



Delineation of Privileges
Department of Surgery
ANESTHESIOLOGY

Name: _____

MINIMUM QUALIFICATIONS FOR PRIVILEGES:

- Practitioners must be duly licensed to practice in the State of Florida and hold a valid DEA certificate.
- Successful completion of an ACGME or AOA-accredited residency/fellowship in anesthesiology.
- Current certification or active participation in the examination process leading to certification in Anesthesiology by the American Board of Anesthesia or the American Osteopathic Board of Anesthesia.

CATEGORY I: CORE PRIVILEGES

	Requested	Approved
Core Privileges include:		
1. Order diagnostic and therapeutic services; history and physical, write orders and progress notes; request and provide consultations; interpretation of EKG's, and render any care in a life threatening emergency 2. Comprehensive medical management of patients to be rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental, and certain medical procedures, including preoperative, intraoperative, and postoperative examination, management, monitoring, evaluation, preop resuscitation, and treatment. <ul style="list-style-type: none"> • All phases of general anesthesia, spinal anesthesia, regional blocks, respiratory and inhalation therapy, acute cardiopulmonary care • Management of malignant hyperthermia • Diagnostic and therapeutic management of acute pain including Intravenous sedation and analgesia 		
3. Critical care medicine and consultations alone or in conjunction of other medical staff members; <ul style="list-style-type: none"> • Arterial line insertion • Central venous line insertion • PA catheter insertion • Swan Ganz catheter placement • Transvenous pacemaker • Arterial and venous cutdown • Intubation • Laryngoscopy • Bronchoscopy • Vent management 		

CATEGORY II: SPECIAL PROCEDURES

<i>Procedures that may not be part of residency/fellowship training and may require proof of additional training or experience.</i>	Requested	Approved
1. Permanent nerve blocks		
2. Tee		
Other:		
1.		

I hereby certify that I possess the training, skill, experience, and current competency for the clinical privileges I have requested and pledge to practice within the limitations and scope of these privileges. Category II privileges cannot be requested or approved without requesting and approving Category I Core privileges.

Physician Signature

Date

APPROVAL:

Chief of Surgery

Date