

KENDALL POINTE SURGERY CENTER

Delineation of Privileges Anesthesia

Physician Name: _____

Date: _____

| Privileges | Denied | Granted | With Consultation |
|--|--------|---------|-------------------|
| ANESTHESIA | | | |
| Ventilator management airway | | | |
| Insertion endotracheal tubes | | | |
| Administration of General anesthesia for patients of all ages | | | |
| Administration of Regional anesthesia for intra-operative use and/or pain management | | | |
| Administration of neuraxial anesthesia (spinal or epidural techniques) with or without catheter insertion. | | | |
| Administration of IV regional anesthesia | | | |
| Administration of IV medications for Monitored Anesthesia Care | | | |
| Caudal brachial plexus block | | | |
| Bier block | | | |
| Lower extremity block | | | |
| Evaluation and treatment of post-operative pain | | | |
| Management of cardiac and respiratory failure | | | |
| Epidural blood patches | | | |
| Evaluation of pulmonary function tests | | | |
| Insertion of arterial lines | | | |
| Insertion of central venous line | | | |
| Insertion of pulmonary artery catheter | | | |
| Utilization of fiberoptic laryngoscopy for airway evaluation and/or intubation | | | |
| Treatment of medical problems pre-entra and post-op until definitive medical consult can be obtained | | | |
| PAIN MANAGEMENT PRIVILEGES | | | |
| Acupuncture & Acupressure | | | |
| Epidural Blood Patch | | | |
| Epidural Injection: cervical, thoracic, lumbar caudal | | | |
| Epidural Lysis of adhesions | | | |
| Fluoroscopic guidance with and without contrast injection | | | |
| Injections into joint and/or bursa | | | |
| Insertion of spinal cord stimulator leads and generator: trial, permanent | | | |
| Insertion of intrathecal catheter and pump | | | |
| Nerve block: peripheral nerves without catheters, neurolycte, facet, selective nerve, intravenous regional sympathetic nerve | | | |
| Neurolysis epidural, sub | | | |
| Percutaneous caudal decompression procedures (Discography, IDET, Nucleoplasty, Dekompressor) | | | |
| Trigger point injection | | | |
| Other: | | | |
| | | | |

I am competent based on my education, training and experience to perform the procedures checked above. My signature on this application represents a request for privileges for the clinical procedures described above.

Physician Signature

Date:

Medical Director, Kendall Pointe Surgery Center, LLC

Date: