



**Anesthesiology KHDO**  
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. Applicant 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**

**Membership** I request the following clinical privileges, and I am aware that a denial of privileges relating to a practitioner's professional competence or professional conduct will result in the hospital submitting a report to the National Practitioner Data Bank.

**Clinical Experience (Initial)** Include evidence of your ability to perform the procedures as listed in the Section of Anesthesia delineated privilege requirements.

### Primary Privileges Anesthesiology

**Description:** These privileges are granted to physicians who are qualified by training to render patients insensible to pain and stress during surgical, obstetrical and certain medical procedures using general anesthesia, regional anesthesia and/or parenteral sedation to a level at which a patient's protective reflexes may be obtunded. The performance of preanesthetic, intra-anesthetic and postanesthetic evaluation and management, and appropriate measures to protect life functions and vital organs is required.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	General anesthesia privileges		

### Specialized Competence Areas Anesthesiology

**Description:** Areas in anesthesia practice where the scope and complexity of care provided by physicians require specialized competence; clinical privileges may be tailored to reflect these skills. Tailored privileges would be appropriate for physicians with general privileges in anesthesiology who possess additional skills for highly specialized care by virtue of training and experience or demonstrated competence.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Anesthesia for premature or high risk neonates		
	Cardiac and transplant surgery		
	Certain neurosurgical procedures		
	Evaluation and treatment of acute pain conditions		
	Evaluation and treatment of chronic pain conditions		
	High risk obstetrical procedures		
	Intrathecal Delivery System Implantation		
	Provision of critical care		

### Specialized Technique Anesthesiology

**Description:** Physicians performing techniques or interpreting results that may affect patient safety or well-being may have specific privileges granted on the basis of training and experience or demonstrated competence.

Request	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	EEG or evoked potential monitoring		
	Flexible fiberoptic laryngo/bronchoscopy		

	Pain Management		
	Placement of central venous, pulmonary or peripheral arterial catheters		
	Precordial or transesophageal echocardiography		
	Transcutaneous or transvenous cardiac pacing		

**Limited Privileges in Anesthesiology (Non Anesthesiologists)**

**Description:** These privileges are granted to physicians who are qualified to perform specific anesthetic procedures, under specific conditions, and/or to use parenteral sedation to a level at which a patient's reflexes may be obtunded.

**Qualifications**

**Membership** Medical staffs may have provision for recommending "Limited Privileges in Anesthesiology" or its equivalent to physicians in other specialties at the request of the service or department wherein the physician practices.

**Education/Training** Physicians with these privileges must meet the same standards as an anesthesiologist would for the same privileges. There cannot be separate standards within the same facility.

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair
	Limited privileges in anesthesiology (Non anesthesiologists)		

**APPENDIX A - Certified Registered Nurse Anesthetists (CRNA)**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request</i>	Department/Section Chair	Credentials Committee Chair

<p>(Source: Section 4723.41, Section 4723.43 and Section 4731.35 of the Ohio Revised Code; Chapter 4723 of the Ohio Administrative Code)  Certified registered nurse anesthetist may provide that nursing care that requires knowledge and skill obtained from advanced formal education and clinical experience. In this capacity as an advanced practice registered nurse with scope of services defined under division (B) of Section 4723.43 of the Ohio Revised Code, a nurse authorized to practice as a CRNA, with the supervision and in the immediate presence of a physician, podiatrist, or dentist, may administer anesthesia and perform anesthesia induction, maintenance, and emergence, and may perform with supervision preanesthetic preparation and evaluation, postanesthesia care, and clinical support functions, consistent with the nurse's education and certification, and in accordance with rules adopted by the Ohio Board of Nursing. In accordance with Ohio law, a CRNA is not required to obtain a certificate to prescribe in order to provide the anesthesia care. The physician, podiatrist, or dentist supervising a certified registered nurse anesthetist must be actively engaged in practice in Ohio. Where a certified registered nurse anesthetist is supervised by a podiatrist, the nurse's scope of practice is limited to the anesthesia procedures that the podiatrist has the authority under section 4;731.51 of the Revised Code to perform. When a certified registered nurse anesthetist is supervised by a dentist, the nurse's scope of practice is limited to the anesthesia procedures that the dentist has the authority under Chapter 4715. Of the Revised Code to perform. CRNAs shall be appointed to the Department of Anesthesia.</p>		
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**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I am entitled to perform and that I wish to exercise at Kettering Health Dayton/Kettering Health Washington Township Hospital(s) and I understand that:

- A. 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.
- B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

\_\_\_\_\_  
Practitioner's Signature \_\_\_\_\_  
Date

**Department of Anesthesiology Recommendation - Privileges**

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

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Chair, Department/Section

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair, Credentials Committee

\_\_\_\_\_  
Date