ANESTHESIOLOGY
DELINEATION OF PRIVILEGES

APPLICANT: ____________________________

QUALIFICATIONS:
• If any privilege(s) are covered by an exclusive contractual agreement, physicians who are not a party to the contract are not eligible to request and/or maintain the privilege(s), regardless of education, training and experience.

EDUCATION:
• Graduation from a medical school accredited by LCME, AOA, or ECFMG and evidenced by a M.D., D.O. or equivalent degree; and
• Successful completion of an accredited ACGME residency program in anesthesiology; and
• Permanent certification by the American Board of Anesthesiology (ABA) OR current time-limited certification by the ABA OR active participation in the ABA examination and certification system. Applicants who are not board certified in Anesthesiology, but are in the ABA examination system, are allowed to perform core privileges provided they have completed an accredited ACGME residency program in the United States and become certified within three (3) years of the completion date of the primary ACGME residency program in anesthesiology; and
• Compliance with the ABA Maintenance of Certification in Anesthesiology Program (MOCA), as applicable; and
• Demonstration of competence in advanced cardiac life support (ACLS).

LICENSURE:
• Current, active, unrestricted medical or osteopathic licensure by the Nevada State Board of Medical Medicine or the Nevada State Board of Osteopathic Medicine; and
• Current, unrestricted DEA registration (schedules II-V) and current, unrestricted Nevada State Board of Pharmacy registration.

CONTINUING MEDICAL EDUCATION:
• Completion of CME in accordance with the requirements of the State of Nevada for physician licensure. At least fifty percent (50%) of the minimum CME requirement must be within the scope of practice of the specialty of anesthesiology.

ADDITIONAL REQUIREMENTS:
• Participation in Department of Anesthesia Meetings and Quality/Peer Review Process; and
• Agreement to follow the bylaws, rules & regulations as well as the policies & procedures of the Renown Regional Medical Center and Renown South Meadows Medical Center Medical Staff and Hospital; and
• Evidence of current physical and mental ability to perform privileges requested; and
• Disclosure of any disciplinary action against any medical or osteopathic license or by any federal agency, including Medicare/Medicaid.

INITIAL APPOINTMENT REQUIREMENTS:
• Successful completion of an ACGME-accredited anesthesiology residency or an ACGME-accredited anesthesiology sub-specialty fellowship within the past twelve (12) months.
  OR
• Two-Hundred (200) hospital anesthesiology cases, reflective of the scope of privileges requested, within the past twenty-four (24) months.

MENTORING REQUIREMENTS OF INITIAL APPOINTEES:
• New Associate Staff department members will be directly supervised for their first three (3) cases by an Active Staff anesthesiologist.
• Satisfactory review of a minimum of forty-five (45) anesthetic cases by three mentors AND attendance at two (2) Dept. of Anesthesia meetings will be required prior to advancement to Active staff.

