

THE CENTER FOR ORTHOPAEDIC SURGERY
DELINEATION OF PRIVILEGES
ANESTHESIA

Name: _____

The request for Clinical Privileges should be carefully reviewed by the applicant and in accordance with the Medical Staff By-Laws. Only privileges for which documented education and/or training which can be verified will be granted.

Description	Requested	Not Requested
Performance and documentation of pre-analgesic and/or pre-anesthetic patient assessments		
Development, implementation and documentation of analgesia and/or anesthesia care plan reviewed, as needed		
Anesthesia, Conscious sedation		
Anesthesia, Local		
Anesthesia, Monitored care		
Anesthesia, Spinal (Differential block)		
Aspiration of joint		
Block, Brachial Plexus nerve		
Block, Greater occipital nerve		
Block, Intercostal		
Block, lumbar sympathetic / puncture		
Block, Nerve with neurostimulator		
Block, Selective Nerve Root		
Epidural, Anesthesia		
Epidural, Blood patch		
Epidural, Caudal steroid injection		
Epidural, Cervical steroid injection		
Epidural, Lumbar steroid injection		
Epidural, Neuroforaminal injection		
Epidural, Thoracic steroid injection		
Injection, Facet		
Injection, Joint		
Injection, Trigger Point		
Stimulator, Spinal cord stimulator placement		
Support life functions during the administration of anesthesia, including CPR and induction and intubation procedures – Code Blue		
Emergency endotracheal intubations		
Accurately document and maintain medical record and document observation in progress notes, and other parts of the medical records as specifically designated for anesthesia care.		
C-Arm, Use of fluoroscopy and interpretation of image during procedure		
Ultrasound, use of ultra sound during procedures		

I hereby request the clinical privileges as indicated above. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in the performance of privileges I have requested. I understand that any and all privileges granted to me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Medical Advisory Committee and the Executive Board reserve the right to grant or limit my privileges in accordance with my continuing performance in rendering of patient care.

_____, M.D. _____
Signature Date