

PAIN MANAGEMENT

DELINEATION OF PRIVILEGES

I, _____, hereby request privileges in the specialty of **PAIN MANAGEMENT** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Please indicate by a check in the requested column those privileges which are commensurate with your clinical ability, training and experience for which you are applying.

<u>PRIVILEGES</u>	Requested	A= Approved NA= Not Approved AP = Approved w/proctor
• Evaluation and diagnosis of medical conditions to determine need for surgical intervention with regard to appropriate consultation when prudence and good medical care so require.		
• Application of Tens		
• Brachial Plexus Block		
• Celiac Plexus Diagnostic		
• Celia Plexus Neurolytic		
• Differential Spinal		
• Discography, Cervical		
• Discography, Thoracic		
• Epidural Cath Implant (res/pump)		
• Epidural Opioid Continuous		
• Epidural Steroid		
• Inc. & Sub Placement Spinal Neurostimulator		
• Injection anesthetic, C1/C2 joint block		
• Injection anesthetic, Occipital/C1 joint block		
• Injection Anes. Agent Paracervical Bilateral		
• Injection Anes. Subst. Lumbar		
• Injection Epidural Cervical/Thoracic Single		
• Injection Proc. Discography Each Level Lumbar		
• Inject Anesthetic Agent, Stellate Ganglion		
• Injection Anesthetic Agent Axillary Nerve		
• Injection Anesthetic Agent Ilioinguinal		
• Injection Anesthetic Agent Intercostal		
• Injection Anesthetic Agent transforaminal, cervical		
• Injection Anesthetic Agent transforaminal, thoracic		
• Injection Anesthetic Agent Sciatic Nerve		
• Injection ganglion impar		
• Injection Anesthetic Agent Pudental Nerve		
• Injection, Anesthetic. Agent Vagus Nerve		
• Injection Anesthetic Agent Phrenic Nerve		
• Injections, Anesthetic Agent Spinal Access		
• Injection, Anesthetic Agent Suprascapular		
• Injection, Anesthetic Agent, Cervical Plexus		

Presidio Surgery Center

A California Pacific Medical Center Affiliate

<u>PRIVILEGES</u>	Requested	A= Approved NA= Not Approved AP = Approved w/proctor
• Injection, Carotid Sinus		
• Injection, Anesthetic Agent, Lumbar/Thoracic		
• Intrathecal Opioids		
• Nerve Block - Other		
• Neurol Trigem (Supra/Infra ORB)		
• Neurolytic Epidural		
• Neurolytic Facet ea Add Facet Joint		
• Neurolytic Facet Jt. Single		
• Neurolytic Intercostal		
• Neurolytic Subarachnoid		
• Neurolytic Trigeminal (at foramen ovale)		
• Paravert. each Additional Facet Jt.		
• Paravert. Facet Joint - Single		
• Puncture of Reservoir		
• Reinjection Epidural Opioid		
• ReInjection of Catheter		
• ROM Measurement/Report, each Extremity		
• Sphenopal Gang. Block Bilateral		
• Therapeutic/DX Injection, Intravenous		
• Trigeminal Nerve Block		
• Ultrasonic Guidance For Needle Bx		
OTHER:		
• Operate & Interpret Fluoroscopy (certificate required)		
• Local anesthesia		
• Topical anesthesia		

Do you anticipate administering your own moderate sedation? ___Yes ___No **If Yes, Complete attached form.**

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

Physician

Date

Approval:	
Comments: _____	

_____ Medical Director	_____ Date

Please note: Minimal/ Moderate Sedation will only be approved if the Practitioner is ACLS certified.

1. Do you anticipate administering minimal and moderate sedation**? Yes* No
 * If yes, complete request below.

Minimal Sedation: A drug induced state during which patients respond normally to verbal command. Cognitive function may be impaired, but ventilatory and cardiovascular functions are unaffected.

Moderate Sedation: A drug-induced depression of consciousness that allows protective reflexes to be maintained. It allows the patient to be able to maintain a patent airway independently, and permits appropriate response by the patient to physical stimulation or verbal command. Indications for moderate sedation include, but are not limited to: joint manipulation, joint reduction, invasive procedures and diagnostic procedures.)

2. Do you have privileges for minimal/moderate sedation at other facilities? Yes No

Volume performed during the last 12 months: _____

Name of local facility _____

Name _____ Phone _____

(Recommended contact at facility for verification of clinical privileges for sedation)

PRIVILEGES FOR MINIMAL/MODERATE SEDATION (NON-ANESTHESIOLOGIST)

Requirements:

1. Mandatory- Advanced Life Support/ACLS Certification (submit copy of current certification)
2. Competency in airway management:
 - Included in Residency training and competency has been maintained; or
 - Training course certification (submit copy); or
 - Experience in intubation or resuscitation. Describe experience/volume
3. Competency in the use and interpretation of appropriate monitors, including EKG and SaO₂.
 - Included in residency training and competency has been maintained; or
 - Training course certification (submit copy); and
 - Experience using EKG and SaO₂ monitors and interpreting the critical information provided by these monitors.
4. Competency in ordering and administering medications used in minimal/moderate sedation
 - Included in residency training and competency has been maintained; or
 - Training course certification (submit copy); and
 - Knowledgeable regarding the actions, potency, side effects, dosages, and contraindications of drugs used for minimal/moderate sedation.

I understand privileges granted for minimal/moderate sedation by non-anesthesiologists will require an immediate pre-induction anesthesia assessment of the patient the day of the procedure. Acknowledging the patient's right to be informed of risks, benefits and alternatives, I will also be expected to obtain informed consent for each patient that I provide sedation.

Physician Signature

Date

MEC Chair/Medical Director

Date