



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 peer-reviewed moderate sedation/analgesia privileges at one of the Unity Point Health-Des Moines Hospitals or one of the Mercy Health Network-Des Moines Hospitals.
 - Indicate at which hospital(s) moderate sedation/analgesia privileges are maintained;

SEDATION – I am requesting sedation privileges for:

Requested	Granted	
<input type="checkbox"/>	<input type="checkbox"/>	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

Applicant's Signature

Applicant's Name Printed

Privileges:			
Granted _____	Deferred _____	MEC Signature _____	Date _____

Granted _____	Deferred _____	GB Signature _____	Date _____
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Modifications: _____