



SHC Privileges in Anesthesia Service

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

Required Qualifications

Education/Training

Successful completion of an ACGME or AOA accredited Residency in Anesthesiology or foreign equivalent training and acceptable practice in the privileges requested.

AND

Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology or foreign equivalent training/board. Active enrollment in Maintenance of Certification in Anesthesiology for providers who have time-limited certification.

AND

Documentation or attestation of the performance of at least 200 anesthesiology cases during the past two years

AND

Completion of American Heart Association ACLS, PALS, ATLS, or American Society of Anesthesiologists A-ACLS within the past 2 years

FPPE

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

Provide care on LPCH patients in specific areas of SHC

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Request	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core:	
	Privileges to admit patients	
	Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment	
	The support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures	
	Management of patients with a difficult airway	
	Management of problems in pain relief	
	Cardiopulmonary resuscitation	
	Supervision of patients in post-anesthesia care units and critically ill patients in special care units; except for those special procedure privileges listed below.	
	Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module]	
	Administration and management of sedation	

Qualifications

Renewal Criteria Core Privileges- Minimum of 22 cases required during the past two years for Active status AND
AND
 Maintain 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 or foreign equivalent training/board.
AND
 Completion of American Heart Association ACLS, PALS, ATLS, or American Society of Anesthesiologists A-ACLS within the past 2 years

FPPE

Core

Special Privileges

Request	<p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	Comprehensive Critical Care - management of patients in critical care units including but not limited to the use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, and pericardiocentesis. [Initial Criteria - A) Documentation of successful completion of Cardiac Anesthesia fellowship (with privileges limited to cardiothoracic ICU). B) and also management of 50 or more patients in the ICU per year. Renewal Criteria - Minimum 100 cases required in the past two years.]	
	Patients under the age six months. [Initial Criteria - Pediatric subspecialty training or equivalent experience. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Patients between the ages of 6 months and 6 years with ASA physical status = 3. [Initial Criteria - Pediatric subspecialty training or equivalent experience. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Comprehensive Pain Management - management of complex acute and chronic pain, neurolytic nerve blocks, facet blocks, and dorsal column stimulation. [Initial Criteria - Subspecialty certification and/or training for pain management Renewal Criteria - Minimum 100 cases required in the past two years.]	
	Cardiac Anesthesia [Initial Criteria - Documentation of training and experience. Renewal Criteria - Minimum 50 cases required in the past two years.]	
	Liver transplantation anesthesia. [Initial Criteria - Documentation of training and experience. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Transesophageal echocardiography [Initial Criteria - Documentation of training and experience. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Acupuncture - Must complete separate Acupuncture Privilege form.	

FPPE

- Comprehensive Critical Care (Chart Reviews)
- Comprehensive Critical Care (Direct Observation)
- Patients under the age six months (Chart Reviews)
- Patients under the age six months (Direct Observation)
- Patients between the ages of 6 months and 6 years with ASA physical status.
- Comprehensive Pain Management
- Cardiac Anesthesia (Chart Reviews)
- Cardiac Anesthesia (Direct Observation)
- Liver transplantation anesthesia
- Transesophageal echocardiography

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional

[applicant]

malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that 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.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date _____

Service Chief Recommendation - Privileges

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

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request _____ Date _____