



**Neurology Privileges
Department of Medicine**

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 neurology. Current certification or board eligibility (with achievement of certification within 5 years of training) leading to certification in neurology by the ABPN or the AOBNP.

Required current experience: Neurological services to at least 24 inpatients, outpatients and/or clinic patients reflective of the scope of privileges requested, within the past 12 months, or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.

Current BLS is strongly recommended.

Facility (Check ALL that are applicable to your request)				
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 Neurology Privileges:

Core privileges in neurology include the ability to admit, evaluate, diagnose, treat, and provide consultation to patients 16 years of age and older with diseases, disorders, or impaired function of the brain, spinal cord, peripheral nerves, muscles, autonomic nervous system, and the blood vessels that relate to these structures.

Stroke neurologists may provide care to patients under the age of 16 in acute situations where stroke is suspected in consultation with pediatric physicians. Subspecialty neurologists (neuromuscular, movement disorder, epilepsy etc...) may provide consultative services as well as ongoing care to patients under the age of 16 in collaboration with pediatric neurology as well.

Neurologists may provide care to patients in the intensive care setting in conformance with unit policies. Neurologists assess, stabilize, and determine the disposition of patients with emergent

conditions consistent with medical staff policy regarding emergency and consultative call services.

Performance of history and physical exam
 Caloric testing
 Lumbar puncture

Special Non-Core Privileges in Neurology:

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 include:

Procedure	Baroness	Children's	North	East	Bledsoe/Sequatchie
Angiography					
Stent/Clot retriever (e.g. Merci, Solitaire, Trevo)					
Transcranial Doppler ultrasonography					
Baclofen pump management					
Interpretation of electroencephalogram					
Autonomic testing					
Performance and interpretation of EMG and nerve conduction studies (all ages)					
Performance and interpretation of neuromuscular ultrasound					
Skin biopsy					
Administration of botulinum toxin					
Performance of nerve blocks					
VNS and RNS management					
Neurosonology					
Interpretation of Evoked potential					
Computed tomography					
DBS management					
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)*

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: _____

Chief Signature

Date

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