ANESTHESIOLOGY CLINICAL PRIVILEGES

Name:  Slobodan Todorovic, M.D.                                           Page 1

Effective From 5/31/2014-5/30/2016

☐ Initial Appointment (initial privileges)
☒ Reappointment (renewal of privileges)

All new applicants must meet the following requirements as approved by the governing body effective:
   _____/_____/______.

Applicant: Check off the “Requested” box for each privilege requested. Applicants have the burden of
producing information deemed adequate by the Hospital for a proper evaluation of current competence,
current clinical activity, and other qualifications and for resolving any doubts related to qualifications for
requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form and
include your recommendation for Focused Professional Practice Evaluation (FPPE). If recommended with
conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient
  space, equipment, staffing and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical
  privileges. The applicant must also adhere to any additional organizational, regulatory, or
  accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ANESTHESIOLOGY

Initial Applicants: To be eligible to apply for privileges in anesthesiology, the initial applicant must
meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American
Osteopathic Association (AOA) accredited residency in anesthesiology.

AND/OR

Current certification or active participation in the examination process [with achievement of certification
within 3 years] leading to certification in anesthesiology by the American Board of Anesthesiology (ABA)
or American Osteopathic Board of Anesthesiology (AOBA).

AND

Required Current Experience: 200 hospital or ambulatory anesthesia cases, reflective of the scope of
privileges requested, within the past 24 months or demonstrate successful completion of an ACGME or
AOA accredited residency or clinical fellowship within the past 12 months.

Reappointment (Renewal of Privileges) Requirements: To be eligible to renew privileges in
anesthesiology, the reapplicant must meet the following criteria:

Current demonstrated competence and an adequate volume of experience 400 hospital or ambulatory
anesthesiology cases with acceptable results, reflective of the scope of privileges requested, for the past
24 months based on results of ongoing professional practice evaluation and outcomes.
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name:  Slobodan Todorovic, M.D.  

Effective From 5/31/2014-5/30/2016

CORE PRIVILEGES – ANESTHESIOLOGY

☑ Requested  Administration of anesthesia, including general, peripheral nerve block analgesia and anesthesia, neuraxial anesthesia and analgesia, monitored anesthesia care, local anesthesia, and administration of all levels of sedation to patients of all ages. Care includes pain relief and maintenance, and restoration of a stable condition during and immediately following surgical, obstetrical and diagnostic procedures. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Center policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name:  Slobodan Todorovic, M.D.                     Page 3

Effective From 5/31/2014-5/30/2016

CORE PROCEDURE LIST

This list is not intended to be an all encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.

Anesthesiology

1. Perform history and physical exam
2. Assessment of, consultation for, and preparation of patients for elective and emergency anesthesia
3. Consultation for medical and surgical patients
4. Administration of general anesthesia, regional anesthesia and analgesia, neuraxial anesthesia and analgesia and monitored anesthesia care in the inpatient and outpatient setting
5. Sedation or anesthesia for adults and children outside the operating rooms, including those undergoing radiologic studies and interventions, gastroenterology procedures, ECT treatments and treatment of acutely ill and severely injured patients in the emergency department and the intensive care units
6. Clinical management and teaching of cardiac and pulmonary resuscitation
7. Evaluation of respiratory function and application of respiratory therapy
8. Monitoring and maintenance of physiology during the peri-operative period including pulse oximetry, electrocardiogram and blood pressure
9. Interpretation of laboratory results
10. Management of both normal perioperative fluid therapy and massive fluid and/or blood loss
11. Management of normal and abnormal airways
12. Mechanical ventilation
13. Pharmacologic support of the circulation
14. Placement of arterial, central venous and pulmonary artery catheters
15. Temperature regulation
16. Supervision of Certified Registered Nurse Anesthetists and residents
17. Anesthetic management of adults and children undergoing cardiac or thoracic surgery including full CPB, left heart bypass and/or deep hypothermic circulatory arrest
18. Diagnostic bronchoscopy
19. Anesthetic management of patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures
20. Acute, short-term management of patient in the critical care (ICU) setting
21. Insertion of transesophageal echocardiography (TEE) probe
22. Neuraxial and general anesthetic management of both spontaneous and operative deliveries and all associated obstetric procedures.
23. Neuraxial analgesia (including epidural, spinal, combined spinal and epidural analgesia), and different methods of maintaining analgesia (such as bolus, continuous infusion, patient controlled epidural analgesia).
24. Consultation and management for pregnant patients requiring non-obstetric surgery.
25. Relief and prevention of pain in the peri-operative and non-surgical setting
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: Slobodan Todorovic, M.D.  
Effective From 5/31/2014-5/30/2016

