



**Neurological Surgery Privileges  
Department of Surgery**

**Name:** \_\_\_\_\_  
*(Please print)*

- \_\_\_\_\_ Initial privileges (initial appointment)
- \_\_\_\_\_ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- \_\_\_\_\_ Modification of privileges (*request for any additional privileges beyond those previously granted*)

**Basic Education: MD or DO**

**Minimal formal training:** Successful completion of an ACGME or AOA accredited residency in neurological surgery and/or current certification or active participation in the examination process (with achievement of certification within 5 years of training completion) leading to certification in neurological surgery by the ABNS or the AOBS in neurological surgery.  
Maintenance of Basic Life Support (BLS) required.

**Required current experience:** At least 50 neurological surgical procedures, reflective of the scope of privileges requested, in the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

<b>Facility (Check ALL that are applicable to your request)</b>				
Baroness*	Children's**	North	East	Bledsoe/Sequatchie

\* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics  
\*\*Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

**Core Neurological Surgery Privileges:**

Core privileges for neurological surgery include the ability to admit, evaluate, diagnose, and treat inpatients and outpatients, and provide consultative, non-operative, and pre-, intra-, and postoperative care to patients of all ages presenting with injuries or disorders of the central, peripheral, and autonomic nervous systems, including their supporting structures and vascular supply. Practitioners may provide evaluation and treatment of pathological processes that modify function or activity of the nervous system, including the hypophysis, and provide operative and non-operative management of pain. These privileges include but are not limited to care of patients with disorders of the nervous system (i.e., the brain, meninges, skull, skull base, and their blood supplies), including the surgical and endovascular treatment of disorders of the intracranial and extracranial vasculature supplying the brain and spinal cord; the pituitary gland; the spinal cord, meninges, and vertebral column; and the cranial and spinal nerves throughout their distribution. Privileges also include the ability to provide care to patients in the intensive

care setting in conformance with unit policies, and to assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills:

Performance of history and physical exam

Ablative surgery for epilepsy

All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, and cranial nerves and including surgery for cranial trauma and intracranial vascular lesions

Angiography

Discography and intradiscal/percutaneous disc treatments

Endoscopic minimally invasive surgery

Epidural steroid injections for pain

Insertion of subarachnoid or epidural catheter with reservoir or pump for drug infusion or cerebrospinal fluid withdrawal

Laminectomies, laminotomies, and fixation and reconstructive procedures of the spine and its contents, including instrumentation

Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap

Management of congenital anomalies, such as encephalocele, meningocele, and myelomeningocele

Muscle biopsy

Nerve biopsy

Ordering of diagnostic studies and procedures related to neurological problems or disorders

Percutaneous and subcutaneous implantation of neurostimulator electrodes

Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves

Posterior fossa-microvascular decompression procedures

Radiofrequency ablation

Selective blocks for pain, stellate ganglion blocks, and nerve blocks

Shunts (VP, ventriculoatrial, ventriculopleural, subdural peritoneal, and lum- bar subarachnoid/peritoneal [or other cavity])

Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion, rhizotomy, cordotomy, dorsal root entry zone lesion, tethered spinal cord, or other congenital anomalies (e.g., diastematomyelia)

Stereotactic surgery

Surgery for intervertebral disc disease

Surgery on the sympathetic nervous system

Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak, or fracture

Ultrasonic surgery procedures

Ventricular shunt operation for hydrocephalus, revision of shunt operation, and ventriculocisternostomy

Ventriculography

**Special Non-Core Privileges in Neurological Surgery:**

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges may include:

<b><i>Procedure</i></b>	<b><i>Baroness</i></b>	<b><i>Children's</i></b>	<b><i>North</i></b>	<b><i>East</i></b>	<b><i>Bledsoe/Sequatchie</i></b>
Use of laser					
Percutaneous vertebroplasty					
Ballon kyphoplasty					
Deep brain stimulation					
Mechanical retriever (e.g. Merci)					
Transcranial Doppler ultrasonography					
Coil occlusion of aneurysms					
Lumbar disc arthroplasty					
Cervical disc arthroplasty					
Stereotactic radiosurgery					

Carotid endarterectomy					
Carotid stenting					
Administration of Moderate sedation and analgesia (see below for criteria).					

***Request for Privilege Not Listed in Core or Special Non-Core*** *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

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**Special Procedures Privileges Criteria**

**Moderate Sedation**

CRITERIA – To administer Moderate Sedation

1. Basic education: MD, DO, DDS, or DMD
2. Successful completion of a post-graduate residency training program of at least three years' duration.
3. Trained in the professional standards and techniques to administer pharmacologic agents to predictably achieve either minimal or moderate sedation and monitor patients carefully in order to maintain them at either of these levels of sedation-either intentionally or unintentionally. Acceptable training may be the completion of a course offered by any local hospital or the local Medical Society. Documentation of completion is required.
4. Must be able to evaluate and document evaluation of the patient prior to performing minimal or moderate sedation.
5. Must be qualified to rescue patients from *deep* sedation and trained to manage a compromised airway and to provide adequate oxygenation and ventilation.
6. Current proof of ACLS, PALS, or ATLS
7. Able to demonstrate that he/she has administered minimal or moderate sedation or analgesia to at a minimum of five (5) patients during the past 12 months.

*NOTE: Deep Sedation is limited to Anesthesia/CRNAs, Critical Care, and Emergency Medicine and full Anesthesia is limited to Anesthesiologists and CRNAs and is outlined in their delineation of privileges.*

**Department Chief Recommendation:**

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

- Recommended as Requested
- Recommended with Modifications (See comments below)
- Not Recommended (See comments below)

Chief Comments: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Signature

\_\_\_\_\_  
Date