



Anesthesiology Privileges
Department of Anesthesiology

Name: _____
(Please print)

- Initial privileges (initial appointment)
Renewal of privileges (reappointment, on 2 year specialty cycles)
Modification of privileges (request for any additional privileges beyond those previously granted)

Basic Education: MD or DO

Minimal formal training: Successful completion of an ACGME or AOA accredited residency in anesthesiology, and current certification or board eligibility (with achievement of certification within 5 years of training completion) leading to certification in anesthesiology by the ABA or the AOBA.

Maintenance of Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS) is required.

Required current experience: Demonstrated current competence and evidence of at least 100 hospital anesthesiology cases, reflective of the scope of privileges requested, within the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Table with 5 columns: Facility (Check ALL that are applicable to your request), Baroness*, Children's**, North, East, Bledsoe/Sequatchie

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

Core Anesthesiology Privileges:

Core privileges for anesthesiology include the ability to administer anesthesia, including general, regional, and local, and administration of all levels of sedation to pediatric, adolescent, and adult patients. Note that ages of patients treated should be specific to the setting. The American Academy of Pediatrics recommends categories as follows: 0 months to 1 month, 1 to 6 months, 6 months to 2 years, and older than 2 years, with additional differentiation of pediatric age groups for patients older than 2 years recommended.

Care includes pain relief and maintenance, or restoration, of a stable condition during and immediately following surgical, obstetrical, and diagnostic procedures. Anesthesiologists may provide care to

patients in the intensive care setting in conformance with unit policies. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills.

Adolescent and adult patients:

Assessment of, consultation for, and preparation of patients for anesthesia

Clinical management and teaching of cardiac and pulmonary resuscitation

Diagnosis and treatment of acute, chronic, and cancer-related pain

Evaluation of respiratory function and application of respiratory therapy

Image-guided procedures

Management of critically ill patients

Monitoring and maintenance of normal physiology during the perioperative period

Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, and regional anesthesia

Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care

Supervision of CRNAs

Treatment of patients for pain management (excluding chronic pain management)

Adult cardiothoracic anesthesiology:

Performance of history and physical exam

Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients

Anesthetic management of adult patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures

Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full cardiopulmonary bypass, left heart bypass, and/or deep hypothermic circulatory arrest

Anesthetic management of patients undergoing non-cardiac thoracic surgery

Image-guided procedures

Management of intra-aortic balloon counter-pulsation

Management of nonsurgical cardiothoracic patients

Management of patients with left ventricular assist devices

Management of adult cardiothoracic surgical patients in a critical care (ICU) setting

Transesophageal echocardiography

Obstetric anesthesia:

All types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia (such as bolus, continuous infusion, and patient- controlled epidural analgesia)

Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation, and uterine curettage, as well as postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions

Consultation and management for pregnant patients requiring non-obstetric surgery

General anesthesia for cesarean delivery

Image-guided procedures

Interpretation of antepartum and intrapartum fetal surveillance tests

Pediatric anesthesia:

Consultation for medical and surgical patients

Image-guided procedures

Interpretation of laboratory results

Management of both normal perioperative fluid therapy and massive fluid and/or blood loss

Management of children requiring general anesthesia for elective and emergent surgery for a wide variety of surgical conditions, including neonatal surgical emergencies, cardiopulmonary bypass, solid organ transplantation, and congenital disorders

Management of normal and abnormal airways

Mechanical ventilation

Pharmacologic support of the circulation

Placement of venous and arterial catheters

Preoperative assessment of children scheduled for surgery

Recognition, prevention, and treatment of pain in medical and surgical patients

Sedation or anesthesia for children outside the operating rooms, including those undergoing radio- logic studies and treatment and acutely ill and severely injured children in the emergency department

Temperature regulation

Request for Privilege Not Listed in Core or Special Non-Core *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- ' Recommended as Requested
- ' Recommended with Modifications (See comments below)
- ' Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date