



**Delineation Of Privileges**  
Anesthesia Privileges

Provider Name:

Privilege	Requested	Deferred	Approved
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**CATEGORY 1 - Anesthesia Privileges:**

**Criteria - New Applicants or Current staff Members:** Board Certification or current participation in the examination process leading to certification by the American Board of Anesthesiology.

**Criteria - Current Staff Members Only:** Certification of Eligibility for certification by the American Board of Anesthesiology, OR successful completion of an ACGME or AOA training program approved by the American Board of Anesthesiology; OR demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years.

**Proctoring Requirements:** A minimum of 20 cases, in accordance with the Medical Staff Proctoring Proctoring protocol.

**GENERAL PRIVILEGES:**

Admit \_\_\_

Consultation Only Privileges \_\_\_

**Sedation/Analgesia** \_\_\_

a) Adult Sedation \_\_\_

b) Pediatric Sedation (15 years and under) \_\_\_

**Category 1 - Anesthesia Privileges**

Includes the management and coordination of care, treatment and services, including medical history and physical evaluations, consultations and prescribing medication in accordance with DEA certificate.

General Anesthesia \_\_\_

Regional and local anesthesia with monitored anesthesia care \_\_\_

Spinal and epidural anesthesia \_\_\_

Pain Management services, to include relief & prevention of pain during and following surgical, obstetrical, therapeutic & diagnostic procedures. (For more comprehensive treatment and care of pain management procedures, please refer to the Comprehensive Pain Management Specialist Privilege Delineation Form.) \_\_\_

Clinical pharmacology problems \_\_\_



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Cardiopulmonary resuscitation	—	—	—
Respiratory care	—	—	—
Direct arterial line	—	—	—
Central venous pressure line	—	—	—
Hypothermia	—	—	—
Controlled hypotensive anesthesia	—	—	—
Swan Ganz catheter	—	—	—
Suturing cannulae in place	—	—	—
Laryngoscopy	—	—	—
Bronchoscopy (Fiberoptic)	—	—	—
Cardiopulmonary bypass	—	—	—
Ventilator care	—	—	—
Nebulizer therapy	—	—	—
Neonatal and Pediatric anesthesia	—	—	—
Transvenous pacemaker	—	—	—
Transesophageal Echocardiography	—	—	—



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**CATEGORY 2 – ADVANCED NEONATAL/INFANT ANESTHESIA PRIVILEGES**

**Criteria - Pathway 1:** Board Certification by the American Board of Anesthesiology or Eligible for Board Certification with at least six months training in pediatric/neonatal anesthesia at a hospital with an anesthesia training program approved by the American Board of Anesthesiology. In addition, if not already CCS paneled, must participate in the application process to become paneled.

**Pathway 1 - Proctoring Requirements:** Proctoring is required on a minimum of three (3) major cases in patients less than one year of age.

**Criteria Pathway 2:** Board Certification by the American Board of Anesthesiology or Eligible for Board Certification. In addition, if not already CCS paneled, must participate in the application process to become paneled.

**Pathway 2 - Proctoring Requirements:** Proctoring is required on a minimum of ten (10) major cases in patients less than one year of age.

Major cases defined as:

- Any procedure intracranial
- Any procedure surrounding the airway
- Any procedure intra-abdominal
- Any procedure in the chest
- Any procedure involving a major long-bone of the body
- Any premature infant (
- Any infant requiring care in a neonatal intensive care unit (NICU), irrespective of age/weight

**Competency Requirements:** All members must show documentation of performance of a minimum of 16 neonatal/infant cases every 2 years.

**CATEGORY 2 – Advanced Neonatal/Infant Anesthesia**

Advanced Neonatal/Infant (less than one year) Anesthesia  
Includes participation on the CCS on-call anesthesia coverage panel.

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**ACKNOWLEDGEMENT OF THE PRACTITIONER:**

I have requested only those privileges for which my education, training, current experience and demonstrated performance I am qualified to perform, and that I wish to exercise at Huntington Hospital, and I understand that: a) in exercising my clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation; b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENT CHAIR RECOMMENDATIONS**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Applicant may perform privileges and procedures as indicated: \_\_\_\_\_ YES \_\_\_\_\_ NO

Exceptions/Limitations (Please Specify): \_\_\_\_\_

**APPROVALS:**

**Section Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Credential Committee Date:** \_\_\_\_\_

**Medical Executive Committee Date:** \_\_\_\_\_

**Board of Directors Approved on:** \_\_\_\_\_

*Last Revised: 8/2/08; 3/24/11; 02/28/13; 05/23/13; 10/23/14*