

CORE I — general privileges for a certified registered nurse anesthetist

Privileges

Administration of specific types of anesthesia for assigned cases under the direction of an anesthesiologist; pre-anesthesia evaluation and preparation; and administration of general and regional anesthesia for children, adolescents, and adults. Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. Core privileges include procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

Basic education and minimal formal training

1. Registered Nurse in the State of Minnesota
2. Graduation from an approved program of anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or a predecessor or successor agency
3. Current certification by the Council on Certification of Nurse Anesthetists (or a predecessor agency)
4. Current active licensure to practice as an advanced practice registered nurse in the nurse anesthetist category in the State of Minnesota.

Required documentation and experience

NEW APPLICANTS:

1. Provide documentation of having provided anesthesia services for at least 250 patients (a minimum of 425 hours of practice) in the past 12 months;
Or
Successful completion of an approved accredited program of anesthesia in the past 12 months.
2. Provide contact information for an Anesthesiologist and a CRNA whom the credentialing specialist may contact to provide an evaluation of clinical competency.

Name: _____

Name: _____

Name of Facility: _____

Name of Facility: _____

Address: _____

Address: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Email: _____

Email: _____

REAPPOINTMENT APPLICANTS:

1. Provide documentation of having provided anesthesia services for at least 250 patients (a minimum of 450 hours of practice) in the past 24 months;

Or

Provide contact information for an Anesthesiologist or a CRNA whom the credentialing specialist may contact to provide an evaluation of clinical competency.

Name: _____

Name of Facility: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Core Procedure List — CRNA Clinical Privileges

To the applicant: Strike through those procedures you do not wish to request.

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

Perianesthetic preparation and evaluation

1. Administer emergency/ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period
2. Conduct appropriate physical screening assessment
3. Obtain appropriate health history
4. Select and prescribe medications and treatment related to the care of the patient using consultation when appropriate
5. Direct care as specified by medical staff approved protocols

Clinical support functions

1. Initiate management of pain therapy using drugs, or other accepted pain relief modalities
2. Management of peripheral intravenous catheters
3. Insertion of peripheral intravenous catheters
4. Mechanical ventilation/oxygen therapy
5. Provide consultation and implementation of respiratory and ventilatory care

Intraoperative care

1. Administer anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to manage the anesthetic
2. Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to ensure patient stability during transfer
3. Obtain, prepare, and use all equipment, monitors, supplies, and drugs necessary for the administration of anesthesia
4. Perform all aspects of airway management
5. Perform perianesthetic invasive and noninvasive monitoring
6. Provide appropriate invasive and noninvasive monitoring modalities using current standards and techniques
7. Recognize abnormal patient response during anesthesia, selecting and implementing corrective action and requesting consultation when necessary
8. Recommend or request and evaluate pertinent diagnostic studies

Post-anesthesia care

1. Initiate and administer pharmacological or fluid support of the cardiovascular system
2. Initiate and administer respiratory support to ensure adequate ventilation and oxygenation in the post-anesthesia period

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 Regions Hospital. I understand that:

1. In exercising any clinical privilege granted, I am governed by Regions Hospital and Regions Medical Staff policies and rules applicable generally and any applicable to the particular situation.
2. In an emergent situation I may perform a procedure for which I am not privileged when no practitioner holding the applicable procedure is available to respond to the emergency.

I agree to supply Regions Hospital Medical Staff Services (or designee) with all the information that has been requested of me for the privileges that I have applied for. I also understand that my application for privileges will not proceed until the information is received.

Signature

Date