26. Evaluation and treatment of both acute pain as well as chronic pain in the acute setting
27. Peripheral nerve blockade including nerve stimulation and ultrasound-guidance techniques
28. Image-guided procedures including ultrasound-guided vascular line placement and nerve blockade
29. Lumbar drain insertion

Critical Care

Criteria: Successful completion of an accredited fellowship in critical care including education and direct experience in management of critically ill patients and associated procedures. Required Current Experience: Board-eligible or board-certified in critical care, or have an equivalent national qualification, and evidence of proficiency in critical care management of 50 patients. 
Renewal of Privilege: Successful maintenance of Board certification and demonstrated competence and evidence of appropriate management of patients while attending in an ICU at least 10 weeks a year. Competence will be reviewed through results of the ongoing professional practice evaluation and outcomes data.

- Percutaneous tracheostomies and percutaneous endoscopic gastrostomies
- Diagnostic and simple therapeutic flexible bronchoscopy
- Focused critical care ultrasound of lungs and pleura, heart, abdomen and vasculature for diagnostic and guided therapeutic interventions
- Chronic management and treatment of critically ill patients
- Needle and thoracostomy tube insertion
- Transvenous and external cardiac pacing, defibrillation, and cardioversion
- Airway and complex mechanical ventilation management
- Lumbar drain insertion and management
- Intra-aortic balloon pump management
- Fundamental mechanical ventricular assist device management

- Requested

PAIN MEDICINE

Criteria: Successful completion of an accredited fellowship in pain management and board-eligible or boarded in pain by either the American Board of Anesthesiology (ABA), American Board of Pain Medicine (ABPM), or equivalent national qualification. Training in management of acute, chronic and cancer pain management and evidence of competency in interventional pain management. Competence includes management of opioid tolerant patients and the management of acute pain in the opioid tolerant chronic pain patients, as well as the patient with addiction.

Required Current Experience: Successful maintenance of Board certification or equivalent and demonstrate current competence and evidence of proficiency in pain consultation and procedures as
evidence by a minimal volume of 50 patient management and treatment episodes and involvement in 50 procedures.

Renewal of Privilege: Demonstrated current competence and evidence of appropriate management of a minimum of 100 patient encounters and direct involvement in 100 pain procedures including ultrasound-guided, fluoroscopic-guided, implantable spinal cord stimulators and implanted intrathecal pumps over 24 months. Competence will be reviewed through results of the ongoing professional practice evaluation and outcomes data.

☐ Requested

☐ Non-invasive management of chronic pain patients including use of narcotics, neuropathic drugs, non-steroidals, transcutaneous electrical nerve stimulation (TENS) units and other devices and techniques as appropriate.

☐ Chronic pain management techniques including cervical and thoracic epidurals, facet blocks, neurolysis, and radiofrequency ablation

☐ Fluoroscopic-guided pain procedures including, but not limited to, perispinal injections, facet blocks, celiac plexus blocks, lumbar sympathetic blocks, stellate ganglion blocks, and joint injections

☐ Surgical pain management techniques including implantable spinal cord stimulators, peripheral stimulators and intrathecal pumps

☐ Management of addiction and opioid-dependence in patients

TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) INTERPRETATION ONLY

[Criteria: Successful completion of an accredited residency in cardiology, anesthesiology, radiology, or cardiothoracic surgery that included education and direct experience in transthoracic echocardiography and TEE with interpretation of at least 25 supervised TEE cases, or National Board of Echocardiography certification in TEE. Required Current Experience: Demonstrated current competence and evidence of the interpretation of at least 25 TEE procedures in the past 12 months or successful completion of training or NBE certification in the past 12 months. Renewal of Privilege: Demonstrated current competence and evidence of the interpretation of at least 25 TEE procedures in the past 24 months based on results of ongoing professional practice evaluation and outcomes]

☐ Requested
ANESTHESIOLOGY CLINICAL PRIVILEGES

Name: Slobodan Todorovic, M.D. 

Effective From 5/31/2014-5/30/2016

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at University of Virginia Medical Center, and I understand that:

a. In exercising any clinical privileges granted, I am constrained by Medical Center policies and rules applicable generally and any applicable to the particular situation.

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 the Clinical Staff Bylaws or related documents.

