

DELINEATION OF CLINICAL PRIVILEGES - ANESTHESIA
 For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
--	---------------	-------------

INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

SECTION I - CLINICAL PRIVILEGES

Requested	Approved	
		a. The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.
		b. The support of life functions under the stress of anesthetic and surgical manipulation.
		c. The clinical management of the patient who is unconscious from whatever cause.
		d. The management of problems in pain relief.
		e. The management of problems in cardiac and respiratory resuscitation.
		f. The application of specific methods of respiratory therapy.
		g. The clinical management of various fluid, electrolyte, and metabolic disturbances.

TYPE ANESTHESIA

Requested	Approved		Requested	Approved	
		a. General			c. Monitored Anesthesia Care (MAC)
		b. Regional <i>(Specify below)</i>			

REGIONAL ANESTHESIA

Category I.
 Privileges in this category are for uncomplicated regional anesthesia procedures. When doubt exists as to the diagnosis or in cases in which anesthesia is inadequate for the surgical procedure, consultation will be sought. Privileges at this level may be granted to anesthesia providers without formal regional anesthesia training who have completed an accredited anesthesia training program.

Requested	Approved		Requested	Approved	
		Category I clinical privileges			c. Spinal and/or epidural blocks
		a. Uncomplicated local anesthetic field blocks			
		b. Bier blocks			

Category II. Includes Category I.
 Privileges in this category include those in Category I plus specific regional anesthetic procedures of increased scope and complexity. Patients may require sedation. Providers with these privileges are expected to request consultation when the expected anesthesia is not soon apparent and when specialized therapeutic or diagnostic techniques are indicated. Category II privileges may be granted to those providers who have successfully completed at least six (6) months of supervised practice in regional anesthesia and have demonstrated appropriate skills in the performance of these procedures.

Requested	Approved		Requested	Approved	
		Category II clinical privileges			e. Truncular and terminal nerve blocks
		Upper Extremity Blocks			
		a. Intercostal block			
		b. Supraclavicular block			
		c. Infraclavicular block			Lower Extremity Blocks
		d. Axillary block			a. Lumbar plexus block
					b. Sciatic nerve blocks

REGIONAL ANESTHESIA (Continued)

Category II. (Continued)

		Lower Extremity Blocks (Continued)			Miscellaneous Blocks
		c. Femoral, obturator, and lateral femoral cutaneous blocks			a. Cervical plexus block
		d. Ankle block			b. Facial nerve block
					c. Peribulbar block
					d. Airway block
Requested	Approved				
		Paravertebral Blocks			Other
		a. Thoracic block			a. Placement and management of peripheral nerve catheters
		b. Lumbar block			b. Home peripheral nerve infusions

Category III. Includes Categories I and II.

Privileges in this category include those in Categories I and II plus those associated with complex surgical procedures and difficult acute pain management problems. Physicians with these privileges have the highest level of competence within the field and should, in turn, request consultation from within or from outside the hospital staff whenever needed. Category III providers are expected to have fellowship training (or equivalent regional anesthesia experience) considered appropriate for a subspecialty consultant in regional anesthesia.

Requested	Approved		Requested	Approved	
		Category III clinical privileges			b. Chief acute pain service
		a. Regional anesthesia section attending physician			

SPECIAL PROCEDURES

Requested	Approved		Requested	Approved	
		a. Arterial Pressure Lines			d. Arterial/Venous Puncture
		b. Central Venous Pressure Lines			e. Hypothermia
		c. Pulmonary Artery Catheter			

COMMENTS

	SIGNATURE OF PROVIDER	DATE (YYYYMMDD)
--	-----------------------	-----------------

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested	Approval with Modifications <i>(Specify below)</i>	Disapproval <i>(Specify below)</i>
-----------------------	--	------------------------------------

COMMENTS

DEPARTMENT/SERVICE CHIEF <i>(Typed name and title)</i>	SIGNATURE	DATE (YYYYMMDD)
--	-----------	-----------------

SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested	Approval with Modifications <i>(Specify below)</i>	Disapproval <i>(Specify below)</i>
-----------------------	--	------------------------------------

COMMENTS

COMMITTEE CHAIRPERSON <i>(Name and rank)</i>	SIGNATURE	DATE (YYYYMMDD)
--	-----------	-----------------