

MILLARD FILLMORE SURGERY CENTER

Name _____

Date _____

DELINEATION OF PRIVILEGES - ANESTHESIOLOGY

Credentialing period effective for 2 years

<u>LEVEL I (CORE) PRIVILEGES</u>	
<i>Physicians must have satisfactorily completed an ACGME approved Anesthesia Residency Program.</i>	
Procedures included in Level I (Core) Privileges include: intubation, spinal/epidural/caudal, epidural blood patch, arterial cannulation, jugular and subclavian vein cannulation, pulmonary arterial catheter placement, TEE insertion, Conscious Sedation.	The clinical performance and management of diagnostic/therapeutic regional and local nerve blocks.
The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.	The management of problems in cardiac and respiratory resuscitation.
The support of life functions under the stress of anesthetic and surgical manipulations.	Supervision of Certified Registered Nurse Anesthetists (CRNA)
The clinical management of the patient unconscious from whatever cause.	The application of specific methods of inhalation therapy.
The management of problems in acute, chronic and postoperative pain relief.	The clinical management of various fluid, electrolyte and metabolic disturbances

<u>LEVEL I (CORE) PRIVILEGES</u> <i>(includes all of the above)</i>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
<u>PEDIATRIC LEVEL I PRIVILEGES</u>	PHYSICIAN REQUEST	Granted	Not Granted*	With Following Requirements** (Provide Details)
The management of pediatric ambulatory surgical patients six (6) months old and older in which admission is not anticipated.				

KEY	<u>*NOT GRANTED DUE TO:</u> Provide Details Below	<u>**WITH FOLLOWING REQUIREMENTS</u> Provide Details Below
1) Lack of Documentation		1) With Consultation
2) Lack of Required Training/Experience		2) With Assistance
3) Lack of Current Competence (Databank Reportable)		3) With Proctoring
4) Other (Please Define) (i.e., Exclusive Contract)		4) Other (Please Define)

DETAILS: _____

National Practitioner Databank Disclaimer Statement: Kaleida Health must report to the National Practitioner Data Bank when any clinical privileges are not granted for reasons related to professional competence or conduct. (Pursuant to the Health Care Quality Improvement Act of 1986 (43 U.S.C. 11101 et seq.)

_____/_____
Signature of Applicant Date

_____/_____
Signature of Clinical Chief Date

APPLICANT: PLEASE RETAIN A COPY OF THIS SIGNED DELINEATION FOR YOUR RECORDS