Signed ___________________________ Date 3/25/2014

DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

Privilege | Condition/Modification/Explanation
--- | ---
1. | 
2. | 
3. | 
4. | 

Notes


Division Head/Quality Liaison ___________________________ Date 4/8/14

Department Chair Signature ___________________________ Date 4/8/14

FOR CLINICAL STAFF OFFICE USE ONLY

Credentials Committee Action Date

Clinical Staff Executive Committee Action Date

Medical Center Operating Board Action Date
Clinical Privileges Update Form

Slobodan Todorovic    Department of Anesthesiology

I have reviewed the privileges previously granted to me and request the following changes to include any new therapies, procedures, or additional training necessary to perform new privileges requested. (Please include supporting documentation to verify competency):

New Privileges to be Added (please indicate category level and type of experience):

Current Privileges not to be Renewed:

*Privileges not renewed are not reported as being voluntarily relinquished unless this is done while you are under investigation; or, in return for not conducting an investigation or proceeding. If privileges are to be reported as voluntarily relinquished you will be notified and receive a copy of the report to be filed with the National Practitioner Databank.

DATE 6/29/2012  CLINICIAN SIGNATURE

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician's level of experience, past performance and quality indicators (if renewing privileges) as related to requested privileges and agree that the above named clinician's qualifications are appropriate. Since the date of the last appointment, we have reviewed applicable information from the following sources of quality and utilization data:

We find as follows:

✓ Acceptable review with recommendation of reappointment to the clinical staff with clinical privileges as requested

☐ Concerns noted on review with corrective action plan in place with recommendation of reappointment to the clinical staff with privileges as requested, but subject to a review in ___ months.

☐ Should have clinical privileges granted but restricted as follows:

DATE 7/6/12  DIVISION HEAD/QI LIAISON SIGNATURE  Bogdonoff

DATE 7/15/12  DEPARTMENT CHAIR SIGNATURE  Rich

Revised 5/5/2005
Clinical Privileges Update Form

Slobodan Todorovic  
Department of Anesthesiology

I have reviewed the privileges previously granted to me and request the following changes to include any new therapies, procedures, or additional training necessary to perform new privileges requested. (Please include supporting documentation to verify competency):

New Privileges to be Added (please indicate category level and type of experience):

________________________________________________________

________________________________________________________

________________________________________________________

Current Privileges not to be Renewed: *

________________________________________________________

________________________________________________________

*Privileges not renewed are not reported as being voluntarily relinquished unless this is done while you are under investigation; or, in return for not conducting an investigation or proceeding. If privileges are to be reported as voluntarily relinquished you will be notified and receive a copy of the report to be filed with the National Practitioner Databank.


DATE 1/22/10

CLINICIAN SIGNATURE

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician's level of experience, past performance and quality indicators (if renewing privileges) as related to requested privileges and agree that the above named clinician's qualifications are appropriate. Since the date of the last appointment, we have reviewed applicable information from the following sources of quality and utilization data:

We find as follows:

✓ Acceptable review with recommendation of reappointment to the clinical staff with clinical privileges as requested

☐ Concerns noted on review with corrective action plan in place with recommendation of reappointment to the clinical staff with privileges as requested, but subject to a review in ____ months.

☐ Should have clinical privileges granted but restricted as follows:


DATE 2/11/2010

DIVISION HEAD/QI LIAISON SIGNATURE

DATE 2/11/10

DEPARTMENT CHAIR SIGNATURE

Revised 3/1/2006
Clinical Privileges Update Form

Slobodan Todorovic  Department of Anesthesiology

I have reviewed the privileges previously granted to me and request the following changes to include any new therapies, procedures, or additional training necessary to perform new privileges requested. (Please include supporting documentation to verify competency):

New Privileges to be Added (please indicate category level and type of experience):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Current Privileges not to be Renewed:*

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*Privileges not renewed are not reported as being voluntarily relinquished unless this is done while you are under investigation; or, in return for not conducting an investigation or proceeding. If privileges are to be reported as voluntarily relinquished you will be notified and receive a copy of the report to be filed with the National Practitioner Databank.

4/14/08

DATE

CLINICIAN SIGNATURE

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician's level of experience, past performance and quality indicators (if renewing privileges) as related to requested privileges and agree that the above named clinician's qualifications are appropriate. Since the date of the last appointment, we have reviewed applicable information from the following sources of quality and utilization data:

We find as follows:

☐ Acceptable review with recommendation of reappointment to the clinical staff with clinical privileges as requested

☐ Concerns noted on review with corrective action plan in place with recommendation of reappointment to the clinical staff with privileges as requested, but subject to a review in _____ months.

