



# Stanford HEALTH CARE

## Anesthesia

Name:

**Instructions:**

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. **Uncheck** any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.

### Required Qualifications

**Education/Training**

Successful completion of an ACGME or AOA accredited Residency in Anesthesiology or foreign equivalent training and acceptable practice in the privileges requested.

**AND**

Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology or foreign equivalent training/board. Active enrollment in Maintenance of Certification in Anesthesiology for providers who have time-limited certification.

**AND**

Documentation or attestation of the performance of at least 200 anesthesiology cases during the past two years

**AND**

Completion of American Heart Association ACLS, PALS, ATLS, or American Society of Anesthesiologists A-ACLS or PerLS within the past 2 years

**FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.

## Core Privileges

Request	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	<b>Privileges included in the Core:</b>	
	Privileges to admit patients	
	Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, obstetrical and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment	
	The support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures	
	Management of patients with a difficult airway	
	Management of problems in pain relief	
	Cardiopulmonary resuscitation	
	Supervision of patients in post-anesthesia care units and critically ill patients in special care units; except for those special procedure privileges listed below.	
	Central Venous Catheter Insertion [CRITERIA - Must complete "Getting to Zero" educational module]	
	Administration and management of sedation	

### Qualifications

**Renewal Criteria**      Core Privileges- Minimum of 22 cases required during the past two years for Active status  
**AND**  
 Maintain current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesia or the American Osteopathic Board of Anesthesia or foreign equivalent training/board. Active enrollment in Maintenance of Certification in Anesthesiology for providers who have time-limited certification  
**AND**  
 Completion of American Heart Association ACLS, PALS, ATLS, or American Society of Anesthesiologists A-ACLS or PeRLS within the past 2 years

### FPPE

Core - Anesthesia (Chart Review)

## Special Privileges

Request	<p align="center"><b>Request all privileges listed below.</b>  <i>Uncheck any privileges that you do not want to request.</i></p>	Service Chief Rec
	Comprehensive Critical Care - management of patients in critical care units including but not limited to the use of procedures such as chest tube insertion, transvenous pacemaker insertion, cardioversion, hemodialysis catheter insertion, ultrafiltration, thoracentesis, and pericardiocentesis. [Initial Criteria - Subspecialty board certification in Critical Care Medicine by The American Board of Medical Specialties, or the American Osteopathic Association, or have completed a Critical Care Fellowship in the past four (4) years or foreign equivalent training/board Renewal Criteria - Minimum 100 cases required in the past two years.]	
	Comprehensive Pain Management - management of complex acute and chronic pain, neurolytic nerve blocks, facet blocks, and dorsal column stimulation. [Initial Criteria - Subspecialty certification and/or training for pain management Renewal Criteria - Minimum 100 cases required in the past two years.]	
	Cardiac Anesthesia [Initial Criteria - Documentation of training and experience. Renewal Criteria - Minimum 50 cases required in the past two years.]	
	Liver transplantation anesthesia. [Initial Criteria - Documentation of training and experience. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Patients between the ages of 6 months and 6 years with ASA physical status = 3. [Initial Criteria - Pediatric subspecialty training or equivalent experience. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Patients under the age six months. [Initial Criteria - Pediatric subspecialty training or equivalent experience. Renewal Criteria - Minimum 5 cases required in the past two years.]	
	Transesophageal echocardiography [Initial Criteria - Documentation of training and experience. Renewal Criteria - Minimum 10 cases required in the past two years.]	
	Use of fluoroscopy equipment (or supervision of other staff using the equipment) [Criteria - Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required]	
	<b>Acupuncture - Must complete separate Acupuncture Privilege form.</b>	

### FPPE

- Comprehensive Critical Care (Chart Reviews)
- Comprehensive Critical Care (Direct Observation)
- Comprehensive Pain Management (Chart Review)
- Cardiac Anesthesia (Chart Reviews)
- Cardiac Anesthesia (Direct Observation)
- Liver transplantation anesthesia
- Patients between the ages of 6 months and 6 years with ASA physical status (Chart Review)
- Patients under the age six months (Chart Reviews)
- Patients under the age six months (Direct Observation)
- Transesophageal echocardiography

## Acknowledgment of Applicant

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise at Stanford Hospital & Clinics. I also acknowledge that my professional

malpractice insurance extends to all privilege I have requested.

I acknowledge I have met the minimum number of cases required as identified for privileges.

I understand that in exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request \_\_\_\_\_ Date \_\_\_\_\_

**Service Chief Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

**Service Chief Recommendation - Proctoring Requirements**


Service Chief/Designee - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request \_\_\_\_\_ Date \_\_\_\_\_