

Privileges in Anesthesia

Applicant's 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

Initial Core Criteria Education/Training	<p>Successful completion of an ACGME or AOA accredited Residency in Anesthesia 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 Anesthesiology by the American Board of Anesthesiology or in Anesthesiology by the American Osteopathic Board of Anesthesiology or foreign equivalent training/board</p> <p style="text-align: center;">AND</p> <p>Management of at least 50 cases in the past 2 years required</p> <p style="text-align: center;">AND</p> <p>Privileges extend to patients of all ages and physical status except those requiring additional privileges as delineated below</p>
Additional Credentialing Criteria (Initial and Reappointment)	<p>Advanced Certification in cardiopulmonary resuscitation required from the American Heart Association (i.e., PALS, ACLS, etc.) or A-ACLS from American Society of Anesthesiology</p> <p style="text-align: center;">OR</p> <p>PeRLS (Perioperative Resuscitation and Life Support)</p>
FPPE	<p>FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS</p>

CORE 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
CORE Privileges		
	Privileges to admit patients	
	Perform history and physical	
	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	
	Placement of invasive monitors to include arterial catheters and central venous lines	
	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	
Regional anesthesia techniques		
	spinal anesthesia	
	epidural anesthesia	
	peripheral nerve block	

Qualifications

Renewal Criteria Minimum of 50 Core cases required during the past 2 years

FPPE

Core

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	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]	
	Newborns - 6 Months: ASA PS-I & II [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above and Pediatric subspecialty training or active practice involving at least 10 cases each in the past two years. Documentation log required. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Newborns - 6 Months: ASA PS-III & IV [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above and Pediatric subspecialty training or active practice involving at least 10 cases each in the past two years. Documentation log required. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	6 Months - 6 Years: ASA PS-III & IV [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above and Pediatric subspecialty training or active practice involving at least 10 cases each in the past two years. Documentation log required. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	6 Years - 12 Years: ASA PS-III & IV [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above or active practice involving at least 10 cases in the past two years. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Obstetric Anesthesia - C-Section / Labor Analgesia [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above and a minimum of 10 cases in the past two years and Complete "Baby Friendly Provider Training" Healthstream module or provide a certificate of completion of "Baby Friendly" or "General Breastfeeding Training" from another facility within past two years. Documentation log required. Renewal Criteria - Minimum 10 cases required in the past two years and Complete "Baby Friendly Provider Training" Healthstream module or provide a certificate of completion of "Baby Friendly" or "General Breastfeeding Training" from another facility within past two years]	
	Liver Transplant in Patients < 14 Years Old [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above and Pediatric subspecialty training. Renewal Criteria - Minimum 4 cases required in the past two years / or 2 cases under direct supervision]	
	Anesthesia for Cardiac Surgery with Cardiopulmonary Bypass [Initial Criteria - Documentation of training and/or experience as indicated under Core Privileges above and Pediatric subspecialty training. -AND- Additional documented focused training in Pediatric Cardiac Anesthesia for at least 6 months -OR- A minimum of 50 pediatric cases required during the past 2 years. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Regional Pain Techniques:	
	Sympathetic Nerve Block [Initial Criteria - Must have focused training in pediatric pain management, and/or belong to LPCH Pediatric Pain Management Group AND initially be proctored by member of that group. Renewal Criteria - Minimum 4 cases required in the past two years.]	
	Neurolytic Block [Initial Criteria - Must have focused training in pediatric pain management, and/or belong to LPCH Pediatric Pain Management Group AND initially be proctored by member of that group. Renewal Criteria - Minimum 4 cases required in the past two years.]	

	Acupuncture [Initial Criteria - Must have focused training in pediatric pain management, and/or belong to LPCH Pediatric Pain Management Group AND initially be proctored by member of that group. Renewal Criteria - Minimum 4 cases required in the past two years.]	
	Monitoring Procedures:	
	Pulmonary artery flotation catheter [Initial Criteria - Documentation of use in monitoring for hemodynamics of at least 4 cases in the past 2 years. Documentation log required. Renewal Criteria - Minimum 4 cases required in the past two years.]	
	TEE [Initial Criteria - Minimum of 6 cases over the past 2 years. Documentation log required. Renewal Criteria - Minimum 6 cases required in the past two years.]	

FPPE

- Obstetric anesthesia / C-Section / labor analgesia
- Neurolytic Block
- Acupuncture
- Newborns - 6 Months: ASA PS-I & II (Chart Review)
- Newborns - 6 Months: ASA PS-I & II (Direct Observation)
- Newborns - 6 Months: ASA PS-III & IV (Chart Review)
- Newborns - 6 Months: ASA PS-III & IV (Direct Observation)
- 6 Months - 6 Years: ASA PS-III & IV (Chart Review)
- 6 Years - 12 Years: ASA PS-III & IV (Chart Review)
- Liver Transplant in Patients < 14 Years Old (Chart Review)
- Liver Transplant in Patients < 14 Years Old (Direct Observation)
- Anesthesia for Cardiac Surgery with Cardiopulmonary Bypass (Chart Review)
- Anesthesia for Cardiac Surgery with Cardiopulmonary Bypass (Direct Observation)
- Pulmonary artery flotation catheter (Chart Review)
- Pulmonary artery flotation catheter (Direct Observation)
- TEE - For Patients Under 12 (Chart Review)
- TEE - For Patients Under 12 (Direct Observation)

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 Children's Health. I also acknowledge that my professional 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 - FPPE Requirements

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

Date