

DELINEATION OF PRIVILEGES

PRACTICE AREA: MODERATE SEDATION

To request this clinical privilege the following threshold criteria must be met:

- 1. Licensed by the State of Iowa as M.D. or D.O AND
- 2. Documentation of at least twenty (20) patients over the past 24 months, **OR**
- 3a. Documentation of competency via a recognized training program, which incorporate airway management, and the pharmacology of agents commonly used during sedation and their antagonists or reversal agents. **OR**
- 3b. Advanced Life Support/ACLS certification, AND
- 4. Maintain moderate sedation/analgesia 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.
 - Indicate at which hospital(s) moderate sedation/analgesia privileges are maintained;

SEDATION – I am requesting sedation privileges for						
Requested	Granted					
	Moderate Sedation					

Moderate sedation as defined by the American Society of Anesthesiologists: A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

I understand privileges granted for sedation by non-anesthesiologists will require a pre-anesthesia assessment (inclusive of cardiac, respiratory and airway evaluations) of the patient the day of the procedure and acknowledgement that the patient is informed of risks, benefits and alternatives. I will also be expected to obtain anesthesia informed consent for these patients.

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 this request and **all documentation is attached**. I also certify that I have knowledge to operate all the equipment necessary to carry out requested procedures.

Date	Ā	applicant's Signature	
	Ī	Applicant's Name Printed	
Privileges: Granted	Deferred	MEC Signature	Date
Granted	Deferred	GB Signature	 Date
Modifications: _			