

West Jefferson Surgery Center  
Marrero, Louisiana  
**PRIVILEGES REQUEST FORM FOR ANESTHESIOLOGIST PRACTICING PAIN  
MANAGEMENT**

**Minimum Threshold Criteria**

*To be eligible to use this form to request clinical privileges, the following minimum threshold criteria must be met.*

1. *Basic education:* M.D., D.O., D.M.D
2. *Minimal formal training:* The applicant must be able to demonstrate successful completion of an approved residency training program in Anesthesia.
3. *Experience:* The applicant must demonstrate that he or she has handled 24 hospital cases in the past 12 months.
4. *References:* References must come from both an anesthesiologist and a surgeon.

If you meet the above criteria, you may request privileges as specified below.

**Core Privileges**

I hereby request core Pain Management privileges as follows: Privileges include being able to admit, work up, and provide nonsurgical therapeutic treatment to patients presenting with pain, including the provision of consultation.

Note: If any privileges are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request privileges, regardless of education, training, and experience.

These privileges do not include any of the following special requests:

---



---



---

For each special request, the applicant must meet minimum threshold criteria. Special requests for Pain Management include:

Privileges Requested	Privileges Approved
_____	<b>Introduction or Removal</b>
_____	_____ Injection tendon sheath, trigger points or ganglion cyst
_____	_____ Arthrocentesis intermediate joint, bursa or ganglion cyst
	<b>Spine and Spinal Cord Puncture</b>
_____	_____ Spinal puncture: diagnostic
_____	_____ Injection lumbar epidural of blood or cloth patch
_____	_____ Injection of anesthetic substance; subarachnoid simple
_____	_____ Injection of anesthetic substance; epidural, cervical or thoracic, single
_____	_____ Injection of anesthetic substance; subarachnoid (or epidural), differential
_____	_____ Injection of anesthetic substance; subarachnoid, continuous
_____	_____ Injection of anesthetic substance; lumbar or caudal epidural, single
_____	_____ Injection of anesthetic substance; lumbar or caudal epidural conditions
_____	_____ Injection of neurolytic substance; subarachnoid
_____	_____ Injection of neurolytic substance; epidural, cervical or thoracic

Privileges  
Requested

Privileges  
Approved

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Injection of neurolytic substance; lumbar or caudal epidural   |
| _____ | _____ | Injection other than anesthetic, contrast or neurolytic; lumbar or caudal epidural   |
| _____ | _____ | Injection of substance other than anesthetic contrast, or neurolytic; epidural, cervical or thoracic   |
|       |       | <b>Neurostimulators, Spinal</b>  |
| _____ | _____ | Percutaneous placement of neurostimulator electrodes; epidural   |
| _____ | _____ | Revision/ removal of neurostimulator electrodes  |
| _____ | _____ | Electronic analysis of implanted neurostimulator pulse generator system; without reprogramming of pulse generator  |
|       |       | <b>Peripheral Nerves – anesthetic injection</b>  |
| _____ | _____ | Somatic nerves   |
| _____ | _____ | Facet nerve  |
| _____ | _____ | Facet joint nerve  |
|       |       | <b>Sympathetic Nerve – anesthetic injection</b>  |
| _____ | _____ | Sphenopalatine ganglion  |
| _____ | _____ | Stellate ganglion (cervical sympathetic)   |
| _____ | _____ | Lumbar or thoracic (paravertebral sympathetic)   |
| _____ | _____ | Celiac plexus  |
|       |       | <b>Conscious Sedation</b>  |
| _____ | _____ | (New applicants must provide documentation that he/she has performed IV conscious sedation for at least 5 patients within the past twelve (12) months. At reappointment time, the staff member must provide documentation that he/she has performed IV conscious sedation for at least 10 patients within the past twenty-four (24) months.) |
|       |       | <b>Miscellaneous</b>   |
| _____ | _____ | Bier block   |
| _____ | _____ | Regional IV administration of local anesthetic agent   |
| _____ | _____ | Epidural Steroid Injection   |
| _____ | _____ | Injections in reference to pain management   |
| _____ | _____ | Nerve block  |
| _____ | _____ | Vertebroplasty   |

---

*I understand that in making this request I am bound by West Jefferson Surgery Center's applicable bylaws and policies. I hereby stipulate that I meet the threshold criteria for each request.*

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Types or printed name: \_\_\_\_\_

In general, core privileges consist of those areas listed above. The medical staff may modify or limit the privileges granted.

WEST JEFFERSON SURGERY CENTER  
MARRERO, LOUISIANA

**GENERAL PRIVILEGES FOR PHYSICIAN APPOINTEES**

All physician appointees of the Medical Staff are automatically granted privileges to:

1. Admit patients;
  2. Perform histories and physicals;
  3. Order diagnostic and therapeutic services;
  4. Make referrals and request consultations;
  5. Provide consultations within the scope of his or her privileges;
  6. Use all skills normally learned during medical school or residency; and
  7. Render any care in a life-threatening emergency.
- 

Exceptions

- Emergency physicians may not admit or write orders for care in the special care units. These activities must be performed by physicians with such privileges.
- Pathologists may not admit on an inpatient basis or provide emergency room coverage.
- See the special conditions for dentists and podiatrists section in the general policy for delineation of clinical privileges.

WEST JEFFERSON SURGERY CENTER

MARRERO, LOUISIANA

**PRIVILEGES DELINEATION OVERVIEW**

The following are the primary goals of West Jefferson Surgery Center's privilege delineation process.

1. Assure maximum objectivity in the granting of clinical privileges
2. Avoid, where possible, the use of long laundry lists of diagnoses that require constant updating and redrafting. These lists are, in many disciplines, difficult to monitor and are not generally thought to be realistic.
3. Grant privileges commensurate with education, residency, training, and experience.
4. Ensure, to the extent possible, that patients are cared for by individuals who possess the highest degree of competency.

WEST JEFFERSON SURGERY CENTER  
MARRERO, LOUISIANA

**INSTRUCTIONS FOR THE APPLICANT REGARDING THE COMPLETION OF THE PRIVILEGES  
REQUEST FORMS**

*West Jefferson Surgery Center's Medical Staff is divided into departments. Requests for privileges are reviewed by the applicable Department Chair. You must use the privileges request forms to document your requests and to provide additional information for the Center to use.*

---

Please note the following when completing our privileges request forms:

1. Most Medical Staff appointees are automatically granted general privileges (See *General Privileges for Physician Appointees*). You must, however, specify any additional privileges you desire by completing the appropriate forms.

*Note: This privileges delineation packet does not include every possible situation, diagnosis, or surgical procedure.*

2. You are expected to practice within the bounds of your training and competence, and you should not attempt to treat those complicated cases for which there are individuals on this staff with higher levels of skill or training.
3. Newly developed or experimental treatment modalities not included herein must be cleared by the appropriate department chair prior to their performance.
4. Please become familiar with the capabilities and limitations of this facility, and do not attempt to treat conditions that require specialty care in other practice settings.
5. Ordinarily, applicants are given privileges request forms that correspond to their specialty or area of interest. If you desire privileges in more than one clinical field, such as medicine, pediatrics, and surgery, and do not find the forms necessary to document your request, please request assistance from the Credentials Coordinator or Administrative representative.
6. When questions require information concerning the number of times you have performed a procedure, you may generalize (e.g., 10-20, greater than 20).

*Note: The Center seeks general, not specific information, unless your overall volume is low. You are not expected to have performed every type of procedure.*