

POLK MEDICAL CENTER
Medical Staff Privilege Checklist

ANESTHESIOLOGY

I, _____, M.D., D.O., do hereby apply for the following privileges in Anesthesiology.

Please indicate the privileges you are requesting by placing a check on the appropriate line. All privileges are first approved by the Credentialing Committee and the Executive Committee. Final approval is granted by the governing board.

(Privileges not requested, enter Ø.)

PRIVILEGE	Requested	Approved
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	[]	[]
 MONITORING PROCEDURES		
Central Venous Cannulation	[]	[]
Pulmonary Artery Catheterization	[]	[]
Arterial Cannulation	[]	[]
Placement of spinal catheter for CSF drainage	[]	[]
EEG	[]	[]
 POST OPERATIVE PAIN CONTROL		
Transcutaneous Electrical Nerve Stimulation	[]	[]
Intrapleural Intercostal Block	[]	[]
Epidural Narcotic Infusion	[]	[]
Peripheral nerve blocks for pain control	[]	[]

Additions/Deletions/Conditions/Other Limitations:

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 Polk Medical Center, 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 Signature _____ Date:

APPROVED:

Credentials Committee Chairman Date

MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION

_____ Concur with Credential Committee's recommendation and forward to governing body

_____ Return to Credentials Committee for clarification of the following:

Date

BOARD APPROVAL: _____ Yes _____ No

Date

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