CHRISTIANA CARE HEALTH SERVICES
MEDICAL-DENTAL STAFF SERVICES

DEEP SEDATION PRIVILEGE REQUEST FORM

PRIVILEGE	EDUCATION	TRAINING AND CERTIFICATION	INITIAL PRIVILEGES	MAINTENANCE OF PRIVILEGES
DEEP SEDATION	MD, DO, DDS, DPM OR DMD	Successful completion of a post-graduate residency training program and Board Certified or Board Admissible.	1) Current ACLS or NRP as appropriate 2) Completion of Deep-sedation web-based education and post-test 3) Successful demonstration of airway management skills (Vest Lab) 4) Documentation of direct supervision of 3 cases	1) Current ACLS or NRP as appropriate 2) Review of airway management skills in Vest Lab (optional) 3) Completion of at least 20 cases of deep sedation 4) If not able to meet requirements in 3 above, then must complete items 3) and 4) found in requirements for initial privileges

☐ I am **requesting initial privileges** to administer deep sedation. I understand that I am required to abide by Staff and hospital-wide bylaws, rules and/or policies and procedures applicable to the performance of deep sedation.

☐ I am **requesting maintenance of deep sedation privileges**. I understand that I am required to abide by Staff and hospital-wide bylaws, rules and/or policies and procedures applicable to the performance of deep sedation. I have completed 20 cases of deep sedation in the last credentialing cycle.

Name:_____ Department:_____ Date:_____

TO BE COMPLETED BY MEDICAL-DENTAL STAFF OFFICE: The following is on file in the applicant's credential file:

☐ Completion of education/test ☐ Current ACLS or NRP ☐ Completed Vest Lab Skills ☐ 3 Supervised cases

APPROVAL:

_____DATE: _____
SIGNATURE: *(Chair. , Department of Anesthesia)*

_____DATE:_____
SIGNATURE: *(Departmental Credentials Committee Chair)*

_____DATE: _____
SIGNATURE: (*Departmental Chair)*

Approval:
Staff Credentials Committee: August 18, 2010
Medical Executive Committee: August 30, 2010
Board of Directors Performance Improvement Committee: September 9, 2010
Board of Directors: September 13, 2010