DELINEATION OF PRIVILEGES
PRACTICE AREA: **PAIN MANAGEMENT**

To request these clinical privileges, the following threshold criteria must be met:

1. Licensed by the State of Iowa as M.D. or D.O.; **AND**

2a. Board Certification by the American Board of Anesthesiology Subspecialty in Pain Management (ABASPM), the American Osteopathic Board of Anesthesiology Subspecialty in Pain Management, the American Board of Psychiatry & Neurology Subspecialty in Pain Management or the American Board of Physical Medicine & Rehabilitation Subspecialty in Pain Management; American Board of Physical Medicine & Rehabilitation Subspecialty in Pediatric Rehabilitation Medicine; **OR**

2b. Successful completion of an ACGME or AOA accredited residency/fellowship program in pain management **WITH** board certification (as above) in 5 years or less of residency/fellowship completion; **AND**

3. Maintain admitting pain management privileges at one of the UnityPoint Health-Des Moines Hospitals, one of the Mercy Health Network- Des Moines Hospitals, VA Central Iowa Health Care System or Broadlawns Medical Center. Surgeons with VA privileges only will be limited to schedule adult patients only at the center.

PAIN MANAGEMENT PRIVILEGES - I am requesting pain management privileges for:

Requested	Granted	
□	□	Brachial plexus, intercostal, peripheral nerve, selective nerve root, and sympathetic nerve blocks
□	□	Epidural injections
□	□	Sacroiliac joint and trigger point injections
□	□	Joint and bursa sac injection
□	□	Sympathectomy techniques
□	□	Facet joint injection
□	□	Radiofrequency Denervation
□	□	Administration of local anesthesia
□	□	Administration of minimal sedation
□	□	Management of local anesthetic overdose including airway management and resuscitation
□	□	Management of therapies, side effects and complications of pharmacologic agents used in pain management
□	□	Operation, interpretation and reporting of X-ray and C-arm imaging
□	□	Supervision of Allied Health Practitioner/Residents/Students

SPECIAL PROCEDURES/TECHNIQUES

To be eligible to apply for a special procedure listed below, you must meet the above threshold criteria and you **must also** demonstrate successful completion of an approved, recognized course, or acceptable supervised training in residency, fellowship or other acceptable experience and provide documentation of competence in performing that procedure.

Requested	Granted	
□	□	Spinal Cord / Peripheral Nerve Stimulator Trials
□	□	Implantation and removal of Spinal Cord / Peripheral Nerve Stimulator and Pulse Generator
□	□	Kyphoplasty

To admit patients, perform histories and physicals, order diagnostic tests, request consultations, provide consultations within the scope of your privileges, use all skills normally learned during medical school and residency and render any care in a life-threatening emergency or as requested by the Clinical Administration should there be a physician crisis in the facility.

You are expected to practice within the bounds of your training and competence and should not attempt to treat cases, which are not in your scope of practice. Newly developed treatment modalities are not included in this request and must be cleared by the Medical Executive Committee and Governing Board before their performance. Please become familiar with the capabilities and limitations of this facility.

I understand that in making this request I am bound by the applicable bylaws and/or policies of Lakeview Surgery Center and hereby stipulate that I meet the threshold criteria for each request. I also certify that I have knowledge to operate all the equipment necessary to carry out requested procedures.

_____ _____
Date Applicant's Signature

_____
Applicant's Name Printed

Privileges:
Granted _____ Deferred _____ **MEC Signature: _____ Date: _____**

Granted _____ Deferred _____ **GB Signature: _____ Date: _____**

Modifications: _____