

NAME: _____

DATE: _____

SIERRA VISTA HOSPITAL
800 East Ninth Street
Truth or Consequences, New Mexico 87901

DELINEATION OF ANESTHESIOLOGY PRIVILEGES

I am qualified for and request the following privileges:

_____ General Anesthesia (all agents, including pre- and post-op care)

_____ Regional Anesthesia

- _____ Spinal (including continuous)
- _____ Peridural (including continuous)
- _____ Epidural
- _____ Peripheral Nerve Blocks
- _____ IV Regional Blocks

_____ Special Techniques

- _____ Anesthesia using hypotension
- _____ Anesthesia using hypothermia
- _____ Anesthesia for Obstetrics
- _____ Anesthesia for Lung (simple procedures)
- _____ Anesthesia for Endoscopy
- _____ Steroid Epidural techniques
- _____ Arterial Cannulation
- _____ Insertion of Central Venous Catheters
- _____ Bronchoscopy

OTHER: _____

Chief of Staff Date

Chairmen of the Board Date

Administrator Date