

**UPMC | University of Pittsburgh Medical Center**

**For Reference Only**

**ANESTHESIOLOGY 2013**

**Summary of Services and Availability (by location)**

Each location has sufficient space, equipment, staffing and financial resources in place or available in sufficient time as required to support each requested privilege. On an ongoing basis, the organization consistently determines the resources necessary for each requested privilege related to the facility's scope of service.

Please review the following **Summary of Services and Availability by Location** prior to making your selections. If a facility is specifically identified below as **NOT** having a privilege/service available, you will **NOT** be considered for that privilege at that individual facility. Any request made that is identified as **not available** at an individual site will be considered Not Applicable for that site(s), and will be identified as such on your final approved Delineation of Privileges form.

**“x” means Privilege is Available at that location.**

**“C” means contractual arrangement restricts granting this privilege.**

**“N/A” means Privilege Not Available at that location.**

**Facility Codes:**

UBED= UPMC Bedford

<b>Privilege</b>	<b>UBED</b>
<b>Core privileges – General Anesthesiology</b>	<b>X</b>
<b>Core privileges – Cardiac</b>	<b>N/A</b>
<b>Core privileges – Liver/Transplantation</b>	<b>N/A</b>
<b>ACUTE INTERVENTIONAL PAIN MANAGEMENT</b>	
Acute Interventional Pain Management Core	<b>X</b>
<b>CHRONIC PAIN MANAGEMENT</b>	
Chronic Pain Management Core	<b>N/A</b>
<b>Pumps</b>	
Trial	<b>N/A</b>
Surgical Placement	<b>N/A</b>
Reprogramming; refilling	<b>N/A</b>
<b>Stimulator</b>	
Trial	<b>N/A</b>
Surgical Placement	<b>N/A</b>
Acupuncture	<b>N/A</b>
Fluoroscopy and CT Guidance with and w/o Contrast Injection ( <b>Fluoroscopy certificate required</b> )	<b>N/A</b>
<b>ADMISSION /DISCHARGE WORKUP</b>	
Admit	<b>X</b>
Discharge	<b>X</b>
Attend	<b>X</b>
<b>SPECIAL PROCEDURES</b>	
<b>Echo Transesophageal (TEE)</b>	
Diagnostic TEE	<b>N/A</b>
Monitoring TEE	<b>N/A</b>
Sclerotherapy	<b>N/A</b>
Radiofrequency Annuloplasty	<b>N/A</b>

For Reference Only

ANESTHESIOLOGY 2013

Vertebroplasty	N/A
Diagnostic Discography	N/A
Percutaneous Discectomy/ Nucleoplasty	N/A
Kyphoplasty	N/A
Laser (specify type)	
Nd:YAG	N/A
Ho:YAG	N/A
Co2	N/A
KTP-YAG	N/A
<b>PEDIATRIC ANESTHESIOLOGY (FOR PHYSICIANS NOT APPLYING TO CHILDRENS)</b>	
Pediatric Anesthesiology - Under 1 year of age	N/A
Pediatric Anesthesiology - Age 1-7	N/A
Pediatric Anesthesiology - Age 8-12	N/A
<b>TELEMEDICINE</b>	

Revised: 3/6/14