



Privileges in Anesthesia

Physician name:

Successful completion of an accredited Residency/Fellowship
In **Anesthesia** or equivalent Training.

AND

Current certification or active participation in the examination
Process leading to certification in **Anesthesia** from any Equivalent training/board.

Provide care for patients in specific areas of Al Kindi hospital

Core Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Service Chief Rec <input type="checkbox"/>
	Privileges included in the Core:	
<input checked="" type="checkbox"/>	Privileges to admit patients	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	The support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of patients with a difficult airway	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Management of problems in pain relief	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cardiopulmonary resuscitation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Supervision of patients in post-anesthesia care units and critically ill patients in special care units	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration and management of sedation	<input checked="" type="checkbox"/>

Special Privileges

Request <input type="checkbox"/>	Request all privileges listed below. Uncheck any privileges that you do not want to request	Request <input type="checkbox"/>
<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Patients between the ages of 6 months and 6 years with ASA physical status = 3	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Comprehensive Pain Management - management of complex acute and chronic pain, neurolytic nerve blocks, facet blocks, and dorsal column stimulation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cardiac Anesthesia	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	transplantation anesthesia	<input checked="" type="checkbox"/>

Additional Privileges:

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-.....

Approved By:-

Medical director signature: -

Date:.....