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DEPARTMENT OF HEALTH AND HUMAN SERVICES Indian Health Service

FORM APPROVED OMB Approval No. 0917-0009 Expiration Date:

ANESTHESIA PRIVILEGES REQUEST FORM

INTRODUCTION

This Anesthesia Privileges Request Form must be accompanied or preceded by a completed application for medical staff appointment, including the necessary supporting documents. Most clinical privileges pertinent to the practice of anesthesia are listed below. The request for privileges must reflect both the applicant's and facility/staff's ability to carry out or support the various functions. Any additional privileges may be requested on the Anesthesia Privileges Request Form or may be presented in an attached list and referenced on this form under "other."

INSTRUCTIONS FOR COMPLETING THE FORM

Applicant: With a check mark in the appropriate location, indicate for each item whether you are requesting *limited* or *full* privileges. *Limited* means that the applicant may function in the area of the stated clinical privileges only under the direct supervision of a provider holding *full* privileges. *Full* means that the applicant is entitled to function independently, following standards consistent with the medical community at large. Be sure to sign the request as indicated on page 6.

Discipline-specific supervisor or consultant: Indicate your recommendation for each requested clinical privilege by placing a check mark in the appropriate location for either *full*, *limited*, or *not recommended* (N.R.). Please explain any recommended limitations or denial of privileges on an attached sheet. Your recommendations are considered by the governing body when granting or not granting privileges.

Assignment of clinical privileges in anesthesiology must be based upon:

- 1. Education.
- 2. Clinical training.
- 3. Capacity to manage procedurally related complications.

THE SUGGESTED CLASSES OF CLINICAL PRIVILEGES ARE:

I. CLASS I PRIVILEGES

Such privileges are to be granted to those members of the medical staff who are permitted to perform local infiltration anesthesia, topical application, and minor nerve blocks.

II. CLASS II PRIVILEGES

This class of privileges is assigned to those members of the medical staff who are qualified to perform specific anesthetic procedures under specified conditions in addition to local infiltration, topical application, and minor nerve block class. The Anesthesia Privileges Request Form should be completed for these privileges.

III. CLASS III PRIVILEGES

Privileges granted to those individuals who by training and experience are competent in:

- a. The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical, and certain medical procedures.
- b. The support of life functions under the stress of anesthetic and surgical manipulations.
- c. The clinical management of the patient unconscious from whatever cause.
- d. The management of problems in pain relief.
- e. The management of problems in cardiac and respiratory resuscitation.
- f. The application of specific methods of respiratory therapy.
- g. The clinical management of various fluid, electrolyte, and metabolic disturbances.

Note: When Class III privileges are granted, they should be accompanied by specific limitations where indicated. The Anesthesia Privileges Request Form should be completed for these privileges.

ANESTHESIA PRIVILEGES REQUEST FORM

I.	GENERAL ANESTHESIA	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	A. Adult		N.R. Ltd. Full
	B. Child		
	C. Inhalation agents		
	D. Intravenous agents		
	D. maravenous agents		
II.	IV SEDATION	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	A. Barbiturates		
	B. Catamenia		
	C. Narcotics		
	D. Major tranquilizers		
Ш.	. REGIONAL ANESTHESIA	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	A. Subarachnoid block		
	B. Lumbar epidural block		
	C. Brachial plexus block		
	D. Sciatic-femoral block		
	E. Ankle block		
	F. Cervical epidural		
	G. Thoracic epidural		
	H. Other (specify):		
IV.	. PAIN MANAGEMENT	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
	A. Differential subarachnoid block		
	B. Lumbar sympathetic block		
	C. Stellate ganglion block		
	D. Epidural steroids		
	E. Epidural narcotics		
	F. Celiac plexus block		
	G. Intercostal nerve block		
	H. Neurolytic block		

V. SUBSPECIALTY ANESTHESIA

A. Infants 1. Routine 2. High risk	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
 B. Thoracic Surgery Adult Child Infant 	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
 Intracranial Surgery Adult Child Infant 	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
D. Major vascular surgery E. Caesarean section	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
VI. MONITORING A. Radial artery catheterization B. Pulmonary artery catheterization	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
 C. CVP line placement Peripheral Internal jugular Subclavian 	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full

VII. SPECIAL TECHNIQUES A. Deliberate hypotension B. Deliberate hypothermia	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
VIII. AIRWAY MANAGEMENT		
 A. Awake Oral Nasal 	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
B. Anesthetized1. Oral2. Nasal	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full
IX. VENTILATOR MANAGEMENT X. INTERPRETATION OF ABGS XI. INTERPRETATION OF PFTs XII. INTERPRETATION OF EKGs XIII. SUPERVISION OF CRNAs	Applicant Requests Ltd. Full	Supervisor/ Consultant Recommends N.R. Ltd. Full

ANESTHESIA PRIVILEGES REQUEST FORM

1.	I hereby request the clinical privileges as indicated on the forms attached.				
	Applicant	Date	_		
2.	I hereby recommend the clinical privileges as indicated.				
	Supervisor/Consultant	Date	_		
3.	As Chairperson of the Medical Staff Execut (check one)	cive Committee, I hereby	y recommend the clinical privileges		
	As noted.				
	With the following exceptions, deletions, additions, or conditions:				
			_		
	Clinical Director	Date	_		
4.	I hereby recommend the applicant for clinic	cal privileges.			
	Service Unit Director	Date	_		
5.	Privileges are hereby granted: (check one)				
	As noted.				
	With the following exceptions, deletions, additions, or conditions:				
			_		
	Chairperson of the Governing Body	Date	_		
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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 60 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, ATTN: PRA (0917–0009). Please *do not send* this form to this address.