least three (3) months of TEE training, OR<br>2. Performance of at least 100 TEE exams; AND<br>3. Attach documentation of passage of the qualifying exam by the American Society of Echocardiography |                                      |                     |   |



**ANS-2C – ANESTHESIA FOR PORT- ACCESS CARDIAC SURGERY**

Applicants will have:

1. Completed ten (10) hours of CME training in Port Access Cardiac Surgery, **AND**
2. Supervised by a credentialed Cardiac Anesthesiologist in the care of three (3) patients undergoing Port Access Cardiac Surgery.

The applicant will understand the unique considerations of this surgical approach and be facile in the placement of the coronary sinus and pulmonary vent catheters and the use of Transeophageal Echocardiography in the monitoring of the position of the endoaortic balloon during surgery.

|   |                                   |   |
|---|-----------------------------------|---|
| <p><b>SOURCE OF TRAINING:</b></p> <ol style="list-style-type: none"> <li>1. Completed ten (10) hours of CME training in Port Access Cardiac Surgery, <b>AND</b></li> <li>2. Supervised by a credentialed Cardiac Anesthesiologist in the care of three (3) patients undergoing Port Access Cardiac Surgery</li> </ol> | <p><b>DATE(S) OF TRAINING</b></p> | <p><b>ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR</b></p> |
|---|-----------------------------------|---|

**B. PEDIATRIC CARDIAC ANESTHESIOLOGY**

Anesthesiologists specialty trained in Pediatric Cardiac Anesthesiology will be required for the management of any case in a patient under the age of twelve (12) years in which cardiopulmonary bypass is used or could potentially be used in an emergency situation. Pediatric Cardiac Anesthesiologists will be required in neonates undergoing palliative repairs of congenital cardiac disease, including PA banding, BT shunts, and repair of coarctation of aorta in neonates. Pediatric Cardiac Anesthesiologists will be available twenty-four (24) hours per day, seven (7) days per week. In order to meet requirements for privileges in Pediatric Cardiac Anesthesiology, the applicant must meet all items listed under Pediatric Cardiac Anesthesiology Privileges and have completed the following:

1. Fulfill the requirements for General Anesthesiology Privileges; **AND**
2. Have completed a Pediatric residency; training must have included at least two months of primary management of patients with Congenital Heart Disease, **OR**
3. Fulfill the requirements for General Anesthesiology Privileges; **AND**
4. An additional Fellowship year of training in Pediatric Anesthesiology, Cardiac Anesthesiology, Critical Care, or Vascular and Thoracic Anesthesiology in which at least two (2) months have been dedicated to care of the patient with Congenital Heart Disease.



**ANS-3 – PEDIATRIC CARDIAC ANESTHESIOLOGY PRIVILEGES**

| SOURCE OF TRAINING FOR PEDIATRIC CARDIAC ANESTHESIOLOGY PRIVILEGES                                     | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|--|---------------------|---|
| 1. General Anesthesia Privileges<br>2. Pediatric Residency<br>3. Fellowship (Indicate Which Specialty) |                     |   |

The applicant understands the pathophysiology of congenital heart disease and is experienced in the intraoperative management of patients undergoing surgery for these diseases.

The applicant is facile in the placement and management of radial, axillary and femoral arterial catheters and femoral, internal jugular, and subclavian central lines in neonates and infants. The applicant is facile in hemodynamic management of patients with Congenital Heart Disease including the use of vasoactive drugs to manipulate the systemic and pulmonary circulation and inotropic support of the heart.

Management of cardiopulmonary bypass for neonates and infants. The applicant is able to manage the use of deep hypothermia and circulatory arrest.

Management of anticoagulation for cardiopulmonary bypass and the management of reversal of anticoagulation and the management of coagulation disorders associated with cardiopulmonary bypass in neonates and infants.

