



Privileges in Pain Management Service

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/ fellowship in pain management or foreign equivalent training.

AND

Current certification or active participation in the examination process leading to certification in Pain Medicine by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology or foreign equivalent training/board.

AND

Documentation or attestation of the performance of pain management procedures for at least 50 inpatients or outpatients as the attending physician (or senior resident) during the past two years.

Additional Qualifications

Non-Physician Providers - All categories - Successful completion of an APA accredited fellowship in psychology (Ph.D.) or foreign equivalent training.

FPPE

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

Provide care on LPCH patients in specific areas of SHC

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Additional Request	
	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	

Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Privileges included in the Core:	
	Non-Physician Providers: Evaluation and management of patients requiring pain intervention	
	Physician Providers: Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment (including direct involvement in the implantation of pain management devices) to patients presenting with conditions requiring pain management.	
	Somatic nerve blocks	
	Sympathetic nerve blocks	
	Spinal injection (intrathecal and epidural)	
	Steroid injections	
	Cryoablation	
	Perphaeral nerve blocks	
	Neurolytic blocks central, peripheral, chemical, radio frequency	
	Facet blocks	
	Intravenous infusions	
	Trigger point	
	Botox injections	
	Joint injection	
	Management of invasive spinal therapies (SCS, intraspinal med delivery)	

Qualifications

Renewal Criteria Minimum 22 cases required during the past 2 years.
 Maintain current certification or active participation in the examination process leading to certification in Pain Medicine by the American Board of Anesthesiology or by the American Osteopathic Board of Anesthesiology or foreign equivalent training/board.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - Pain Management

Special Privileges

Description: Must also meet Required Qualifications for Core Privileges

Request	<i>Request all privileges listed below.</i> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec
	Administration of Sedation [CRITERIA - In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years]	
	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger [CRITERIA - Teaching appointment through Stanford School of Medicine required & qualified for LPCH Core privileges.]	
	Acupuncture and acupressure [CRITERIA - Initial - Training as outlined on Acupuncture Privilege Form. Renewal - Minimum 4 cases required during the past 2 years.]	
	Surgical implantation/revision/removal of: Spinal cord stimulator leads and generator [CRITERIA - Initial - Completion of ACGME Pain Management Fellowship. Documentation of 4 cases during Fellowship Training. Renewal - Minimum 2 cases required during the past 2 years.]	
	Surgical implantation/revision/removal of: Spinal medication delivery pumps and catheter [CRITERIA - Initial - Completion of ACGME Pain Management Fellowship. Documentation of 4 cases during Fellowship Training. Renewal - Minimum 2 cases required during the past 2 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]	

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- Administration of Moderate Sedation (Chart Review)
- Acupuncture and acupressure (Chart Review)
- Surgical implantation/revision/removal of: Spinal cord stimulator leads and generator (Chart Review)
- Surgical implantation/revision/removal of: Spinal medication delivery pumps and catheter (Chart Review)

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