LEHIGH VALLEY HEALTH NETWORK

CLINICAL PRIVILEGES IN ANESTHESIOLOGY

Initial ☐ **Renewed** ☐

Name_______________________________________ **Effective from** ___/___/___ **to** ___/___/___

R = Requested G = Recommended As Requested C = Recommended with Conditions N = Not Recommended

R	G	C	N	POPULATION
☐	☐	☐	☐	Pediatric: Birth - 25 Years (LVHN Surgery Center-Tilghman - 6 months - 1 Year and LVHN Children's Surgery Center - 6 months - 1 Year)
☐	☐	☐	☐	Adults: 13 - 65 Years
☐	☐	☐	☐	Geriatrics: Over 65 Years

R	G	C	N	GENERAL PRIVILEGES
☐	☐	☐	☐	Admitting Privileges (includes inpatient, outpatient procedures and observation) (1,2,3,5,6,7,8,9,10,11,13,14,15,18,19,20)
☐	☐	☐	☐	Consultation Privileges (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20)
☐	☐	☐	☐	History and Physical (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20)
☐	☐	☐	☐	Prescribing Privileges (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20)

R	G	C	N	MANAGEMENT ANESTHESIOLOGY
☐	☐	☐	☐	Pre-operative Evaluation of Patients (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)
☐	☐	☐	☐	Post-operative Management of Anesthetic Complications (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)

R	G	C	N	ANESTHETIC TECHNIQUES
☐	☐	☐	☐	Induced Hypotension (1,2,5,7,10,13,18,19,20)
☐	☐	☐	☐	Inhalation Anesthesia (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)
☐	☐	☐	☐	Intravenous Anesthesia (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)

R	G	C	N	REGIONAL
☐	☐	☐	☐	Epidural/Caudal (including continuous techniques) (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)
☐	☐	☐	☐	Peripheral Nerve Block (including continuous techniques) (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)

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R	G	C	N	REGIONAL
☐	☐	☐	☐	Subarachnoid Block (including continuous techniques) (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)

R	G	C	N	CONSULTATIVE SERVICES
☐	☐	☐	☐	Management of Acute and Chronic Respiratory Insufficiency (1,2,3,5,6,7,9,10,11,13,14,15,17,18,19,20)
☐	☐	☐	☐	Management of Patients in Critical Care Units (1,2,7,10,13,18,20)
☐	☐	☐	☐	Resuscitation (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20)

R	G	C	N	INVASIVE MONITORING TECHNIQUES
☐	☐	☐	☐	Percutaneous Arterial Cannulation (1,2,3,5,6,7,9,10,11,13,18,19,20)
☐	☐	☐	☐	Central Venous Catheterization (1,2,3,5,6,7,9,10,13,14,15,18,20)

R	G	C	N	CARDIAC ANESTHESIOLOGY
☐	☐	☐	☐	Transesophageal Echocardiography (TEE) - Performance and Interpretation * (1,2,10,13,18) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Transthoracic Echocardiography (TTE) (1,2,7,8,10,13,14,15)

R	G	C	N	Critical Care
☐	☐	☐	☐	Arterial Puncture (1,2)
☐	☐	☐	☐	Arterial Cannulation (1,2)
☐	☐	☐	☐	Bronchoscopy - Flexible; with or without lavage (1,2)
☐	☐	☐	☐	Cardioversion (1,2)
☐	☐	☐	☐	Central Venous Catheter Insertion (1,2)
☐	☐	☐	☐	Emergency Defibrillation (1,2)

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R	G	C	N	Critical Care
☐	☐	☐	☐	Intubation (1,2)
☐	☐	☐	☐	Lumbar Puncture (1,2)
☐	☐	☐	☐	Paracentesis (1,2)
☐	☐	☐	☐	Percutaneous Insertion of Dialysis Devices (1,2)
☐	☐	☐	☐	Pulmonary Artery Catheter Insertion (1,2)
☐	☐	☐	☐	Temporary Pacemaker Insertion (1,2)
☐	☐	☐	☐	Thoracentesis (1,2)
☐	☐	☐	☐	Tube Thoracostomy (1,2)

R	G	C	N	OTHER
☐	☐	☐	☐	Acupuncture (1,2,3,5,6,9,13,14,15,17,18,19,20)
☐	☐	☐	☐	Fluoroscopy privileges* (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20) (Additional requirements as necessary as per the Medical Physicist/Radiation Safety Officer) (*Must satisfy certain credentialing criteria to be approved)
☐	☐	☐	☐	Moderate Sedation - Pediatric (birth - 25 years)*** (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20) (Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
☐	☐	☐	☐	Moderate Sedation - Adult (13 years or older)*** (1,2,3,5,6,7,8,9,10,11,13,14,15,17,18,19,20) (Applicant must satisfy certain credentialing criteria to be approved for this privilege.)
☐	☐	☐	☐	Care and management of patients with extracorporeal membrane oxygenation (1,2)
☐	☐	☐	☐	Care and management of patients with mechanical support of circulation or ventricular assist devices (1,2)

LEHIGH VALLEY HEALTH NETWORK

CEDAR CREST & I-78 PO BOX 689

ALLENTOWN, PA 18105-1556

CLINICAL PRIVILEGES IN ANESTHESIOLOGY

Name________________________________

Privileges by Location:
1 – LVH-Cedar Crest
2 – LVH-Muhlenberg (includes the Behavioral Health Center and Cancer Center)
3 – LVH-17th & Chew (includes TSU)
5 – LVH-Tilghman
6 – LVHN Surgery Center-Tilghman
7 – LVH-Hazleton
8 – Health and Wellness Center at Hazleton
9 - LVHN Children's Surgery Center
10 - LVH-Schuylkill East Norwegian
11 - LVH-Schuylkill South Jackson
13 - LVH-Hecktown Oaks
14 - LVH-Coordinated Health - Allentown
15 - LVH-Coordinated Health - Bethehelem
16 - LVHN Ambulatory Surgery Center of Lopatcong, Inc
17 - LVHN East Stroudsburg Ambulatory Surgery Center
18 - LVH-Pocono
19 - LVH-Carbon
20 - LVH-Dickson City

LEHIGH VALLEY HEALTH NETWORK

CLINICAL AREA ANESTHESIOLOGY

Name______________________________________

Acknowledgement of Practitioner

I hereby request the privileges noted.

Practitioner Signature:____Date:_____/______/______

*****Recommendations*****

I have reviewed the request for clinical privileges and supporting documentation and

☐ **Recommend As Requested** ☐ **Recommend with Exceptions** ☐ **Do Not Recommend**

the privileges requested above.

EXCEPTIONS

Exception to Privilege:	Conditions/Modifications

Explanation:

SUPERVISING PHYSICIAN (AHPs ONLY)		______/_______/_______
Title	Signature	Date
Title	Signature	Date
Title	Signature	Date
Title	Signature	Date
Title	Signature	Date