

UNIVERSITY OF MARYLAND MEDICAL CENTER MIDTOWN CAMPUS

Anesthesiology

Delineation of Privilege Form

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Name: _____

Date: _____

Privilege / Operative Procedure	Applicant Check (√) if requested	Department Chief (Initial)		
		Recommended	Not Recommended	Conditions (provide explanation)
Category I Privileges				
Administration of general and regional anesthesia and MAC				
Management of critically ill patients in special care units				
Initial post-operative management of pulmonary care including mechanical ventilation				
Pain management: diagnostic and therapeutic nerve blocks; regional pain management and PCA				
Placement of intra arterial catheters				
Placement of central venous catheters				
Placement of right heart and pulmonary artery catheters				
Fiberoptic bronchoscopy				
Category II Privileges – Require successful completion of an approved recognized course when such exists, acceptable supervised residency & fellowship or other acceptable advanced training				
Implantation of devices for pain relief				
Management of implantable devices for pain relief				
Neurophysiologic monitoring and interpretation				

Acknowledgment of Practitioner:

I have requested only those specific privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform and for which I wish to exercise at UMMC Midtown Campus. I understand that in exercising any clinical privileges granted, I am constrained by all UMMC Midtown Campus medical staff policies and rules applicable generally and all applicable to the particular situation.

Applicant's Signature

Date