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



To request these clinical privileges, the following threshold criteria must be moti-

threshold criteria must be met:

1. Licensed by the State of Iowa as M.D. or D.O.; $\ensuremath{\textbf{AND}}$

- 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 Pain 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	Grant	ed
		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
AL PROCEDURE	ES/TECH	NIQUES

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.

	Granted			
Spinal Cord / Peripheral Nerve Stimulator Trials				
Implantation and removal of Spinal Cord / Peripheral Nerve Stimulator and	l Pulse			
Generator				
Kyphoplasty				
Percutaneous Laminotomy/laminectomy				

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 Signature Applicant's Name Printed		
	Applicant's Name Pr			
Privileges: Granted De	eferred	MEC Signature:	Date:	
Granted De	eferred	GB Signature:	Date:	
Modifications:				