

Privileges in Pain Management 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><u>Privileges included in the Core:</u> <u>Non-Physician Providers:</u> Evaluation and management of patients requiring pain intervention</p> <p><u>Physician Providers:</u> Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment (including direct involvement in the implantation of pain management devices) to patients presenting with conditions requiring pain management. <u>Cross out & INITIAL any privilege/s you are not applying for in this set of Basic Privileges</u></p> <p>Procedures include:</p> <ul style="list-style-type: none"> • Somatic nerve blocks • Sympathetic nerve blocks • Spinal injection (intrathecal and epidural) • Steroid injections • Cryoablation • Perphaeral nerve blocks • Neurolytic blocks (central, peripheral, chemical, radio frequency) • Facet blocks • Intravenous infusions • Trusser point • Botox injections • Joint injection <p>Management of invasive spinal therapies (SCS, intraspinal med delivery)</p>	<p>Successful completion of an ACGME or AOA-accredited residency/ fellowship in pain management or foreign equivalent training.</p> <p style="text-align: center;"><u>AND Either</u></p> <p>Current certification or active participation in the examination process leading to certification in pain management by the American Board of Anesthesia or the American Osteopathic Board of Anesthesia or foreign equivalent training/board.</p> <p style="text-align: center;"><u>OR</u></p> <p>Documentation or attestation of the performance of pain management procedures for at least 50 inpatients or outpatients as the attending physician (or senior resident), at an accredited facility, during the past two years.</p> <p><u>Non-Physician Providers – All categories</u> Successful completion of an APA accredited fellowship in psychology (Ph.D.) or foreign equivalent training.</p>	<p><i>Reappointments be prepared to provide a list of cases performed at facilities other than SHC if requested.</i></p> <p>Appropriate number of cases performed per year as based on Category</p> <p>_____ # of cases in past 2 years</p>	5 Chart Reviews

SPECIAL PRIVILEGES (MUST ALSO MEET THE CRITERIA ABOVE)				
REQUESTED	PROCEDURE	SPECIAL PRIVILEGES CREDENTIALING CRITERIA	# of Cases performed in past 2 yrs **	Proctoring Requirements
<input type="checkbox"/>	Administration of Moderate Sedation	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam	Sedation exam every 4 years _____# of cases in past 2 years (minimum 4 cases required)	3 Chart Reviews
<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 _____# of cases in past 2 years (minimum 4 cases required)	
<input type="checkbox"/>	Admit, treat, or provide follow-up care for inpatients ages 14 years or younger	Must have membership and privileges at Lucile Packard Children's Hospital		
<input type="checkbox"/>	Acupuncture and acupressure	Training as outlined on Acupuncture Privilege Form	_____# of cases in past 2 years (minimum 4 cases required)	5 Chart Reviews
<input type="checkbox"/>	Surgical implantation/revision/removal of: 1. Spinalcord stimulator leads and generator 2. Spinal medication delivery pumps and catheter	Completion of ACGME Pain Management Fellowship. Documentation of 4 cases each during Fellowship Training.	_____# of cases in past 2 years (minimum 4 cases required)	5 Chart Reviews

**** 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.