Basic Intraoperative Transeophageal Echocardiography (TEE) and Doppler Color Flow Interpretation of Cardiac Function. Placement of the TEE probe and ability to obtain the views required for a standard exam. At this level the Cardiac Anesthesiologist will be capable of using TEE as a monitoring tool and be able to make general assessments of ventricular function. An individual credentialed at this level would call in consultative support for more detailed assessment of cardiac structure such as assessment of valvular regurgitation, quantification of cardiac function, or diagnostic decisions affecting surgical therapy.

Credentialing at the Basic level will require:

1. Evidence of continuing medical education in TEE (completion of 30 hours of didactic instruction) **AND**
2. Performance of the twenty (20) exams under supervision.



**ANS-3A – BASIC INTRAOPERATIVE TRANSEOPHAGEAL ECHOCARDIOGRAPHY (TEE) AND DOPPLER COLOR FLOW INTERPRETATION OF CARDIAC FUNCTION**

| SOURCE OF TRAINING:   | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|---|---------------------|---|
| 1. Attach documentation of thirty (30) hours CME in didactic instruction in TEE<br>2. Attach documentation of twenty (20) exams under supervision |                     |   |

The applicant is capable of managing postoperative ventilatory care in patients after Congenital Heart Surgery; including the unique concerns of ventilation after cavopulmonary shunt, Fontan, BT shunt, and the use of permissive hypercapnia and nitric oxide.

**C. PEDIATRIC ANESTHESIOLOGY**

Anesthesiologists specialty trained in Pediatric Anesthesiology will be required for the management of complex Pediatric Surgical cases that include, but are not limited to, neonatal emergencies, management of the difficult Pediatric airway, complex craniofacial surgery on children, complex Pediatric neurosurgery, complex Pediatric orthopediatric surgery, complex Pediatric urologic surgery and perioperative management of patients with serious Pediatric medical disease. Pediatric Anesthesiologists will be available twenty-four (24) hours per day, seven (7) days per week. The applicant must meet all standards listed under Basic Pediatric Anesthesiology Credentials. In order to meet requirements for privileges in Pediatric Anesthesiology, the applicant must have completed the following:

1. Fulfill the requirements for General Anesthesiology Privileges; **AND**
2. Completed a Pediatric residency, **OR**
3. Fulfill the requirements for General Anesthesiology Privileges and an additional Fellowship year of training in Pediatric Anesthesiology, Cardiac Anesthesiology, Neuroanesthesia, or Critical Care Medicine in which at least two (2) months have been dedicated to care of the Pediatric patient.



**ANS-4- BASIC PEDIATRIC ANESTHESIOLOGY PRIVILEGES**

| SOURCE OF TRAINING FOR PEDIATRIC ANESTHESIOLOGY PRIVILEGES  | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|---|---------------------|---|
| 1. Fulfill requirements for General Anesthesiology, AND<br>2. Pediatric Residency<br>3. Fellowship (Indicate Which Specialty) |                     |   |



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The applicant understands the unique physiologic concerns of the preterm and neonatal patient, and is experienced in the intraoperative management of these patients undergoing surgical procedures including the repair of tracheoesophageal fistula, diaphragmatic hernia, meningomyelocele, gastroschisis, omphalocele, and other neonatal emergencies.

The applicant is capable of the placement and management of radial, axillary and femoral arterial catheters, and femoral, internal jugular, and subclavian central lines in neonates and infants.

Placement and management of caudal and epidural anesthesia in infants and children.

The use of neonatal and pediatric fiberoptic bronchoscope in the management of the difficult Pediatric airway.

The applicant understands the perioperative concerns in children undergoing scoliosis surgery including management of blood products, monitoring spinal cord integrity, and postoperative ventilatory concerns.

The applicant is capable of managing postoperative ventilatory care in Pediatric patients; including the unique concerns of ventilation after repair of TE fistula or diaphragmatic hernia and the use of high frequency ventilation.

The applicant is experienced in the management of pain in the postoperative Pediatric patient; including the use of epidurals and patient controlled analgesia.

#### **ADDITIONAL PEDIATRIC ANESTHESIOLOGY PRIVILEGES**



**ANS-4A PLACEMENT OF LONG TERM PERCUTANEOUS INTRAVENOUS (PIC LINES)**

**CATHETERS**

The applicant can place PIC lines for long term intravenous access in children.

