

**MAYAGUEZ MEDICAL CENTER
 DELINEATION OF CLINICAL PRIVILEGES
 ANESTHESIA DEPARTMENT**

NAME:

PROCEDURES	Requested	Not Requested	Recommended	Not Recommended
GENERAL ANESTHESIA				
PEDIATRICS				
ADULTS				
REGIONAL ANESTHESIA				
SPINAL				
AXILLARY'S & I.V. BLOCK				
EPIDURAL				
REGIONAL BLOCKS				
CARDIOPULMONARY RESUSCITATION				
ENDOTRACHEAL INTUBATIONS				
DEFIBRILLATION				
ARTERIAL PUNCTURE, INTRACATH INSERTION				
INTERPRET ELECTROCARDIOGRAM				
RESPIRATORY FAILURE				
CARDIAC ARRHYTHMIA				
CONGESTIVE HEART FAILURE				
CONVULSIONS				
ADVERSE REACTION TO MEDICATIONS				
DIABETIC ACIDOSIS AND HYPOGLYCEMIA				
HYPER PYREXIA				
HYPOTHERMIA				
SHOCK SYNDROME				
BLOOD LOSS				
CARDIOGENIC				
HYPOVOLEMIC				

PROCEDURES	Requested	Not Requested	Recommended	Not Recommended
WATER AND ELECTROLYTE DISTURBANCES				
PRE-POST ANESTHESIA EVALUATION				
EPIDURAL CHEMOTHERAPY				
INTRATHECAL CHEMOTHERAPY				
OTHER:				

 APPLICANT'S SIGNATURE

 DATE

/ / Recommended

/ / Not Recommended

 DEPARTMENT DIRECTOR

 DATE