

CRITERIA FOR GRANTING ANESTHESIA PRIVILEGES

Please review these classifications carefully to determine those privileges for which you are qualified. Indicate your request on the following sheet. If you feel that special training/experience qualifies you for advanced privileges, please contact the appropriate department chairman.

CATEGORY I

CRITERIA FOR GRANTING -- Physicians must have satisfactorily completed an approved residency acceptable to the American Board of Anesthesiology.

CATEGORY II

CRITERIA FOR GRANTING -- Physicians must meet criteria for Category I and in addition, must have satisfactorily completed a fellowship in the appropriate subspecialty and/or devoted 50% of their practice over the past 5 years to the procedures listed under the "SPECIAL" category. Individual special procedures will be proctored by appointed active anesthesiologist.

CLASS REQUESTING: CATEGORY I

<u>PRIVILEGES REQUESTED</u>	<u>APPROX. # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
_____ ADMIT	_____	_____
_____ CONSULT	_____	_____
_____ PERFORM HISTORY & PHYSICAL	_____	_____
_____ ADULT GENERAL ANESTHESIA	_____	_____
_____ PEDIATRIC GENERAL ANESTHESIA	_____	_____
_____ REGIONAL ANESTHESIA	_____	_____
_____ SPINAL	_____	_____
_____ EPIDURAL	_____	_____
_____ PLEXUS BLOCK	_____	_____
_____ PERIPHERAL NERVE BLOCK	_____	_____
_____ PAIN CONTROL NERVE BLOCKS	_____	_____
_____ ARTERIAL LINE INSERTION OF	_____	_____
_____ CENTRAL VENOUS PRESSURE LINE	_____	_____
_____ INSERTION OF	_____	_____
_____ SWAN GANZ CATHETER INSERTION OF	_____	_____

CLASS REQUESTING: CATEGORY II _____

<u>PRIVILEGES REQUESTED</u>	<u>APPROX # PERFORMED LAST 2 YEARS</u>	<u>APPROVED AND/OR COMMENTS</u>
SPECIAL		
_____ VENTILATOR CARE	_____	_____
_____ NEBULIZER THERAPY	_____	_____
_____ INTRAPLEURAL CATHETERS	_____	_____
_____ TRANSVENOUS PACEMAKER	_____	_____
_____ BRONCHOSCOPY (FIBEROPTIC)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

On the basis of my training and experience, I am qualified to exercise and request the privileges which I have checked.

I have not requested privileges for any procedures for which I am not qualified. I am familiar with the laws of the State governing the practice of medicine and pledge to abide by these laws.

PRIVILEGES APPROVED: AS REQUESTED AS MODIFIED BELOW

 Applicant's Signature

 Date

 Chair, Surgery Department

 Date

 Director, Anesthesia Service

 Date