Huntington Memorial Hospital

Delineation Of Privileges

Comprehensive Pain Management Privileges

Provider N	Name:
------------	-------

Privilege	Requested	Tabled	Approved

COMPREHENSIVE PAIN MANAGEMENT PRIVILEGES ~ CATEGORY 1

Criteria: Applicants must meet one of the following:

- A) Board Certified in Pain Management by either the American Board of Anesthesia; the American Board of Psychiatry & Neurology; or the American Board of Physical Medicine and Rehabilitation.
- ~ OR ~
- B) Successful completion of a twelve (12) month ACGME approved program in Pain Management. *Proctoring Requirements:* A minimum of six (6) cases, in accordance with the Surgical Department Proctoring Protocol.

GENERAL PRIVILEGES:

Admit	 	
Consultation Only Privileges	 	
CATEGORY I PRIVILEGES: Includes the management and coordination of care, treatment and services; including: medical history and physical examinations, consultations and prescribing medication in accordance with DEA certificate.	 	
Peripheral Nerve Blocks	 	
Epidural and subarachnoid injections	 	
Joint and bursal sac injections	 	
Cryotherapeutic techniques	 	
Epidural, subarachnoid, or peripheral neurolysis	 	
Electrical stimulation techniques	 	
Implanted epidural and intrathecal catheters, ports, and infusion pumps	 	
Accupuncture and acupressure	 	
Behavioral modification	 	
Physical therapy	 	
Hypnosis, stress management and relaxation techniques	 	
Trigeminal ganglioinectomy	 	
Peripheral neurectomy and neurolysis		

Huntington Memorial Hospital

Delineation Of PrivilegesComprehensive Pain Management Privileges

Provider Name:			
Privilege	Requested	Tabled	Approved
Sympathectomy techniques			
Prevention, recognition, and management of local anesthetic overdose, including air management and resuscitation	way		
ACKNOWLEDGEMENT OF THE PRACTITIONER: I have requested only those privileges for which my education, training, current experformance I am qualified to perform, and that I wish to exercise at Huntington Ho exercising my clinical privileges granted, I am constrained by hospital and medical segnerally and any applicable to the particular situation; b) any restriction on the clinwaived in an emergency situation and in such a situation my actions are governed by Medical Staff Bylaws or related documents.	ospital, and I undestaff policies and s nical privileges gr	erstand the rules appranted to	hat: a) in blicable me is
Signature of Applicant: Date:			
DEPARTMENT CHAIR RECOMMENDATIONS			
I have reviewed the requested clinical privileges and supportive documentation for trecommend action on the privileges as noted above.	the above named	applican	t and
Applicant may perform privileges and procedures as indicated: YES	NO		
Exceptions/Limitations (Please Specify):			
APPROVALS:			
Section/Department Chair: Date:			
Credential Committee Date:			
Medical Executive Committee Date:			
Board of Directors Approved on:			