



Anesthesia KHHM
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation.
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

Note:

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications

Education/Training	Must have successfully completed an ACGME/AOA-accredited residency in anesthesia.
Certification	The applicant physician must possess current board certification by the specialty board most commonly applicable to his or her specialty, or become board certified as such within six years of completing his or her residency program or receiving medical staff membership or clinical privileges. AND Current ACLS Certification is required.
Clinical Experience (Initial)	The successful applicant for initial appointment must provide documentation performance of 50 cases reflective of the of the privileges requested in the past 12 months or demonstrate successful completion of an ACGME or AOA accredited residency, clinical fellowship or research in a clinical setting within the past 12 months.
Clinical Experience (Reappointment)	Applicant must demonstrate competence and documentation of 50 cases with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.
Note	Anesthesiologists do not have admitting privileges.

Primary Privileges Anesthesia

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request</i></p>	Dept Chair Rec
	<p>Core Privileges include administration of anesthesia, including general, regional, and local, and administration of all levels of sedation. Care is directed toward patients rendered unconscious or insensible to pain and the management of emotional stresses during surgical, obstetrical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment and the support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures listed below and such other procedures that are extensions of the same techniques and skills.</p>	
	Procedures	
	All types of neuraxial analgesia (including epidural, spinal, combined spinal and epidural analgesia) and different methods of maintaining analgesia (e.g., bolus, continuous infusion, patient-controlled epidural analgesia)	
	Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation and uterine curettage, postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions	
	Anesthetic management for patients undergoing minimally invasive cardiac surgery and for congenital cardiac procedures performed on adult patients	
	Anesthetic management of adult patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures	
	Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full CPB, left heart bypass, or deep hypothermic circulatory arrest	
	Anesthetic management of patients undergoing noncardiac thoracic surgery	
	Assessment of, consultation for, and preparation of patients for anesthesia	
	Clinical management and teaching of cardiac and pulmonary resuscitation	
	Consultation and management for pregnant patients requiring nonobstetric surgery	
	Consultation for medical and surgical patients	
	Diagnosis and treatment of acute pain	
	Evaluation of respiratory function and application of respiratory therapy	
	General anesthesia for cesarean delivery	
	Image guided procedures	
	Interpretation of laboratory results	
	Management of both normal perioperative fluid therapy and massive fluid or blood loss	
	Management of critically ill patients	
	Management of nonsurgical cardiothoracic patients	
	Management of normal and abnormal airways	
	Mechanical ventilation	
	Monitoring and maintenance of normal physiology during the perioperative period	
	Perform history and physical exam	
	Pharmacologic support of the circulation	
	Placement of venous and arterial catheters	

	Preoperative assessment of children scheduled for surgery	
	Recognition, prevention, and treatment of pain in medical and surgical patients	
	Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia	
	Sedation or anesthesia for children outside the operating rooms, including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the emergency department	
	Supervision and evaluation of performance of personnel, both medical and paramedical, involved in perioperative care	
	Supervision of Certified Registered Nurse Anesthetists	
	Treatment of patients for pain management (excluding chronic pain management)	
	Special Request Anesthesia	
	Mild/Moderate Sedation - Anesthesiologists are not required to complete the Moderate Sedation on-line examination; however, current ACLS certification is required.	

Basic Intraoperative TEE for Monitoring Purposes Only

Description: TEE is a useful tool for monitoring several aspects of anesthesia care including but not limited to: Venous Air Embolism, Intravascular volume, Myocardial Contractility

Qualifications

- Education/Training** Be familiar with the indications, risks, complications and contraindications to TEE probe placement.
- Clinical Experience (Initial)** Perform 10 successful probe placements supervised by a Cardiothoracic Surgeon, Cardiologist, or Advanced Level Anesthesia TEE provider.
AND
Perform 10 proctored basic TEE exams identifying the following views: Upper esophageal great vessel view, Mid esophageal Bi-caval view, Aortic valve short and long axis views with and without color doppler, Four Chamber view, Mitral valve Views with and without color doppler, Trans gastric mid papillary muscle view of the Left Ventricle, and Views of the descending aorta
- Clinical Experience (Reappointment)** Demonstrated current competence and evidence of performance in the past 24 months.
- Note** These criteria do not confirm the skills necessary to make diagnosis that may alter the surgical plan. If a basic exam suggests a change in the operative plan the diagnosis needs to be supported by review with an advanced level anesthesia TEE provider, Cardiologist, or Cardiothoracic Surgeon.

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	Basic Intraoperative TEE for Monitoring Purposes Only	

Advanced Level Intraoperative TEE for Diagnosis and Monitoring (Includes Basic Intraoperative TEE for Monitoring Purposes)

Description: TEE is a useful tool in cardiac anesthesia and can be used to make a variety of diagnosis including but not limited to: Cardiac valvular function, Success of valve repair, Intravascular volume status, Intracardiac Masses/ Thrombi, Myocardial contractility, Integrity of the great vessels, and Pericardial effusion.

Qualifications	
Education/Training	Satisfy the requirements for Basic TEE privileges AND Be familiar with the quantification of the severity of cardiac valvular lesions
Continuing Education	Perform a minimum of 25 hours of independent study and at least 20 hours of CME every 4 years specifically targeted to intraoperative TEE
Clinical Experience (Initial)	Perform 10 successful probe placements supervised by a Cardiothoracic Surgeon, or advanced level anesthesia provider. AND Perform 15 Proctored complete exams or review at least 15 complete exams with An advanced anesthesia provider or cardiologist. A complete examination is one which the 20 standard views are obtained and recorded. AND Include a legible and detailed report on every examination performed in the patient medical record.
Clinical Experience (Reappointment)	Demonstrated current competence and evidence of performance in the past 24 months.
Note	Candidates who fulfill the requirements for Certification in Intraoperative TEE by the American Society of Echocardiography or graduate from a Cardiothoracic Anesthesia Fellowship or residency with special interest in Intraoperative TEE will also meet credentialing requirements for Transesophageal Echocardiography in the Operating Room.

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	Advanced Level Intraoperative TEE for Diagnosis and Monitoring (Includes Basic Intraoperative TEE for Monitoring Purposes)	

Acknowledgment of Applicant

I hereby request the clinical privileges as indicated. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in performance of the privileges I have requested, and in treating associated diseases with adequate consultation when indicated.

I recognize that in emergency situations where immediate life-saving action is necessary, any member of the medical staff is authorized to perform such life-saving treatment as may be required.

I further understand that any and all privileges granted me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Credentials and Executive Committees of the medical staff and the Board of Trustees of the hospital reserve the right to grant or limit my privileges in accord with my continuing performance in

rendering patient care.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

<input type="checkbox"/>	Recommend all requested privileges
<input type="checkbox"/>	Do not recommend any of the requested privileges
<input type="checkbox"/>	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Additional Comments

Signature of Department Chair/Designee

Date