D. **PAIN MEDICINE** - Privileges in Pain Management may be applied for by physicians who have:

1. Successfully completed Fellowship training in Pain Management, **AND**
2. Are Board Certified by the American Board of Anesthesiology (Pain Management Subspecialty Boards), **OR**
3. Who have completed training requirements which render the person admissible for Board Certification by the American Board of Anesthesiology (Pain Management Subspecialty Boards), **AND**
4. Applicants must meet all of the standards listed under Basic Pain Medicine Privileges



**ANS-5 - BASIC PAIN MEDICINE PRIVILEGES**

| SOURCE OF TRAINING FOR BASIC PAIN MEDICINE PRIVILEGES   | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|---|---------------------|---|
| 1. Fellowship training in Pain Management, AND<br>2. Board Admissible/Certified by the American Board of Anesthesiology (Pain Management Subspecialty Boards) |                     |   |

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The management of problems in pain relief to include the performance of nerve blocks with local anesthetics and the use of epidural or intrathecal narcotics, steroids or other agents for pain relief. These privileges include: Brachial Plexus Block, Carpal Tunnel Injection, Celiac Plexus Block, Coccygeal Nerve Block, Costochondral Joint Injection, Differential Subarachnoid Block, Epidural Steroid Injection, Epidural Steroid Injection (Caudal), Facet Joint Injection, Greater Occipital Nerve Block, Ilioinguinal/Iliohypogastric Nerve Block, Infraclavicular Catheter Placement, Regional Injection, Joint Injection, Lateral Femoral Cutaneous Nerve Block, Nerve Root Block (Spinal Somatic block, Paravertebral Spinal Somatic Block), Paravertebral Sympathetic block, Piriformis Injection, Posterior Tibial Nerve Block, Pump Refill, Peripheral Nerve Block, Sacroiliac Joint Injection, Saphenous Nerve Block, Scar Neuroma Injection, Sphenopalatine Ganglion Block, Stellate Ganglion Block, Superficial Peroneal Nerve Block, Superior Hypogastric Plexus Block, Suprascapular Nerve Block, Sural Nerve Block, Trigger Point Injection, Bursa Injection, and Ulnar Nerve Block.

The management of problems in pain relief and spasticity to include the use of nerve blocks with lytic agents such as phenol or alcohol, or neuro augmentation with spinal cord or peripheral nerve stimulation.

The applicant understands the indications and complications of implantable epidural infusion pump systems and spinal cord stimulators and is facile in the placement and management of these devices.

#### **ADDITIONAL PAIN MEDICINE PRIVILEGES**



#### **ANS-5A PERCUTANEOUS RADIOFREQUENCY LESIONING OF SYMPATHETIC SOMATIC NERVES**

The use of Radiofrequency Generation for Lesions of Sympathetic/Somatic Nerves. Applicants must have:

1. Completed an approved hands-on course for Radiofrequency Generator.

#### **E. PERCUTANEOUS VERTEBROPLASTY**



#### **ANS-5B INDIRECT DECOMPRESSION FOR SPINAL STENOSIS**

Indirect decompression is used to treat patients suffering from neurogenic intermittent claudication secondary to diagnosis of lumbar spinal stenosis for levels L1-L5. The implanted between 2 contiguous spinous processes via a minimally invasive midline approach through a 1-2 cm incision. No removal of tissue is required for implant. Implantation on up to 2 adjacent levels. The stand-alone spacer device acts as an extension blocker to minimize the extent of compression of neural elements particularly the lateral recess and foramina.

#### **Initial Criteria:**

1. Documentation of successful completion of a formal course by Vertiflex; **AND**
2. Verification by the approved Proctoring Physician that the Applicant was successfully proctored for a minimum of five (5) patient cases; **OR**
2. Documentation of proficiently performing five (5) cases within the past two (2) years.

