

MEDSTAR UNION MEMORIAL HOSPITAL
DELINEATION OF PRIVILEGES
CHRONIC PAIN MANAGEMENT

Name (print or type): _____
Last
First
M.I.

CORE PRIVILEGES:	REQUESTED	RECOMMENDED	COMMENTS
Consulting privileges for diagnoses generally regarded as part of the specialty of Chronic Pain Management			
Epidural Blocks (Cervical, Thoracic, Lumbar, Caudal)			
Facet Blocks			
Facet Neurolysis			
Differential Blocks			
Sympathetic Blocks			
Stellate			
Lumbar			
Celiac Plexus			
Ganglion IMPAR			
Neurolytic Blocks			
Sympathetic			
Somatic			
Spinal			
Sacroiliac Injections			
Peripheral Nerve Block			
NON CORE PRIVILEGES:			
Implantation of Neurostimulators			
Implantation of Spinal Narcotic Infusion Pumps			
Radiofrequency Nerve Ablation			
Provocative Discography			
Perioperative ultrasound for central / peripheral line placement or during the performance of regional anesthesia			
OTHER:			

ACLS: Must show current certification prior to credentialing and re-credentialing

BOARD CERTIFICATION: All new hires must obtain certification within 4 years of completing residency. If certificate is renewable must show evidence that re-certification process is occurring.

EMERGENCY:

Emergency Privileges: In an emergency all members in the department of anesthesia shall be authorized to treat any medical or surgical disease or condition and/or perform any medical or surgical procedures dictated by the situation. An emergency is defined as a situation in which delay in instituting treatment could result in serious harm to the patient or present an immediate threat to the life of the patient when no more qualified provider is available.

(Electronic) By typing my name below, I certify the above statements to be true and correct to the best of my knowledge, and that this information can be used for the purpose of processing my MedStar Union Memorial Hospital Delineation of Privilege Form. (Non-Electronic) If filling out the delineation by hand, please provide your original signature and date.

Applicant's Signature Date

Reviewer's Comments:

I certify that I have reviewed the applicant's application for initial appointment or reappointment and request for delineation of privileges, and that I recommend the approval of the delineations of privileges as specified above.

Department Chief Signature Date