☐ Should have clinical privileges granted but restricted as follows:

4/14/08

DATE

DIVISION HEAD/QI LIAISON SIGNATURE

4/14/09

DATE

DEPARTMENT CHAIR SIGNATURE

Revised 3/1/2006
Clinical Privileges Update Form

Slobodan Todorovic  
Department of Anesthesiology

I have reviewed the privileges previously granted to me and request the following changes to include any new therapies, procedures, or additional training necessary to perform new privileges requested. (Please include supporting documentation to verify competency):

New Privileges to be Added (please indicate category level and type of experience):


Current Privileges not to be Renewed:*


*Privileges not renewed are not reported as being voluntarily relinquished unless this is done while you are under investigation; or, in return for not conducting an investigation or proceeding. If privileges are to be reported as voluntarily relinquished you will be notified and receive a copy of the report to be filed with the National Practitioner Databank.

DATE  
4/27/06  
CLINICIAN SIGNATURE

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician’s level of experience, past performance and quality indicators (if renewing privileges) as related to requested privileges and agree that the above named clinician’s qualifications are appropriate. Since the date of the last appointment, we have reviewed applicable information from the following sources of quality and utilization data:

We find as follows:

☐ Acceptable review with recommendation of reappointment to the clinical staff with clinical privileges as requested

☐ Concerns noted on review with corrective action plan in place with recommendation of reappointment to the clinical staff with privileges as requested, but subject to a review in _____ months.

☐ Should have clinical privileges granted but restricted as follows: ______________________________________

DATE  
5/4/06  
DIVISION HEAD/QI LIAISON SIGNATURE

DATE  
5/4/06  
DEPARTMENT CHAIR SIGNATURE

Revised 3/1/2006
Clinical Privileges Update Form

Slobodan Todorovic  Department of Anesthesiology

I have reviewed the privileges previously granted to me and request the following changes:

New Privileges to be Added (please indicate category level and type of experience):


Current Privileges not to be Renewed:


*Privileges not renewed are not reported as being voluntarily relinquished unless this is done while you are under investigation; or, in return for not conducting an investigation or proceeding. If privileges are to be reported as voluntarily relinquished you will be notified and receive a copy of the report to be filed with the National Practitioner Databank.

DATE 2/25/04

CLINICIAN SIGNATURE

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician's level of experience, past performance and quality indicators (if renewing privileges) as related to requested privileges and agree that the above named clinician's qualifications are appropriate. Since the date of the last appointment, we have reviewed applicable information from the following sources of quality and utilization data:

ID Number: 702787

- Physician's Health & Mental Status
- Medical Records Reports
- Drug Usage Reports
- Outpatient Clinical Practice
- Infection Reports
- Morbidity/Mortality Reports
- Sentinel Events/Risk Management Reports

We find as follows:

☑ Acceptable review with recommendation of reappointment to the clinical staff with clinical privileges as requested

☐ Concerns noted on review with corrective action plan in place with recommendation of reappointment to the clinical staff with privileges as requested, but subject to a review in _____ months.

☐ Should have clinical privileges granted but restricted as follows:

DATE 2/19/04

DIVISION HEAD/QI LIASON SIGNATURE

DATE 2/6 March 2004

DEPARTMENT CHAIR SIGNATURE

DATE 2/6 March 2004
Clinical Privileges Update Form

Slobodan Todorovic
Department of Anesthesiology

I have reviewed the privileges previously granted to me and request the following changes:

New Privileges to be Added (please indicate category level and type of experience):

________________________________________

Current Privileges not to be Renewed:*

________________________________________

*Privileges not renewed are not reported as being voluntarily relinquished unless this is done while you are under investigation; or, in return for not conducting an investigation or proceeding. If privileges are to be reported as voluntarily relinquished you will be notified and receive a copy of the report to be filed with the National Practitioner Databank.

DATE: 5/16/02
CLINICIAN SIGNATURE: [Signature]

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician's level of experience, past performance and quality indicators (if renewing privileges) as related to requested privileges and agree that the above-named clinician's qualifications are appropriate. Since the date of the last appointment, we have reviewed applicable information from the following sources of quality and utilization data:

<table>
<thead>
<tr>
<th>ID Number: 702787</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician's Health &amp; Mental Status</td>
</tr>
<tr>
<td>Medical Records Reports</td>
</tr>
<tr>
<td>Drug Usage Reports</td>
</tr>
<tr>
<td>Outpatient Clinical Practice</td>
</tr>
<tr>
<td>Infection Reports</td>
</tr>
<tr>
<td>Morbidity/Mortality Reports</td>
</tr>
<tr>
<td>Sentinel Events/Risk Management Reports</td>
</tr>
</tbody>
</table>

We find as follows:

☐ Acceptable review with recommendation of reappointment to the clinical staff with clinical privileges as requested

☐ Concerns noted on review with corrective action plan in place with recommendation of reappointment to the clinical staff with privileges as requested, but subject to a review in _____ months.

