

**BRYANLGH MEDICAL CENTER
DELINEATION OF CLINICAL PRIVILEGES**

NEUROLOGY

Qualifications: Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency in neurology
AND/OR
Current certification or active participation in the examination process (with achievement of certification within 5 years leading to certification in neurology by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

NEUROLOGY CORE PRIVILEGES

_____ **Requested:** Admit, evaluate, diagnose, treat and provide consultation to patient with diseases, disorders or impaired function of the brain, spinal cord, peripheral nerves, muscles, and autonomic nervous systems, including their coverings, blood vessels, and other effector tissue, such as muscle. Assess, stabilize, and determine 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 procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Neurology Core Procedure List (Please check privileges requested)

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

- _____ Autonomic testing
- _____ Electroencephalography
- _____ Electromyography/nerve conduction studies
- _____ "Trigger Point" injections, greater occipital nerve injections, nerve blocks, bursa, and/or joint Injections
- _____ Lumbar puncture

Neurology Remote Monitoring Procedure List (Please check privileges requested)

Interpretation of the following:

- _____ Auditory brainstem response (ABR)
- _____ Cerebral oximetry (CO)
- _____ Cortical mapping (CM)
- _____ Dermatomal somatosensory evoked potentials (DSEP)
- _____ Descending neurogenic evoke potentials (DNEP)
- _____ Electrocephaology (EEG)
- _____ Spinal nerve electromyography (EMG)
- _____ Cranial nerve electromyography (CMG)
- _____ Spinal Reflex, Peripheral nerve monitoring
- _____ somatosensory evoked potentials (SSEP)
- _____ Transcranial Doppler (TCD).

SPECIAL NONCORE PRIVILEGES

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

MODERATE SEDATION

Moderate sedation (by any route), with or without analgesia, which in the manner used, may be reasonably expected to result in the loss of protective reflexes. Loss of protective reflexes is an inability to handle secretions without aspiration or to maintain a patient airway independently.

Criteria: Successful completion of post-test is required both on the initial request and at reappointment.

_____ **Adult Moderate Sedation (>16 years of age)**

_____ **Pediatric Moderate Sedation (equal to or less than 16 years of age)**

SPECIAL PROCEDURES

Criteria: To be eligible to apply for a special procedure listed below, the applicant must demonstrate successful completion of an approved, recognized course when such exists, or acceptable supervised training in residency, fellowship or other acceptable experience, and provide documentation of competence in performing that procedure.

_____ **Intrathecal/Intraventricular Therapeutic injections**

_____ **Subdural Taps/Ventricular Taps in Infants**

_____ **Taps of Subcutaneous reservoirs which communicate with Subarachnoid Space**

_____ **Visual evoked potentials, brain stem auditory evoked potentials, somatosensory evoked potentials**

ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at BryanLGH Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signature: _____ Date: _____