

Heart Hospital of New Mexico  
Surgery Department  
**Anesthesia**

Delineation of Core Privileges

**ELIGIBILITY CRITERIA:** To be able to request these clinical privileges, the applicant must meet the criteria below:

1. **MD, DO**
2. **Completed additional education/training as follows:**
  - Completed of an accredited Residency program in Anesthesiology
  - AND**
  - Board Certified in Anesthesiology
  - OR**
  - Board Eligible to become Board Certified within five (5) years eligibility

**NEW APPLICANTS MUST** complete Board Certification within 5 years of application/ approved Medical Staff membership.

3. **Have the following past experience:**
  - Management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures
  - Support of life functions under the stress of anesthetic and surgical manipulations,
  - Clinical management of the unconscious patient from any cause
  - Management of problem pain relief
  - Management of problems in cardiac and respiratory resuscitation,
  - Application of specific methods of respiratory therapy
  - Clinical management of various fluid electrolyte and metabolic disturbances
4. **Be able to secure clinical references as outlined in the Policy On Appointment, Reappointment and Clinical Privileges of the Medical Staff of the Heart Hospital of New Mexico.**

## ANESTHESIA CORE I PRIVILEGES

Performance of Anesthesia procedures (including related admission, consultation, work-up, pre-and post-operative care) to correct or treat various Anesthesia conditions, illnesses, and injuries.

A representative but not complete list of CORE I procedures is stated below. It is assumed that other procedures and problems of similar complexity will fall within the identified Anesthesia CORE I privileges.

- Local Anesthesia Infiltration
- Topical Application of Local Anesthesia
- Nerve Blocks
- Intravenous Regional Anesthesia
- Regional Anesthesia
- Invasive Monitoring Including A-Lin, Swan Ganz, Central Lines
- Management of Pain Relief
- Management of Cardiopulmonary Resuscitation
- Application and Management of General Anesthesia
- IV Sedation
- Post Surgical Sedation
- Ventilator Management
- ~~Intraoperative Transesophageal~~
- Intraoperative EEG Monitoring

CASES WHICH FALL OUT OF THE ACCEPTED COMPLICATION RATES FOR ANESTHESIA WILL BE CAREFULLY REVIEWED FOR QUALITY ISSUES.

Heart Hospital of New Mexico  
Surgery Department  
**Anesthesia**  
Non-Core Privileges

Intra-Operative Transesophageal Echocardiography

**1. Eligibility Criteria:**

- A. Basic education: M.D. or D.O. degree;
- B. Completion of accredited Anesthesiology residency

**2. Required Previous Experience:**

- A. Applicant must have performed at least 25 documented Intra-Operative Transesophageal Echocardiography procedures during an approved residency program;

**OR**

- B. Applicant must have performed instrumentation of esophagus during residency training (25);

**AND**

- C. Reviewed ASA Task Force document on Intra-Operative Transesophageal Echocardiography;

**AND**

- D. Proctored for 10 Intra-Operative TEE insertions

**3. Maintenance Requirements**

Applicant must perform 10 Transesophageal Echocardiography insertion procedures with a satisfactory quality record over the past two-year period to maintain privileges.

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**Core Privilege Request Form**

Having reviewed the requirements for each set of privileges in the following pages, I would request the following privileges:

*Place a check mark in the appropriate box for each set of privileges. Cross out any procedures not currently performed in your clinical practice.*

Privilege	Procedures	Requested	Not Requested
<b>CORE I PRIVILEGES</b>			
	-Local Anesthesia Infiltration -Topical Application of Local Anesthesia -Nerve Blocks -Intravenous Regional Anesthesia -Regional Anesthesia -Invasive Monitoring Including A-Lin, Swan Ganz, Central Lines -Management of Pain Relief -Management of Cardiopulmonary Resuscitation -Application and Management of General Anesthesia -IV Sedation -Post Surgical Sedation -Ventilator Management -Intraoperative EEG Monitoring		
<b>NON-CORE PRIVILEGES</b>			
	Intra-Operative Transesophageal Echocardiography		
<b>MODERATE SEDATION (complete attached form)</b>			
<b>RESTRAINT PRIVILEGES</b>			

**I attest by signature that I have met the minimum criteria of procedures/diagnoses management within my clinical practice for the procedures requested above, and I agree to provide documentation of said procedures/diagnoses management if requested.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**The Department Chairperson accepts this applicant's attestation that he/she meets the minimum criteria for privileges requested.**

\_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date