



Privileges in Pain Management Service

SAMPLE



Required Qualifications	
Education/Training	<p>Successful completion of an ACGME or AOA-accredited residency/ fellowship in pain management or foreign equivalent training.</p> <p style="text-align: center;">AND</p> <p>Current certification or active participation in the examination process leading to certification in Pain Medicine by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology or foreign equivalent training/board.</p> <p style="text-align: center;">OR</p> <p>Documentation or attestation of the performance of pain management procedures for at least 50 inpatients or outpatients as the attending physician (or senior resident) during the past two years.</p>
Additional Credentialing Criteria (Initial and Reappointment)	<p>In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years</p> <p>Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required</p> <p>Membership and privileges at LPCH to admit, treat patients 14 years old and younger</p>
Clinical Experience (Initial)	.
Acupuncture and acupressure	Training as outlined on Acupuncture Privilege Form.
Surgical implantation/revision/removal of: 1. Spinalcord stimulator leads and generator 2. Spinal	Completion of ACGME Pain Management Fellowship. Documentation of 4 cases each during Fellowship Training.
Clinical Experience (Reappointment)	<p>Minimum XX cases required during the past 2 years</p> <p>Minimum 4 cases required during the past 2 years - Acupuncture and acupressure; Surgical implantation/revision/removal of: 1. Spinalcord stimulator leads and generator 2. Spinal medication delivery pumps and catheter</p>
Additional Qualifications	Non-Physician Providers - All categories - Successful completion of an APA accredited fellowship in psychology (Ph.D.) or foreign equivalent training.

FPPE

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

5 chart reviews - Core; Acupuncture and acupressure; Surgical implantation/revision/removal

3 Chart Reviews - Administration of Moderate Sedation

Provide care on LPCH patients in specific areas of SHC

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Additional Request	
<input type="checkbox"/>	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	<input type="checkbox"/>

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<input type="checkbox"/>	Non-Physician Providers: Evaluation and management of patients requiring pain intervention	<input type="checkbox"/>
<input type="checkbox"/>	Physician Providers: Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment (including direct involvement in the implantation of pain management devices) to patients presenting with conditions requiring pain management.	<input type="checkbox"/>
<input type="checkbox"/>	Somatic nerve blocks	<input type="checkbox"/>
<input type="checkbox"/>	Sympathetic nerve blocks	<input type="checkbox"/>
<input type="checkbox"/>	Spinal injection (intrathecal and epidural)	<input type="checkbox"/>
<input type="checkbox"/>	Steroid injections	<input type="checkbox"/>
<input type="checkbox"/>	Cryoablation	<input type="checkbox"/>
<input type="checkbox"/>	Perphaeral nerve blocks	<input type="checkbox"/>
<input type="checkbox"/>	Neurolytic blocks central, peripheral, chemical, radio frequency	<input type="checkbox"/>
<input type="checkbox"/>	Facet blocks	<input type="checkbox"/>
<input type="checkbox"/>	Intravenous infusions	<input type="checkbox"/>
<input type="checkbox"/>	Trusser point	<input type="checkbox"/>
<input type="checkbox"/>	Botox injections	<input type="checkbox"/>
<input type="checkbox"/>	Joint injection	<input type="checkbox"/>
<input type="checkbox"/>	Management of invasive spinal therapies (SCS, intraspinal med delivery)	<input type="checkbox"/>

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Acupuncture and acupressure	<input type="checkbox"/>
<input type="checkbox"/>	Surgical implantation/revision/removal of: 1. Spinalcord stimulator leads and generator 2. Spinal medication delivery pumps and catheter	<input type="checkbox"/>

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	