



**Sleep Medicine Privileges**  
**Department of Medicine, Department of Pediatrics**

**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 followed by completion of a fellowship program in sleep medicine, 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 sleep medicine by the relevant ABMS board or completion of a CAQ by the relevant AOA board. Current certification by the AASM is acceptable for applicants who became certified prior to 2007.

**Required current experience:** Evaluation of at least 50 patients, reflective of the scope of privileges requested, in the past 12 months or successful completion of an accredited residency or clinical fellowship in the past 12 months. Of those, 50 should carry a sleep disorder other than sleep-disordered breathing, such as insomnia, parasomnias, narcolepsy, and other disorders of excessive daytime sleepiness.

<b>Facility (Check ALL that are applicable to your request)</b>				
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 Sleep Medicine Privileges:**

Core privileges in sleep medicine include the ability to admit, evaluate, diagnose, outpatient and clinic patients, and provide consultation and treatment to patients of all ages presenting with conditions or disorders of sleep, including sleep-related breathing disorders (such as obstructive sleep apnea), circadian rhythm disorders, insomnia, parasomnias, disorders of excessive sleepiness (e.g., narcolepsy), sleep-related movement disorders, and other conditions pertaining to the sleep-wake cycle. Sleep medicine physicians may provide care to patients in the intensive care setting in conformance with unit policies. 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.

Core procedures include:

Performance of history and physical exam

Actigraphy

Home/ambulatory testing

Maintenance of wakefulness testing

Monitoring with interpretation of EKGs, electroencephalograms, electro-oculographs, electromyographs, flow, oxygen saturation, leg movements, thoracic and abdominal movement, and CPAP/Bi-PAP titration

Multiple sleep latency testing

Oximetry

Polysomnography (including sleep stage scoring)

Sleep log interpretation

**Special Non-Core Privileges in Sleep 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:

<b>Procedure</b>	<b>Baroness</b>	<b>Children's</b>	<b>North</b>	<b>East</b>	<b>Bledsoe/Sequatchie</b>
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)*

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***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