

EVALUATION OF CLINICAL PRIVILEGES - ANESTHESIA

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM _____ TO _____
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PROCEDURE/SKILL	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	a. The management of procedures for rendering a patient insensible to pain and emotional stress during surgical, obstetrical and certain medical procedures.			
	b. The support of life functions under the stress of anesthetic and surgical manipulation.			
	c. The clinical management of the patient who is unconscious from whatever cause.			
	d. The management of problems in pain relief.			
	e. The management of problems in cardiac and respiratory resuscitation.			
	f. The application of specific methods of respiratory therapy.			
	g. The clinical management of various fluid, electrolyte, and metabolic disturbances.			
	TYPE ANESTHESIA			
	a. General			
	b. Regional <i>(Specify below)</i>			
	c. Monitored Anesthesia Care (MAC)			
	REGIONAL ANESTHESIA			
	Category I clinical privileges			
	a. Uncomplicated local anesthetic field blocks			
	b. Bier blocks			
	c. Spinal and/or epidural blocks			
	Category II clinical privileges			
	Upper Extremity Blocks			
	a. Intercostal block			
	b. Supraclavicular block			
	c. Infraclavicular block			
	d. Axillary block			
	e. Truncular and terminal nerve blocks			
	Lower Extremity Blocks			
	a. Lumbar plexus block			
	b. Sciatic nerve blocks			
	c. Femoral, obturator, and lateral femoral cutaneous blocks			

CODE	REGIONAL ANESTHESIA <i>(Continued)</i>	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	Lower Extremity Blocks <i>(Continued)</i>			
	d. Ankle block			
	Paravertebral Blocks			
	a. Thoracic block			
	b. Lumbar block			
	Miscellaneous Blocks			
	a. Cervical plexus block			
	b. Facial nerve block			
	c. Peribulbar block			
	d. Airway block			
	Other			
	a. Placement and management of peripheral nerve catheters			
	b. Home peripheral nerve infusions			
	Category III clinical privileges			
	a. Regional anesthesia section attending physician			
	b. Chief acute pain service			
	SPECIAL PROCEDURES			
	a. Arterial Pressure Lines			
	b. Central Venous Pressure Lines			
	c. Pulmonary Artery Catheter			
	d. Arterial/Venous Puncture			
	e. Hypothermia			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR	SIGNATURE	DATE (YYYYMMDD)
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