



Privileges in Neurosurgery Service

Physician name:

Education/Training

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

AND

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

Provide care for patients in specific areas of Al Kindi hospital		
Request <input type="checkbox"/>	<p align="center">Request all privileges listed below.</p> <p align="center">Uncheck any privileges that you do not want to request</p>	Service Chief Rec <input type="checkbox"/>
Additional Request		
<input checked="" type="checkbox"/>	provide care of patients in the Emergency Department, ASC, Cath Lab, ICU and regular floors	<input checked="" type="checkbox"/>
Core Privileges		
Request <input type="checkbox"/>	<p align="center">Request all privileges listed below</p> <p align="center">Uncheck any privileges that you do not want to request</p>	Service Chief Rec <input type="checkbox"/>
Neurosurgery Core:		
<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pre-, intra-, and postoperative neurosurgical treatment to patients presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem.	<input checked="" type="checkbox"/>
Core privileges could include, but not limited to:		
<input checked="" type="checkbox"/>	Peripheral nerve surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Spine and spinal cord procedures	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Cranial surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Treatment of simple concussion or hydrocephalus; ruptured intracranial aneurysm or arteriovenous malformation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Frameless stereotactic surgery	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Tracheostomy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	VP Shunts	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar Puncture	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Central Venous Catheter Insertion	<input checked="" type="checkbox"/>
Special Privileges		
Request <input type="checkbox"/>	<p align="center">Request all privileges listed below</p> <p align="center">Uncheck any privileges that you do not want to request</p>	Service Chief Rec <input type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of Sedation	<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"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	Lumbar fusion	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Thromboendarterectomy of carotid or vertebral circulation	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Percutaneous stimulation of the spinal cord	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Spinal surgery involving the use of various stabilization devices	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Stereotactic Radiosurgery - Performed in collaboration with Radiation Oncology	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Vertebroplasty	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Radiosurgery Treatment for Functional Applications - Panel review report of outcomes required	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Sympathectomy	<input checked="" type="checkbox"/>
Additional Privileges:		
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
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<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-----

Approved By:- -----

Medical director signature: - -----

Date:-----