

**PACIFIC HOSPITAL OF LONG BEACH**  
**DELINEATION OF PRIVILEGES**  
**Department of Surgery/Anesthesia**  
*Anesthesia/Pain Management*

Name of Applicant: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

Subspecialty: \_\_\_\_\_ Year of Certification: \_\_\_\_\_

<b>QUALIFICATIONS/CRITERIA</b>	
<b>Category I</b>	<b><i>Usual and Customary Privileges</i></b>
	<ol style="list-style-type: none"> <li>1. Complete an ACGME or AOA accredited residency in Anesthesia.</li> <li>2. Board certification or qualification for certification by the American Board of Anesthesia or AOA equivalent</li> <li>3. Demonstrated competence in Category I privileges.</li> </ol>
<b>Category II</b>	<b><i>Advanced Privileges - Procedures performed requiring special expertise and/or requiring documented special training and/or certification when it exists</i></b>
	<ol style="list-style-type: none"> <li>1. Board certification or in process of certification by the American Board of Pain Management.</li> <li>2. Requires documentation of ability to perform the procedure(s) as outlined below: <ul style="list-style-type: none"> <li>• Documentation of fellowship training and experience in the advanced procedure</li> <li style="text-align: center;"><b>OR</b></li> <li>• Additional fellowship training and certification by a training director with experience and demonstrated competence in the procedure requested.</li> </ul> </li> <li>3. Asterisked (*) procedures are high-risk, problem-prone which require specific training requirements.</li> </ol>

Name: \_\_\_\_\_

**Instructions: Please place a check mark in the REQUESTED column corresponding to the privileges requested.**

<b>Pacific Hospital of Long Beach</b>			
<i>Anesthesia/Pain Management privilege form</i>			
<b>Requested</b>	<b>Usual and Customary Privileges</b>	<b>Granted</b>	<b>Special Conditions</b>
	<i>General</i>		
	Fluoroscopy procedures (Must submit current X-Ray supervisor license)		
	<b>Category I</b>		
	<i>Anesthesiology</i>		
	Anesthesiology consult		
	Central venous pressure line placement		
	Direct arterial line placement		
	General Anesthesia		
	Regional and local Anesthesia		
	Spinal and epidural		
	Swan Ganz catheter		
	<i>Pain Management</i>		
	<b>Category II</b>		
	<b>Diagnosis/Management</b>		
	Admit patients who require treatment with pain management techniques		
	Diagnose and provide consultation for patients who require treatment with pain management techniques		
	Order tests and procedures for patients who require treatment with pain management techniques		
	Perform history and physical examination		
	<b>Core procedural privileges</b>		
	Provide treatment, including invasive pain management procedures, such as injections or nerve blocks		
	<i>Advanced pain management procedures</i>		
	Celiac neurolytic blocks		
	Discograms		
	IDETS		
	Lumbar sympathetic neurolytic blocks		
	<b>Selective nerve root blocks</b>		
	Cervical		
	Lumbar		
	Thoracic		
	*Nucleoplasty		

Name: \_\_\_\_\_

<b>Pacific Hospital of Long Beach</b> <i>Anesthesia/Pain Management privilege form</i>			
<b><i>Requested</i></b>	<b><i>Usual and Customary Privileges</i></b>	<b><i>Granted</i></b>	<b><i>Special Conditions</i></b>
	*Radiofrequency nerve ablation (no cranial nerve)		
	*Vertebroplasty		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**APPROVALS:**

Exceptions/limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chief of Surgery/Anesthesia

\_\_\_\_\_  
Date

Credentials Committee approved on: \_\_\_\_\_

Medical Executive Committee approved on: \_\_\_\_\_

Board of Directors approved on: \_\_\_\_\_

Name: \_\_\_\_\_