

CAROLINAS HEALTHCARE SYSTEM  
(CAROLINAS MEDICAL CENTERS-CHARLOTTE)  
REAPPOINTMENT DOP  
SPECIALTY OF ANESTHESIOLOGY

Print Name \_\_\_\_\_

Initial appointment     Reappointment     Updated DOP     Request for Clinical Privileges

**PLEASE NOTE: THE PRIVILEGE LISTED BELOW IS FOR QUALIFIED CARDIOLOGIST ONLY.**

**\* SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	CMC-P	CMC-U			Number Performed Within The Past 24 Months	LOCATION
			ANS-9*	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 (6) hours to solids and three (2) 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

Cath Lab personnel keep records that the above criteria have been met and forward these records to Anesthesiology QA for review.

**PLEASE NOTE: THE PRIVILEGE LISTED BELOW IS INTENDED FOR PHYSICIANS WHO HAVE NOT COMPLETED AN ACGME APPROVED ANESTHESIOLOGY RESIDENCY.**

CMC	CMC-P	CMC-U			Number Performed Within The Past 24 Months	LOCATION
			ANS-10*	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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**PRIVILEGES REQUESTED BY:**

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 Carolinas HealthCare System (Carolinas Medical Centers-Charlotte), 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name