REAPPOINTMENT REQUIREMENTS:
• During reappointment all objectively generated data from the quality assurance/peer review process will be considered.
• The requirements specified herein, including under the headings of Qualifications, Education, Licensure, Continuing Medical Education and Additional Requirements must be satisfied.
• Attestation of two-Hundred (200) hospital anesthesiology cases, reflective of the scope of privileges requested, within the past twenty-four (24) months.
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<th>REQUESTED</th>
<th>DELINEATION of PRIVILEGES ANESTHESIOLOGY</th>
<th>APPROVED</th>
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<td><strong>CORE PRIVILEGES</strong>&lt;br&gt;Core privileges for anesthesiology include the ability to administer anesthesia, including general anesthesia, regional anesthesia, local anesthesia, and all levels of sedation to patients of all ages, including adult and pediatric patients.&lt;br&gt;Care includes pain relief and maintenance, or restoration, of a stable condition preceding, during and following surgical, obstetrical, therapeutic and diagnostic procedures. Core privileges also include the ability to assess, stabilize, and determine the disposition of patients with emergent conditions. The core privileges include the procedures on the following procedures list and such other procedures that are extensions of the similar techniques and skills.&lt;br&gt;&lt;br&gt;Privileges include the following:&lt;br&gt;• Performance of history and physical exam&lt;br&gt;• Assessment of, consultation for, and preparation of patients for anesthesia&lt;br&gt;• Admission and management of patients during the perioperative period&lt;br&gt;• All aspect of airway management including bronchoscopy, lung isolation, cricothyroidotomy and any emergency airway techniques&lt;br&gt;• All types of regional anesthesia and analgesia (including peripheral nerve blocks, plexus blocks, field blocks) and different methods of maintaining analgesia (such as single injections and continuous infusions)&lt;br&gt;• All types of neuraxial analgesia (including epidural, spinal, combined spinal, and epidural analgesia) and different methods of maintaining analgesia (such as bolus, continuous infusion, and patient-controlled epidural analgesia)&lt;br&gt;• Clinical management of cardiac and pulmonary resuscitation&lt;br&gt;• Evaluation of respiratory function and application of respiratory therapy&lt;br&gt;• Image-guided procedures&lt;br&gt;• Performance of invasive and noninvasive monitoring, central venous access, arterial cannulation, intracardiac pressure monitoring and any emergency vascular access technique&lt;br&gt;• Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures&lt;br&gt;• Supervision and evaluation of performance of personnel, both medical and paramedical&lt;br&gt;• Supervision and evaluation of performance of CRNA’s and AA’s&lt;br&gt;• Basic Perioperative Transesophageal Echocardiography (TEE): performance of perioperative TEE for primarily non-diagnostic monitoring and treatment purposes within the customary practices of anesthesiology; these criteria do not confirm the skills necessary to make diagnosis that may alter the surgical plan&lt;br&gt;• Limited Pain Management: management of patients using non-Advanced Pain Management techniques&lt;br&gt;• Limited Critical Care: limited management of patients in the intensive care setting in conformance with unit policies</td>
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<td><strong>ADVANCED PERIOPERATIVE TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)</strong>&lt;br&gt;These privileges are intended for those routinely performing TEE for diagnostic monitoring, especially if such monitoring is intended to alter the surgical plan, i.e.: TEE during cardiac valve surgery.</td>
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<td><strong>Initial Appointment Criteria:</strong>&lt;br&gt;• Current Testamur or Diplomate status with the National Board of Echocardiography (NBE) and completion of the Advanced PTEeXAM/RePTE or ASCeXAM/ReASCE primary or recertification examinations; <strong>AND</strong>&lt;br&gt;• A minimum of thirty (30) documented TEE exams interpreted and reported in the previous twelve (12) months.</td>
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<td><strong>Reappointment Criteria:</strong>&lt;br&gt;• Current Testamur or Diplomate status with the National Board of Echocardiography (NBE) and completion of the Advanced PTEeXAM/RePTE or ASCeXAM/ReASCE primary or recertification examinations; <strong>AND</strong>&lt;br&gt;• A minimum of fifty (50) documented TEE exams interpreted and reported in the previous twenty-four (24) months.</td>
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### Anesthesiology Critical Care
These privileges are intended for those routinely providing critical care services, including the management and coordination of care, treatment and services for critical care patients.

**Initial Appointment Criteria:**
- Completion of a fellowship in Critical Care and current Board Certification in Critical Care from either the American Board of Internal Medicine, the American Board of Anesthesiology or the American Board of Surgery at the time of application, **OR** Board Eligibility in Critical Care with successful completion of certification within three (3) years of initial appointment.
- Grandfather Clause (applicable to members on the medical staff as of January 1, 2010): Successful completion of a fellowship program in Pulmonology, Anesthesiology or Surgery prior to 1987 **AND** Active Staff status with demonstrated expertise in caring for critical care patients.

**Reappointment Criteria:**
- Current Board Certification in Critical Care (or Grandfather Clause); **AND**
- Evidence of management of a minimum of twenty (20) Critical Care patients in the previous twenty-four (24) months.

### Privileges That Must Be Requested Separately
- Advanced (Interventional) Pain Management

### Inclusion/Exclusion

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<th>Privileges I wish to specifically exclude:</th>
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<td><strong>SPECIAL NOTE:</strong> Please ONLY list those elective privileges for which you no longer wish to be credentialed. Privileges required by the Renown Medical Staff Bylaws, Rules &amp; Regulations to provide appropriate on-call support are not eligible for exclusion. Choosing to list any such mandatory privilege will be considered a voluntary resignation from the medical staff of all Renown facilities, for inability to take specialty call. Only one privilege may be listed per line.</td>
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### Procedures I wish to ensure are part of my Privileges based on training and education:

| Procedures I wish to ensure are part of my Privileges based on training and education: |

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No procedures may be written in on this list. Any procedure that you may wish to apply for that is not provided for on this list, must be submitted in writing and evaluated for appropriateness for the specialty, trained staff to support and equipment needed to perform the request.

I hereby request privileges as indicated by my selections above and certify that I am currently competent to perform the procedures I have requested based on my training, recent experience and within the scope of my medical license. I will provide documentation, as required, to support the granting of the privileges requested. I know of no health condition (including drug or substance abuse) or inability to perform that, without reasonable accommodation, would impair my ability to competently perform these requested privileges. I understand that in making this request I agree to abide by the applicable bylaws, rules and regulations or policies of the hospital and/or medical staff. I further stipulate that I meet the threshold criteria for each privilege request. I also agree that I will practice within the scope of my training, education and Nevada State Licensure.

**Applicant’s Signature:** ____________________________ **Date:** ____________________________
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<th>Department Chair recommends the following privileges for proctoring:</th>
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Approved: xx/xx
Revised: xx/xx