



Delineation of Privileges

Name: _____

Date: _____

CATEGORY I: CORE PRIVILEGES		
Core Privileges <i>include:</i>	Requested	Approved
<ol style="list-style-type: none"> 1. Admit patients, order diagnostic/therapeutic services, write orders/progress notes in patient charts, request and provide consultations, and render any care in a life-threatening emergency 2. Cranial Surgery: craniotomy, craniectomy, fracture of skull, special procedures (i.e., microscope, electrical recording for aneurysm, tumor, arteriovenous malformation, laser) 3. Shunts: Ventriculovagal, ventriculocardiac, subarachnoid ureteral, ventriculopleural, ventriculoperitoneal 4. Procedures for treatment of spinal disorders, with or without instrumentation; percutaneous procedures, lumbar myelogram, laminectomy 5. Peripheral Nerves: Exploration and neurolysis, brachial and sciatic explorations, ulnar nerve transplantation, neuroorrhaphy, approximation of digital nerve, carpal tunnel procedure, neurectomy, avulsions (supraorbital, infraorbital), peripheral nerve tumor 6. Blocks: alcohol blocks (subarachnoid, 2nd or 3rd division of trigeminal nerve, infraorbital, supraorbital. etc.), stellate/lateral femoral/cutaneous/intracostal/etc., somatic root block, paravertebral sympathetic block, Sympathectomy-cervial (unilateral), thoraco-dorsal, bilateral lumbar, Thoraco-lumbar, Neuroanastomosis (spino-facial), Scaleneotomy, tracheostomy 7. Diagnostic Cranial Procedures: fontanelle taps (with or without ventriculography), angiography (brachial, carotid, subclavian, vertebral), pneumoencephalography, ventriculography, Intercranial pressure screw insertion 8. Diagnostic Spinal Procedures: Cervical or cisternal puncture, discography, lumbar puncture, myelography 9. Diagnoses: Differential, stroke, meningitis, encephalitis, convulsive states, Parkinsonism 		
CATEGORY II: SPINAL SURGERY		
Core Privileges <i>include:</i>	Requested	Approved
<p><i>(requires participation in ER call for spine surgery)</i> laminectomy, cordotomy, rhizotomy, radiofrequency retrogasserian, tumor/hematoma/arteriovenous malformation, decompression/osteomyelitis section/decompression of nerve, craniostomy, stereotaxic surgery for abnormal movement/pain/etc., trephinations, carotid endarterectomy, disc excision, repair of meningocele, repair of myelomeningocele, spinal fusion (with or without instrumentation - cervical, thoracic & lumbar)</p>		
CATEGORY III: SPECIAL PROCEDURES		
Special privileges <i>which require additional documentation of training/proficiency:</i>	Requested	Approved
<ol style="list-style-type: none"> 1. Laser: CO2 2. Vertebroplasty 3. Kyphoplasty 4. Vagus Nerve Stimulation 5. Sedation Analgesia <i>(requires separate delineation)</i> 		
CATEGORY IV: PAIN MANAGEMENT		
Core Privileges <i>include:</i>	Requested	Approved
<p>Trigger point injections, facet injections, epidurals, joint injections, use of fluoroscopy, radiofrequency lesions, implantation of delivery system for drugs, and spinal cord stimulators.</p>		

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.

Physician Signature

Date

APPROVAL:

Chief of Surgery

Date