



## Privileges in Neurosurgery Service

SAMPLE

### Required Qualifications

<b>Education/Training</b>	Successful completion of an ACGME or AOA accredited residency or fellowship in Neurosurgery or foreign equivalent training. <b>AND</b>
<b>Certification</b>	Current certification or active participation in the examination process leading to certification in Neurosurgery by the American Board of Neurological Surgery or the American Osteopathic Board of Neurological Surgery or equivalent documentation or foreign equivalent training/board. <b>AND</b> Documentation or attestation of the management of at least 100 Neurosurgical procedures during the past two years.
<b>Additional Credentialing Criteria (Initial and Reappointment)</b>	In accordance with Hospital Sedation Policy and completion of the SHC sedation exam taken every 2 years Use of Fluoroscopy Equipment- Valid Radiology Supervisor and Operator Certificate or Fluoroscopy Supervisor and Operator Permit Required Teaching appointment to work in SHC outpatient clinics Membership and privileges at LPCH to admit, treat patients 14 years old and younger To be granted Central Venous Catheter Insertion must complete "Getting to Zero" educational module
<b>Clinical Experience (Initial)</b>	Lumbar fusion; Thromboendarterectomy of carotid or vertebral circulation; Sympathectomy; Percutaneous stimulation of the spinal cord; Spinal surgery involving the use of various stabilization devices; Vertebroplasty - Minimum of 10 cases required for each privilege selected Stereotactic Radiosurgery - Performed in collaboration with Radiation Oncology - 1) Acuray training course; 2) Observe ten (10) cases; 3) Proctored for ten (10) cases; 4) Stanford XRT letter of approval; 5) Letter from co-director of cyberknife procedure. Radiosurgery Treatment for Functional Applications - Primary specialty training in neurosurgery Board Certified by American Board of Neurological Surgery 2 years experience in Functional Neurosurgery and privileges in Stereotactic Radiosurgery; or 200 cases of Stereotactic Radiosurgery
<b>Clinical Experience (Reappointment)</b>	Minimum 20 Core cases required during the past 2 years, may include those cases done at other facilities Radiosurgery Treatment for Functional Applications - Minimum 3 cases required during the past 2 years

All other Special Privileges each require minimum 5 cases during the past 2 years

**FPPE**

FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS

Core and all Special Privileges require a minimum of 2 chart reviews for each selected

**Provide care on LPCH patients in specific areas of SHC**

<b>Request</b>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
<input type="checkbox"/>		<input type="checkbox"/>
	<b>Additional Request</b>	
<input type="checkbox"/>	ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit - requires Active or Courtesy Status at LPCH	<input type="checkbox"/>

**Core Privileges**

<b>Request</b>	<i><b>Request all privileges listed below.</b></i> <i>Uncheck any privileges that you do not want to request.</i>	<b>Service Chief Rec</b>
<input type="checkbox"/>		<input type="checkbox"/>
	<b>Neurosurgery Core:</b>	
<input type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical exam, and provide pre-, intra-, and postoperative neurosurgical treatment to patients presenting with illnesses, injuries, and disorders of the central and peripheral nervous system, including their supporting structures and vascular supply; provide consultation; and order diagnostic studies and procedures related to the neurological problem.	<input type="checkbox"/>
	<b>Core privileges could include, but not limited to:</b>	
<input type="checkbox"/>	Peripheral nerve surgery	<input type="checkbox"/>
<input type="checkbox"/>	Spine and spinal cord procedures	<input type="checkbox"/>
<input type="checkbox"/>	Cranial surgery	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of simple concussion or hydrocephalus; ruptured intracranial aneurysm or arteriovenous malformation	<input type="checkbox"/>
<input type="checkbox"/>	Frameless stereotactic surgery	<input type="checkbox"/>
<input type="checkbox"/>	Tracheostomy	<input type="checkbox"/>
<input type="checkbox"/>	VP Shunts	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar Puncture	<input type="checkbox"/>
<input type="checkbox"/>	Central Venous Catheter Insertion	<input type="checkbox"/>

**Special Privileges**

**Description:** Must also meet Required Qualifications for Core Privileges

Request  <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Service Chief Rec <input type="checkbox"/>
<input type="checkbox"/>	Administration of Sedation	<input type="checkbox"/>
<input type="checkbox"/>	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	<input type="checkbox"/>
<input type="checkbox"/>	Treatment of patients in outpatient clinics at Stanford Hospital & Clinics	<input type="checkbox"/>
<input type="checkbox"/>	Admit, treat, evaluate or provide follow-up care for inpatients ages 14 years or younger	<input type="checkbox"/>
<input type="checkbox"/>	Lumbar fusion	<input type="checkbox"/>
<input type="checkbox"/>	Thromboendarterectomy of carotid or vertebral circulation	<input type="checkbox"/>
<input type="checkbox"/>	Sympathectomy	<input type="checkbox"/>
<input type="checkbox"/>	Percutaneous stimulation of the spinal cord	<input type="checkbox"/>
<input type="checkbox"/>	Spinal surgery involving the use of various stabilization devices	<input type="checkbox"/>
<input type="checkbox"/>	Stereotactic Radiosurgery - Performed in collaboration with Radiation Oncology	<input type="checkbox"/>
<input type="checkbox"/>	Vertebroplasty	<input type="checkbox"/>
<input type="checkbox"/>	Radiosurgery Treatment for Functional Applications - Panel review report of outcomes required	<input type="checkbox"/>



<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	