

# CHRISTUS CABRINI SURGERY CENTER

## REQUEST AND APPROVAL OF PRIVILEGES - Pain Management

**Applicants Name:**

**Date:**

**R=Requested**

**NR=Not Requested**

**TA = Temporary Privileges**

**A=Approved**

**D=Denied**

| Procedure  | R | NR | TA | A | D |
|--|---|----|----|---|---|
| Initial interpretation and assessment of x-ray films and fluoroscopy perioperatively with documentation of findings. |   |    |    |   |   |
| History & Physical   |   |    |    |   |   |
| Auxillary Nerve Block  |   |    |    |   |   |
| Bier Block   |   |    |    |   |   |
| Blood Patch  |   |    |    |   |   |
| Bracheal Plexus Block  |   |    |    |   |   |
| Celiac Plexus Block  |   |    |    |   |   |
| Discogram – lumbar   |   |    |    |   |   |
| Discogram – Cervical   |   |    |    |   |   |
| Epidural, continuous, Caudal (Sacral)  |   |    |    |   |   |
| Epidural, Single, Caudal (Sacral)  |   |    |    |   |   |
| Epidural Steroid injection-Cervical/Thoracic   |   |    |    |   |   |
| Epidurogram  |   |    |    |   |   |
| Epidural Catheter w/External Reservoir w/o laminectomy   |   |    |    |   |   |
| Epidural Neurolytic Bloc – Lumbar/Caudal   |   |    |    |   |   |
| Facet Cryo   |   |    |    |   |   |
| Facet Cryo....each add'l level   |   |    |    |   |   |
| Facet Joint Block  |   |    |    |   |   |
| Facet Joint block....each add'l level  |   |    |    |   |   |
| Fluroscopy w/ or w/o injection of dye  |   |    |    |   |   |
| Hypertonic Saline Injection (lumbar/cervical, thoracic)  |   |    |    |   |   |
| Inguinal Nerve Block   |   |    |    |   |   |
| Intercostal nerve block all levels   |   |    |    |   |   |
| Intradural/Tntrathecal injection   |   |    |    |   |   |
| IV Infusion-Regitine/Lidocaine   |   |    |    |   |   |
| IV Sedation  |   |    |    |   |   |
| Lumbar Sympathetic Block   |   |    |    |   |   |
| Manipulation of Spine, any level, w/sedation   |   |    |    |   |   |
| Occipital Nerve Block  |   |    |    |   |   |
| Radio-Frequency, Facets – Lumbar, Cervical, Thoracic   |   |    |    |   |   |
| Radio-Frequency, Facets....each add'l level  |   |    |    |   |   |
| Radio-Frequency, Caudal/Stellate Ganglion, Sympathectomy   |   |    |    |   |   |
| Sacroillac Joint Block, Unilateral and Bilateral   |   |    |    |   |   |
| Selective Nerve Root Block   |   |    |    |   |   |
| Stellate Ganglion Block  |   |    |    |   |   |
| Supraclavicular Block  |   |    |    |   |   |
| Sympathectomy – Thoracic   |   |    |    |   |   |
| Three-in-one Block   |   |    |    |   |   |
| Wrist Joint Block  |   |    |    |   |   |

