

**ATRIUM HEALTH SURGERY CENTER SHELBY
DELINEATION OF CLINICAL PRIVILEGES
Pain Management**

Applicant's Signature	Date
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Printed Name: _____

The granting, reviewing and changing of clinical privileges will be in accordance with the Medical Staff Bylaws. Assignment of such clinical privileges must be based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications.

Indicate procedures for which you *do* and *do not* wish to be credentialed. Return this form with your Application.

Procedures	Credentialing Request	
	Yes	No
Brachial plexus block		
Catheter insertion for continuous epidural anesthesia		
Caudal epidural steroid injection		
Celiac plexus block		
Celiac plexus block neurolytic		
Cervical epidural steroid injection		
Diagnostic facet joint injections		
Differential blocks (spinal anesthesia)		
Epidural anesthesia		
Epidural blood patch		
Epidurogram with dye		
Facial nerve block		
Fifth cranial nerve block		
Greater occipital nerve block		
Ilioinguinal nerve block		
Intercostal blocks		
Intercostal NB single		
Intercostal NB multiple		
Intercostal NB neurolytic		
Joint aspiration/injection		
Local anesthesia		
Lumbar epidural steroid injection		
Lumbar sympathetic block		
Monitored anesthesia care		
Myeloscopy		
Neuroforaminal epidural injection		
Nerve block with neurostimulator		
Paravertebral blocks		
S.I. joint injections		

DELINEATION OF CLINICAL PRIVILEGES - Pain Management - (continued)

Procedures	Credentialing Request	
	Yes	No
Spinal accessory nerve block		
Stellate ganglion block		
Thoracic epidural steroid injection		
Trial (dorsal column) spinal cord stimulator placement		
Trigger point injection		
Conscious sedation		
Supra-orbital nerve block		
Sympathetic (Bier) block		