



CORE PRIVILEGES
Anesthesiology Services

QUALIFICATIONS:

- MD or DO with successful completion of an ACGME or AOA-accredited residency in anesthesiology, or equivalent training, and acceptable practice experience in the privileges requested;
- Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesia or the American Osteopathic Board of Anesthesia preferred, or equivalent credentials as determined by the Service Chief;
- Documentation or attestation of the performance of at least 300 anesthesiology cases during the past two (2) years. *Reappointments: please be prepared to provide a list of cases performed at facilities other than Teche Regional Medical Center if requested.*

(R)= Recommended as Requested (A)=Approved as Requested (C)=Recommended with Condition(s) (N)=Not Recommended

Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		CORE PRIVILEGES include the following:				
		Assessment of, consultation for, and preparation of patients of all ages for anesthesia, including privileges to admit patients to outpatient services				
		Local infiltration anesthesia, topical application, minor nerve blocks, and spinal taps				
		Spinal anesthesia ("Saddle-Block") for vaginal delivery, Plexus anesthesia, Intravenous regional anesthesia ("Bier-Block")				
		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 stress of anesthetic, surgical, and other medical procedures				
		Clinical management of various fluid, electrolyte, and metabolic disturbances				
		Management of patients with a difficult airway				
		Management of problems in pain relief by regional anesthetic techniques				
		Dental analgesia by IV sedation				
		Cardiac and Respiratory resuscitation				
		Supervision of patients in post-anesthesia care units and critically ill patients in special care units				

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Teche Regional Medical Center.

Signature of Applicant

Date

Printed Name

Requested privileges reviewed and recommended as indicated above.

Signature of Service or Department Chair

Date

Board of Trustees' Decision

Teche Regional Medical Center's Board of Trustees

Does

Does not grant clinical privileges as requested

(if "does not" grant, give reasons in letter to the applicant with a copy of privilege list)

Secretary, Board of Trustees

Date



HEALTH STATEMENT

TO CHIEF OF SERVICE / CHIEF OF STAFF

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES NO

If yes, please explain:

3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST? YES NO
If yes, please give date of positive skin test. _____
If no, when was your last PPD test? _____

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

SIGNATURE OF APPLICANT

DATE

CHIEF OF SERVICE

DATE