

PAIN MANAGEMENT PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ to _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – Shands Jax/SJ TCU 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
										Work-up, admission, evaluation, history and physical examination, diagnosis, or treatment of acute and chronic pain. Minor procedures to include injections into ligaments, bursa, and joints (trigger point, intra-muscular joints, and peripheral nerve block) subcutaneous infiltration, management of PCA pumps, management of continuous epidural infusions, spinal anesthesia, and placement of catheter into epidural space for continued treatment for long term/chronic pain or continuous peripheral nerve block by catheter.	

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 for the privilege along with 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 require proof of additional training or experience.	
										Acupuncture [++Hospital 1, 2, 6, 9]	
										Celiac Plexus Block [++Hospital 4, 5, 6, 10]	
										Cryotherapy/ablation of nerve [++Hospital 4, 5, 6, 10]	
										Discography [++Hospitals 1, 4, 5, 6, 9, 10]	
										Epidural Steroid Injection, cervical [++Hospital 4, 5, 6, 10]	
										Epiduroscopy [++Hospital 4, 5, 6, 10]	
										Injection of substances other than local anesthetics or steroids or narcotics into epidural space [++Hospital 4, 5, 6, 10]	
										Intradiscal Electrothermal Therapy and percutaneous decompression [++Hospitals 4, 5, 6, 10]	
										Refill and maintenance of Intrathecal pump (+/- pouch) [++Hospital 4, 5, 6, 10]	
										Paravertebral facet joint injection [++Hospital 4, 5, 10]	
										Kyphoplasty [++Hospital 4, 5, 6, 10]	
										Moderate Sedation [++Hospital 1, 2, 3, 4, 5, 6, 9, 10]	
										Neurolytic injection into peripheral nerve [++Hospital 4, 5, 6, 10]	
										Neurolytic injection into epidural and/or subarachnoid space [++Hospital 4, 5, 6, 10]	
										Placement of catheter into subarachnoid space for continued treatment for long term/chronic pain [++Hospital 4, 5, 6, 10]	
										Radiofrequency ablation of nerve [++Hospital 4, 5, 6, 10]	
										Spinal Column Stimulator (+/- pouch) [++Hospital 4, 5, 10]	
										Subarachnoid injection of local anesthetic or narcotics [++Hospital 4, 5, 6, 10]	

■ Privilege not available in this specialty at this hospital.

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

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										SPECIAL PROCEDURES	
1	2	3	4	5	6	7	8	9	10	Procedures that may not be part of residency/fellowship training, and/or require proof of additional training or experience.	APPR
										Subarachnoid injection of substance other than narcotics or local anesthetic [++Hospital 4, 5, 6, 10]	
										Sympathetic block – lumbar [++Hospital 4, 5, 6, 10]	
										Sympathetic block – cervical/stellate ganglion [++Hospital 4, 5, 6, 10]	
										Sympathetic block – thoracic [++Hospital 4, 5, 6, 10]	
										Vertebroplasty [++Hospital 4, 5, 6, 10]	

Acknowledgement 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.

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