☐ Should have clinical privileges granted but restricted as follows:

DATE: [Signature]

DATE: 5/16/02
DIVISION HEAD/QI LIAISON SIGNATURE: [Signature]

DATE: [Signature]
DEPARTMENT CHAIR SIGNATURE: [Signature]
**Privilege List for Clinical Staff**

**DEPARTMENT OF ANESTHESIOLOGY**

Name: Slobodan H. Todorovic  
Date: 5/15/01

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3. **Mark as requested only those areas where you are regularly assigned to practice; Emergency privileges should be marked where you are the designated person to cover an area which you do not regularly practice. Areas in which you do not regularly practice should be left blank.**

---

**ACCORDING TO CATEGORY, ENTER A, B, OR C IN THE REQUESTED COLUMN NEXT TO THE LISTED PRIVILEGE:**

The applicant will not undertake patient management/procedure except in emergency.

The applicant will occasionally manage patients or assist in management/perform the procedure/assist in the performance. Consultation will be sought in the event of anticipated or actual difficulties.

The applicant will independently manage patients/perform the procedure. The applicant would be expected to request consultation only occasionally.

**ACCORDING TO TYPE, ENTER 1, 2, OR 3 IN THE COLUMNS IN THE EXPERIENCE COLUMN:**

- **Completed Formal Training Program.**
- **Limited Experience - without formal training.**
- **Extensive Experience - without formal training.**

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Category Requested</th>
<th>Type Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitting Privileges (yes/no)</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Va. Ambulatory Surgery Ctr. Privileges (yes/no)</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesia/Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemodynamic Support Consults</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Consultation</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Diff Dx &amp; Tx</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Management - acute</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Management - chronic</td>
<td>B</td>
<td>2</td>
</tr>
<tr>
<td>Periop - Unrestricted med assess &amp; mgt</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Postoperative Assess</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Preoperative Assess</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Critical Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Care - Neurology</td>
<td>A</td>
<td>2</td>
</tr>
<tr>
<td>ICU - Unrestricted Care</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Neonate intubation &amp; mech vent</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>PIC intubation &amp; mech vent</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>PIC sedation, pain control</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacologic Mgt</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Airway Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Privilege</td>
<td>Category Requested</td>
<td>Type Experience</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>--------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Manual assisted ventilation (BVM)</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Tracheostomy - percutaneous</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia/Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Airway Mgt - LMA insert &amp; intubation, unrestricted</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Airway Mgt - trach intub., flex. fiberoptic assist</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Airway Mgt - tracheal Intub., anesthetized pt</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Airway Mgt - tracheal intubation, awake</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Airway Mgt - Laryngeal mask airway insert, restrict</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - local, epidural</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - local, field block</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - local, injection</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - local, major nerve block</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - local, spinal</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia Administration</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia Conscious</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia Intercostal Nerve Block</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia Local</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - local - minor nerve block</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - general, admin, for endotrach. intubat</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesia - general, administration- unrestricted</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Echocardiography - intraoperative transesophageal</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Neuromusc. Blocking Agent - admin intubated pts</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Neuromuscular Blocking Agent - admin, unrestricted</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Mgt - epidural, single shot or continuous</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Mgt - intrathecal/epid. caths, pump implant</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Mgt - intrathecal/epidural caths, long term</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Mgt - nerve blocks</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Mgt - Neurolytic nerve blocks</td>
<td>C</td>
<td>1</td>
</tr>
<tr>
<td>Pain Mgt - Opioid/local anesth, unrestricted</td>
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<td>Pain Mgt - PCA (pt. controlled anesthesia)</td>
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<td>Pain Mgt - Radiofrequency nerve ablation</td>
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<td>Pain Mgt - spinal, single shot or continuous</td>
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<td>Sedation - conscious - intubated pts</td>
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<tr>
<td>Sedation - conscious, non-intubated pts</td>
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<tr>
<td>Sedation - deep, intubated pts.</td>
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<td>Sedation - deep, non-intubated pts.</td>
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<td>Sedation - IV, unrestricted</td>
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<td>Central Venous Catheter</td>
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<td>Invasive Monitor. - central venous catheter</td>
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<td>Invasive Monitor. - vascular, unrestricted</td>
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5/15/01  

As the Division Head/QI Liaison and Department Chair/Medical Director, we have reviewed the above-named clinician’s level of experience and training as related to requested privileges and agree that the above named clinician’s qualifications are appropriate. Therefore, we recommend the appointment to the Clinical Staff with the clinical privileges as requested.

29 May 2001  

DATE

5/15/01  

DIVISION HEAD/QI LIAISON SIGNATURE

DATE

29 May 2001  

DEPARTMENT CHAIR SIGNATURE