

Privileges in Anesthesia Service

Name: _____
Please Print

MEDICAL STAFF CATEGORY REQUESTED:

- Active** – Uses Stanford Hospital & Clinics (SHC) as a primary hospital and regularly admits/treats, consults, patients at this facility, or is regularly involved in medical staff functions. (Minimum 11 pt contacts per year)
- Courtesy-Teaching** – Treats SHC patients only when incident to performing clinical teaching responsibilities. Must have teaching appointment with the Stanford School of Medicine

ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit – requires Active or Courtesy Status at LPCH

Please indicate any teaching title you may hold with the Stanford School of Medicine:

- Faculty (MCL or UTL) Clinical Educator Adjunct Clinical Faculty

Teaching Title: _____

REQUESTED	PROCEDURE	INITIAL CRITERIA	RENEWAL CRITERIA	PROCTORING REQUIREMENTS
CORE PRIVILEGES				
<input type="checkbox"/>	<p>Privileges included in the Core:</p> <p><u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <ul style="list-style-type: none"> • Privileges to admit patients • Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment • The support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures • Management of patients with a difficult airway • Management of problems in pain relief • Cardiopulmonary resuscitation • Supervision of patients in post-anesthesia care units and critically ill patients in special care units; except for those special procedure privileges listed below. 	<ul style="list-style-type: none"> • Successful completion of an ACGME or AOA-accredited residency in anesthesiology or foreign equivalent training and acceptable practice in the privileges requested. <p style="text-align: center;"><u>AND Either</u></p> <ul style="list-style-type: none"> • Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesia or the American Osteopathic Board of Anesthesia or foreign equivalent training/board. <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Documentation or attestation of the performance of at least 300 anesthesiology cases, at a TJC-accredited facility, during the past two years: Reappointments: please be prepared to provide a list of cases performed at facilities other than SHC if requested. 	<p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in 2 years</p>	<p>5 chart reviews</p>

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	Proctoring Requirements
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	'Radiology Supervisor and Operator Certificate' or 'Fluoroscopy Supervisor and Operator Permit' required	Maintenance of valid Fluoroscopy or Radiology Certificate	
<input type="checkbox"/>	Comprehensive Critical Care - management of patients in critical care units including but not limited to the use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, and pericardiocentesis	A) Subspecialty certification or training in Critical Care Medicine. B) And also management of 50 or more patients in the ICU per year	_____ # of cases in 2 years	2 observations and 3 chart reviews
<input type="checkbox"/>	Patients under the age six months	Pediatric subspecialty training or equivalent experience	_____ # of cases in 2 years	2 observations and 3 chart reviews
<input type="checkbox"/>	Patients between the ages of 6 months and 6 years with ASA physical status ≥ 3	Pediatric subspecialty training or equivalent experience	_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Comprehensive Pain Management – management of complex acute and chronic pain, neurolytic nerve blocks, facet blocks, and dorsal column stimulation	Subspecialty certification and/or training for pain management	_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Cardiac Anesthesia	Documentation of training and experience	_____ # of cases in 2 years	2 observations and 3 chart reviews
<input type="checkbox"/>	Liver transplantation anesthesia	Documentation of training and experience	_____ # of cases in 2 years	5 chart reviews
<input type="checkbox"/>	Transesophageal echocardiography	Documentation of training and experience	_____ # of cases in 2 years	5 chart reviews
	Acupuncture	Must complete separate form		

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting**

NOTE: PROCTORING IS REQUIRED FOR ALL INITIAL PRIVILEGES REQUESTED and MUST BE COMPLETED WITHIN 12 MONTHS

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional malpractice insurance extends to all privilege I have requested.

I understand that 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.

Applicant Signature: _____ Date _____
 If sending by email, type your name in the box above.
 If sending by mail, please print first and then sign.