



**Pain Medicine Privileges
Department of Anesthesia**

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 a relevant medical specialty, followed by successful completion of an ACGME or AOA accredited fellowship in pain medicine of at least a 12-month duration and/or current subspecialty certification or active participation in the examination process (with achievement of certification within 5 years of training completion leading to subspecialty certification in pain medicine by the ABA, the ABPN, or the ABPR, or current certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to certification by the ABPM.

Required current experience: Inpatient, outpatient, clinic, or consultative pain medicine services for at least 50 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an accredited residency or clinical fellowship within the past 12 months. Current ACLS is required.

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 Pain Medicine Privileges:

Core privileges in pain medicine include the ability to evaluate, diagnose, treat, and provide consultation to patients of all ages with acute and chronic pain or pain requiring palliative care, which includes invasive pain medicine procedures beyond basic pain medicine. Practitioners 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 regulations regarding emergency and consultative call services.

The core privileges in advanced pain medicine include the basic pain medicine core and the procedures on the following procedures list and such other procedures that are extensions of the same techniques and skills:

Performance of history and physical exam

Behavioral modification and feedback techniques

Chemical neuromuscular denervation (e.g., Botox[®] injection)

Diagnosis and treatment of chronic and cancer-related pain

Discography and intradiscal/percutaneous disc treatments

Epidural and intrathecal medication management

Epidural, subarachnoid, or peripheral neurolysis

Fluoroscopically guided facet blocks

Implantation of subcutaneous, epidural, and intrathecal catheters

Infusion port and pump implantation

Injection of joint and bursa, including sacroiliac, hip, knee, and shoulder joint injections

Management of chronic headache

Modality therapy and physical therapy

Neuroablation with cryo, chemical, and radiofrequency modalities

Nucleoplasty

Percutaneous and subcutaneous implantation of neurostimulator electrodes

Peripheral, cranial, costal, plexus, and ganglion nerve blocks

Prevention, recognition, and management of local anesthetic overdose, including airway management and resuscitation

Recognition and management of therapies, side effects, and complications of pharmacologic agents used in the management of pain

Rehabilitative and restorative therapy

Stress management and relaxation techniques

Spinal injections, including epidural injections: interlaminar, transforaminal, nerve root sheath injections, and zygapophysial joint injections

Superficial electrical stimulation techniques (e.g., transcutaneous electrical neural stimulation)
Trigger point injections

Deep sedation

Special Non-Core Privileges in Pain Medicine:

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Acupuncture for pain management					
Hypnotherapy for patient management					
Percutaneous vertebroplasty					
Balloon kyphoplasty					
Administration of Moderate sedation and analgesia (see below for criteria).					

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)*

Special Procedures Privileges Criteria
Moderate Sedation

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to

Anesthesiologists and CRNAs and is outlined in their delineation of privileges.

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