#### **Maintenance Criteria for Continued Special Privileges:**

The Physician must submit a minimum of two (2) cases over the past two (2) years, based on acceptable results of ongoing professional practice evaluation and outcomes, to reapply for special privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.



## ANS-6 -PERCUTANEOUS VERTEBROPLASTY

**SHORT DEFINITION:** Percutaneous injection of a bone cement such as PMMA (Polymethylmethacrylate) into the affected vertebral body. Primary indications include painful osteoporotic compression fractures refractory to medical therapy, and osteolytic vertebral body lesions such as metastatic cancer. Fluoroscopic or CT guidance of a transpedicular or direct corporal puncture approach is essential for patient safety, along with active fluoroscopic monitoring during the cement injection. Percutaneous techniques which involve restoration of vertebral body height (Kyphoplasty) are not part of this privilege.

In order to meet requirements for privileges to perform Percutaneous Vertebroplasty, the applicant must:

1. Certification by the American Board of Anesthesiology; **AND**

2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology; **AND**

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3. Provide documentation from the Director of the applicant's training program that he/she has successfully performed ten (10) Vertebroplasty procedures and is competent in its performance;

**OR**

1. Board certification by the American Board of Anesthesiology; **AND**

2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology; **AND**

3. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty; **AND**

4. Provide documentation of completion of ten (10) Vertebroplasty procedures with acceptable outcomes;

**OR**

1. Board Certification by the American Board of Anesthesiology; **AND**

2. Subspecialty certification in Pain Medicine by the American Board of Anesthesiology; **AND**

3. If training for Vertebroplasty was not included in Residency or Fellowship training, applicant must have successfully completed an Accreditation Council for Continuing Medical Education (ACCME) Course in Vertebroplasty; **AND**

4. Provide documentation of successful completion of ten (10) Vertebroplasty procedures with acceptable outcomes proctored by a physician who is currently credentialed to perform this procedure at CAROLINAS MEDICAL CENTER-UNION.

No grandfather clause

## **G. NEUROANESTHESIA/NEUROELECTROPHYSIOLOGIC MONITORING**

In order to meet requirements for privileges in Neuroanesthesiology/Neuroelectrophysiologic Monitoring, the applicant must:

1. Fulfill the requirements for General Anesthesiology Privileges; **AND**

2. Completed additional Fellowship training in Neuroanesthesiology or Critical Care Medicine in which at least two (2) months were dedicated to care of neurosurgical patients with training in Neuroelectrophysiologic Monitoring, **OR**

3. Fulfill the requirements for General Anesthesiology Privileges; **AND**

4. Completed six (6) full months Neuroanesthesiology in the final year of Anesthesiology residency or demonstrate by letter from their prior program director that they have managed one hundred (100) patients for complex neurosurgical procedures in the previous three (3) years and have been trained in Neuroelectrophysiologic Monitoring.



| SOURCE OF TRAINING FOR NEUROANESTHESIA/ NEURO-ELECTROPHYSIOLOGIC MONITORING ANESTHESIOLOGY PRIVILEGES   | DATE(S) OF TRAINING | ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR |
|---|---------------------|---|
| <p>1. Fulfill the requirements for General Anesthesiology Privileges;<br/><b>AND</b></p> <p>2. Completed additional Fellowship training in Neuroanesthesiology or Critical Care Medicine in which at least two (2) months were dedicated to care of neurosurgical patients with training in Neuroelectrophysiologic Monitoring, <b>OR</b></p> <p>3. Fulfill the requirements for General Anesthesiology Privileges;<br/><b>AND</b></p> <p>4. Completed six (6) full months Neuroanesthesiology in the final year of Anesthesiology residency or demonstrate by letter from their prior program director that they have managed one hundred (100) patients for complex neurosurgical procedures in the previous three (3) years and have been trained in Neuroelectrophysiologic Monitoring.</p> |                     |   |

Intraoperative Neurophysiologic monitoring including EEG, Somatosensory Evoked Potentials, Motor Evoked Potentials, Brainstem Auditory Evoked Potentials, and Cranial Nerve monitoring.

