

**OCHSNER CLINIC FOUNDATION  
DELINEATION OF CLINICAL PRIVILEGES  
DEPARTMENT OF ANESTHESIOLOGY**

**CATEGORY I**

Physicians with these privileges have had formal training, experience and ability in their stated field, but have not yet fulfilled every requirement for board certification. They are expected to request consultation whenever needed.

**CATEGORY II**

Physicians with these privileges have completed formal training in their field, but have not yet been certified by their board. They are expected to request consultation whenever needed.

**CATEGORY III**

Physicians with these privileges have completed formal training in their field and have been certified by their respective board. They are expected to request consultation whenever needed.

\_\_\_\_\_ **Indicate the number of the category requested.**

- A. GENERAL PRIVILEGES (Expertise acquired through a normal anesthesiology training program. By applying for general privileges, all procedures and privileges indicated on the attached privilege sheet are included, unless indicated in Section B below.)**

List of Privileges Attached.

- B. PRIVILEGES NOT APPLIED FOR: (List those privileges named on attached privilege sheet which you do not wish to apply for.)**

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- C. SPECIAL PROCEDURES: (List those privileges requiring expertise acquired through additional training exclusive of the usual training in Anesthesiology - attach documentation of special competency.)**

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**PLEASE ANSWER THE FOLLOWING QUESTION:**

**Will you use radioactive materials or x-ray producing equipment in any of the procedures you plan to perform?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE CHECK APPROPRIATE STAFF:**

\_\_\_\_\_ **ACADEMIC-ACTIVE STAFF WITH ADMITTING PRIVILEGES** - I request full Academic-Active Medical Staff admitting privileges, with authorization to furnish care as indicated.

\_\_\_\_\_ **ACADEMIC-ACTIVE STAFF** - I request Academic-Active Medical Staff privileges, with authorization to furnish care as indicated.

\_\_\_\_\_ **CONSULTING-TEACHING STAFF** - I request Consulting Medical Staff privileges, with authorization to furnish care as indicated.

\_\_\_\_\_ **COURTESY STAFF** - I request Courtesy privileges only in the areas indicated on this form.

\_\_\_\_\_ **CONSULTING STAFF** - I request Consulting privileges only in the areas indicated on this form.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I RECOMMEND APPROVAL OF THE DELINEATION OF CLINICAL PRIVILEGES REQUESTED:

\_\_\_\_\_  
SIGNATURE OF DEPARTMENT CHAIRMAN

\_\_\_\_\_  
DATE

**OCHSNER CLINIC FOUNDATION  
ADDENDUM TO DELINEATION OF CLINICAL PRIVILEGES  
DEPARTMENT OF ANESTHESIOLOGY**

**A. GENERAL PRIVILEGES**

Anesthesiologist has been trained in cardiorespiratory resuscitation.

Anesthetic management of all physical status patients as outlined by the American Society of Anesthesiologists.

Anesthetic management of all types of surgical cases unless specifically excluded in Section B of Delineation of Clinical Privileges or defined as requiring special competency in Section C of Delineation of Clinical Privileges.

All phases of general anesthesia (Inhalation and Intravenous)

All types of regional anesthesia or techniques utilizing local anesthetics.

Anesthesia for all age groups including newborn through geriatric.

Fiberoptic intubation.

Respiratory and inhalation therapy including interpretation of pulmonary function test and blood gases.

Perform and interpret invasive and noninvasive monitoring of patient functions.

Diagnostic and therapeutic blocks.

Postoperative pain management.

**C. SPECIAL PROCEDURES**

As requested by individual physicians with appropriate documentation of training and/or experience and approval of the department chairman.