

ANESTHESIOLOGY PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

To request Core Privileges, please place an "X" in the appropriate hospital column.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										<p>Management of patients who receive sedation or who are rendered unconscious or insensible to pain and stress during surgical, obstetric, and certain other medical procedures; including the protection of life functions and vital organs.</p> <p>This also includes history and physical examination, the peri-operative evaluation and treatment of patients, and specialized care in:</p> <p>a) pain management, b) cardiopulmonary resuscitation, c) respiratory care problems, and d) Limited Critical Care</p> <p>This category is limited to use of procedures such as endotracheal intubation, fiberoptic laryngotracheobronchoscopy, mechanical ventilation, invasive hemodynamic monitoring and use of surface echocardiography probe and echocardiographic monitoring.</p>	
										<p>Comprehensive Critical Care</p> <p>Comprehensive 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, pericardiocentesis, and percutaneous tracheostomy.</p>	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES	APPR
										Procedures that may not be part of residency/fellowship training, and/or may require proof of additional training or experience.	
										Transesophageal echocardiography (TEE) – monitoring [++Hospital 1, 4, 5, 9, 10]	
										Transesophageal echocardiography (TEE) – advanced or diagnostic [++Hospital 1, 4, 5, 6, 9, 10]	

Acknowledgment of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each Hospital's Medical Staff policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ Date: _____

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.