

Aspirus Wausau Hospital

Delineation of Privileges for Appointment

Name: _____

Privileges for: **Anesthesia**

Request - Check off each individual privilege being requested

_____ I. DEPARTMENT OF ANESTHESIOLOGY

_____ A-1. ELIGIBILITY REQUIREMENTS

_____ Anesthesiology shall consist of physicians who are Board Certified in Anesthesiology by a Board approved by the ABMS or AOA (or other equivalent recognized by these Boards) or within five (5) years of initial opportunity to initiate the process of certification. Once certified, must maintain certification.

_____ II. PRIVILEGES

_____ ADMITTING

_____ (Active and courtesy staff can admit and treat or direct course of treatment and perform fecal occult blood testing for patients as delineated by the following privileges.)

_____ A-2. ANESTHESIA

_____ Pudendal Block

_____ Paracervical Block

_____ Paralumbar Block

_____ Sciatic and/or Femoral Block

_____ Brachial Plexus Block

_____ Coeliac Plexus Block

_____ Spinal

_____ Caudal

_____ Stellate Ganglion Block

_____ Epidural Block/Injection

_____ Lumbar Sympathetic Block

_____ IV Regional Block

_____ Motor Sensory and Autonomic Nerve Block

_____ Neurolytic Block

_____ Intercostal Block

_____ Acupuncture

_____ Hypnosis

_____ Open Heart Procedures

_____ Moderate Sedation/Analgesia (Conscious Sedation): A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

_____ Deep Sedation/Analgesia: A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

_____ General Anesthesia

_____ A-3. EYE

_____ Retrobulbar Block

_____ A-4. ESOPHAGUS

_____ Esophagoscopy

_____ A-5. EAR, NOSE, & THROAT

_____ Bronchoscopy, Esophagoscopy

_____ Laryngoscopy

_____ Tracheotomy - Emergency Only

_____ Tracheostomy - Emergency Only

_____ A-6. INTERNAL MEDICINE

_____ Arterial Puncture

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- _____ Central Line Catheterization
- _____ Swan Ganz Catheterization
- _____ Cardiac Monitoring
- _____ Esophagoscopy
- _____ Pulmonary Function Testing & Interpretation
- _____ Ventilator Therapy and Maintenance
- _____ Tunneling of Epidural Catheter
- _____ Transesophageal Echocardiography (intraoperative monitoring of patients undergoing open heart surgery and major surgery during general anesthesia)
- The following criteria is required for application of TEE privileges:
1. Documentation of training and experience with TEE during an anesthesia residency program -OR- Documentation from an approved TEE monitoring course
- AND-
2. Retrospective case review of five (5) TEE cases to be conducted through the quality review process to assess outcome to include complications, i.e., esophageal tear, gastric tear, airway and airway complications.
- _____ Diagnostic Lumbar Puncture
- _____ Continuous intrathecal catheter placement
- _____ CLASS IV PRIVILEGES - Refer to established privileging criteria
- _____ A-7. CHEST
- _____ Bronchoscopy and Esophagoscopy
- _____ A-8. NEUROSURGERY
- _____ Paracervical Block
- _____ Paralumbar Block
- _____ Parathoracic Block
- _____ A-9. OTHER PRIVILEGES
- _____ Lumbar/cervical facet joint injection
- _____ Dorsal column stimulator placement
- _____ Long term epidural catheter placement
- _____ Laser
- _____ Other

Requested By: _____ **Date:** _____

Action on this application may be verified in the minutes of the following meetings:

Bylaws/Credentials **Date:** _____ **Accountability** **Date:** _____

MEC **Date:** _____ **Board of Directors** **Date:** _____