

**ATRIUM HEALTH FLOYD/POLK/CHEROKEE**  
**DELINEATION OF PRIVILEGES**  
**SPECIALTY OF ANESTHESIOLOGY**

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

**Initial appointment**   
 **Reappointment**   
 **Updated DOP**   
 **Request for Clinical Privileges**

**Please check all categories and privileges desired. All privileges are first approved by the Department of Anesthesiology and the Executive Committee. Final approval is granted by the governing board.**

**Required documentation for Initial appointment:**

- ACLS
- PALS

PRIVILEGE	FLOYD	POLK	CHEROKEE
General Inhalational Anesthesia			
General Intravenous Anesthesia			
Local Infiltration			
Major Nerve Block			
Epidural			
Spinal			
Bier Block			
Stellate Ganglion Block			
Celiac Ganglion Block			
Lumbar Sympathetic Block			
Evoked Potential Procedure			
<b>MONITORING PROCEDURES</b>			
Central Venous Cannulation			
Pulmonary Artery Catheterization			
Arterial Cannulation			
Placement of spinal catheter for CSF drainage			
EEG			
<b>POST OPERATIVE PAIN CONTROL</b>			
Transcutaneous Electrical <b>Nerve Stimulation</b>			
Intrapleural Intercostal Block			
Epidural Narcotic Infusion			
Peripheral nerve blocks for pain control			

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

PRIVILEGE	FLOYD	POLK	CHEROKEE
<p><b>Telemedicine</b></p> <p>Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies to provide or support clinical care at a distance. Telemedicine privileges shall include consulting, prescribing; rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine. (Practitioners must read, understand and comply with current policies of the involved Atrium Health Facilities relevant to Telemedicine)</p>			
<p>Additions/Deletions/Conditions/Other Limitations:</p>			

**Acknowledgement of practitioner**

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform, and that I wish to exercise at Atrium Health, and I understand that:

1. 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.
2. 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.
3. All members of the medical staff are required to treat patients, their families, hospital staff, and colleagues in a respectful and professional manner at all times. Each member of the medical staff is expected to comply with hospital and medical staff code of conduct policies. Failure to do so may be the basis for dismissal.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date