



CLEVELAND

Privileges in Pain Management (Anesthesiology)

Name: _____

Pain Management core privileges

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

Qualification Requirements

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

1. Successfully obtained subspecialty certification by the American Board of Medical Specialties in Pain Management; and
2. Documentation of the performance of at least three hundred (300) pain management cases during the past twenty-four (24) months; Or
Provide documentation of certification in your primary area of practice by the appropriate specialty board of the American Board of Medical Specialties; **AND**
- 3.
4. Achieved certification by the American Board of Anesthesiology **OR**
5. Completed the training requirements which render the person eligible or admissible for board certification by the American Board of Anesthesiology **OR**

OR

1. Provide documentation of certification in your primary area of practice by the appropriate specialty board of the American Board of Medical Specialties; **AND**
2. Provide documentation of successful completion of a one (1) year Accreditation Council for Graduate Medical Education (ACGME) accredited Pain Medicine Fellowship; **AND**
3. Have met the training requirements, within the past five (5) years, which renders the physician eligible for subspecialty certification in Pain Medicine by the American Board of Medical Specialties; **AND**
4. Verification from the residency program director that the Applicant successfully completed the program. The applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts.

Privileges included in the core

Comprehensive management of acute, chronic and/or cancer pain utilizing a broad range of nerve block procedures 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), **Intra-Discal procedures, 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, Ulnar Nerve Block and Radiofrequency lesioning. 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 are facile in the placement and management of these devices.

**Intradiscal procedures for the purposes of this document are defined as:

- Needle-based Percutaneous with no open incision
- Does not utilize retained material

May be diagnostic (ex. Discography) or therapeutic (ex. Percutaneous mechanical or thermal disc decompression)

<input type="checkbox"/> Requested		
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Special procedures privileges (See Qualifications and/or specific criteria)

<input type="checkbox"/> Requested		
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

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 Atrium Health Cleveland**, 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: _____