

Christus Cabrini Surgery Center

REQUEST AND APPROVAL OF PRIVILEGES - Anesthesia

Applicants Name:	Date:				
R=Requested	NR=Not Requested	TA = Temporary Privileges	A=Approved	D=Denied	
Procedure	R	NR	TA	A	D
Evaluation and diagnosis of medical condition(s) to determine ASA classification for anesthesia type and appropriateness for Surgery Center procedure.					
Initial interpretation and assessment of x-ray films and fluoroscopy perioperatively with documentation of findings.					
History and Physical Examination					
General Anesthesia					
Local Anesthesia or Field Block					
IV Sedation					
Ablative Nerve Block					
Caudal Anesthesia					
Deliberate Hypotension					
Epidural Analgesia					
Epidural Anesthesia					
Hypothermia					
Inhalation Anesthesia					
Intravenous Cut-down					
Intubation and Total Management of Pulmonary Care					
Major Nerve Block					
Respiratory Care – Use of Ventilators					
Supervision of CRNA's					
Therapeutic Nerve Block					
Pre-op and Post-op Evaluation and Management of Pt					
Other:					

Applicant's Signature

_____ Date: _____

Medical Director Approval of Temporary Privileges

_____ Yes No Date: _____

Administrator's Approval of Temporary Privileges

_____ Yes No Date: _____

Credentialing Committee Approval of Privileges

_____ Yes No Date: _____

Governing Board Approval of Privileges

_____ Yes No Date: _____

All staff physicians may render emergency care and utilize lifesaving procedures without regard to the official privileges applied for above.

Category of Staff

Temporary Date: _____
 Provisional Date: _____
 Courtesy Date: _____
 Active Date: _____
 Emergent Date: _____