**SECTION III. PRIVILEGES GRANTED TO OTHER PHYSICIANS**



**ANS-9 - OBSTETRIC ANESTHESIA**

Physicians who have not completed a residency in anesthesiology but who wish to apply for privileges to perform caudal or lumbar epidural anesthesia for labor or saddle block anesthesia for vaginal delivery only in obstetrical patients must demonstrate adequate training in:

- ◆ performance of the block itself
- ◆ management of airway and ventilation
- ◆ performance of laryngoscopy and endotracheal intubation
- ◆ recognition and management of all the complications of major regional anesthesia.

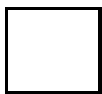
Documentation of such training should be in the form of a letter from the Chief of the Department of Anesthesiology at the institution at which the applicant received obstetrical anesthesia training.

Requests for these privileges must be submitted in writing to the Chief of the Department of Anesthesiology and listed on the Physician's Delineation of Privileges form for his respective department. If the Chief of the Department recommends that privileges be granted to the applicant, he will forward the request to the Credentials Committee for the normal credentialing process.

A physician who institutes epidural anesthesia in a laboring patient is responsible for the management of that patient by:

1. Being physically present in the hospital at all times that the block is in effect, **OR**
2. Designating responsibility for the patient to another physician who has privileges to perform epidural anesthesia and who is physically present in the hospital at all times that the block is in effect, **AND**
3. Maintaining anesthetic record in conformance with the Standards of the Department of Anesthesiology.

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| <p><b>SOURCE OF TRAINING FOR OBSTETRIC ANESTHESIA PRIVILEGES</b></p> <p>Documentation of such training should be in the form of a letter from the Chief of the Department of Anesthesiology at the institution at which the applicant received obstetrical anesthesia training</p> | <p><b>DATE(S) OF TRAINING</b></p> | <p><b>ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR</b></p> |
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**ANS-10 - ANESTHESIA FOR CARDIOVERSION**

Cardiologists who are Board Certified may apply for privileges to administer Brevital for cardioversion after they have met specific criteria and received written approval from the Chief of the Department of Anesthesiology. Cardiologists must demonstrate an understanding of the use of brevital for cardioversion and the importance of NPO status, and they must undergo a supervised orientation to basic airway management with an Anesthesiologist in the Operating Room. When performing Brevital administration for cardioversion, the Cardiologist must meet the following criteria:

1. Patient NPO for greater than eight (8) hours to solids and three (3) hours for clear liquids
2. Patient does not have symptomatic gastroesophageal reflux
3. Patient has a normal airway and is not morbidly obese
4. Monitoring includes continuous pulse oximetry, blood pressure, and ECG
5. Patient is placed on supplemental oxygen by nasal prongs or face mask
6. Suction, Ambu bag with mask, laryngoscope and appropriate ET tube are present in the room for immediate use if needed
7. A Respiratory Therapist is in attendance to assist in airway management
8. Brevital is titrated to the threshold of consciousness
9. Anesthesia is paged STAT (beeper 1713-voice) if any problems are encountered
10. Patient is recovered until wide awake, hemodynamically stable, and oxygen saturations have returned to baseline
11. Cath Lab personnel keep records that the above criteria have been met and forward these records to Anesthesiology QA for review.

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| <p><b>SOURCE OF TRAINING FOR ANESTHESIA FOR CARDIOVERSION PRIVILEGES</b></p> <p>Cardiologists who are Board Certified may apply for privileges to administer Brevital for Cardioversion after they have met specific criteria and received written approval from the Chief of the Department of Anesthesiology. Cardiologists must demonstrate an understanding of the use of Brevital for Cardioversion and the importance of NPO status, and they must undergo a supervised orientation to basic airway management with an Anesthesiologist in the Operating Room</p> | <p><b>DATE(S) OF TRAINING</b></p> | <p><b>ATTACH LETTER OF DOCUMENTATION FROM TRAINING DIRECTOR</b></p> |
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Privileges requested by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printer Name Here