

ALBUQUERQUE SURGERY CENTER

Delineation of Privileges - Pain Management

Please indicate by a check in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

PRIVILEGES:	Requested	Not Requested	Approved	Denied
Evaluation and diagnosis of medical conditions to determine need for surgical intervention.				
Extended Stay Admission Privileges				
Application of TNS				
Brachial Plexus Block				
Celiac Plexus Diagnostic				
Celiac Plexus Neurolytic				
Differential Spinal				
Epidural Cath Implant (res/pump)				
Epidural Opioid Continuous				
Epidural Steroid				
Inc. & Sub Placement Spinal Neurostimulator				
Inj. Anes. Agent Paracervical Bilateral				
Inj. Anes. Subst. Lumbar				
Inj. Proc. Discography Each Level Lumbar				
Inject Anesthetic Agent, Stellate Ganglion				
Injection Anesthetic Agent Axillary Nerve				
Injection Anesthetic Agent Ilioinguinal				
Injection Anesthetic Agent Intercostal				
Injection Anesthetic Agent Paracervical				
Injection Anesthetic Agent Paravertebral				
Injection Anesthetic Agent Pudendal Nerve				
Injection Anesthetic Agent Sciatic Nerve				
Injection of Anesthetic subst. Lumbar				
Injection Anes. Agent Vagus Nerve				
Injection Anesthetic Agent Phrenic Nerve				
Injection Anesthetic Agent Spinal Access				
Injection Anesthetic Agent Suprascapular				
Injection Anesthetic Agent Cervical PL				
Injection, Carotid Sinus				
Injection, Anesthetic Agent, Lumbar/Thoracic				
Intrathecal Opioids				
Nerve Block – Other				
Neural Trigem (Supra/Infra ORB)				
Neurolytic Epidural				
Neurolytic Facet ea Add Facet Joint				
Neurolytic Facet Jt. Single				
Neurolytic Intercostal				
Neurolytic Subarachnoid				
Neurolytic Trigeminal (at foramen ovale)				
Paravert. Each Additional Facet Jt.				
Paravert. Facet Joint – Single				

Pain Management

Page 2

PRIVILEGES:	Requested	Not Requested	Approved	Denied
Reinjection Epidural Opioid				
Reinjection of Catheter				
ROM Measurement/Report, each Extremity				
Sphenopal Gang. Block Bilateral				
Therapeutic/DX Injection, Intravenous				
Trigeminal Nerve Block				
Ultrasonic guidance for Needle Bx				

- Do you anticipate giving local anesthesia? Yes No
- Do you anticipate administering your own anesthesia? Yes* No
- Do you administer anesthesia at any other local facilities? Yes No

(*If yes, please complete Anesthesia Privileges for non-anesthesiologists.)

Your initials as used in Medical Records _____

Your signature as used in Medical Records _____

I, _____, hereby request privileges in the specialty of **Pain Management** as indicated. I understand that privileges requested may differ from those approved. I further understand that this request does not preclude me from requesting additional privileges in the future.

Physician

Date

APPROVAL:

Comments:

Medical Director/President, Medical Staff

Date