

# Union West Surgery Center

## PRIVILEGE REQUEST: CRNA

Provider Printed Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PROCEDURE	REQUESTED	APPROVED
PRE-ANESTHETIC ASSESSMENT		
REQUESTING LABORATORY/DIAGNOSTIC STUDIES		
PRE-ANESTHETIC MEDICATION		
GENERAL ANESTHESIA & ADJUVANT DRUGS		
REGIONAL ANESTHESIA TECHNIQUES SUBARACHNOID		
REGIONAL ANESTHESIA TECHNIQUES EPIDURAL		
REGIONAL ANESTHESIA TECHNIQUES CAUDAL		
REGIONAL ANESTHESIA TECHNIQUES UPPER EXTREMITY		
REGIONAL ANESTHESIA TECHNIQUES LOWER EXTREMITY		
REGIONAL ANESTHESIA TECHNIQUES DIAGNOSTIC & THERAPEUTIC NERVE BLOCKS		
REGIONAL ANESTHESIA TECHNIQUES LOCAL INFILTRATION		
REGIONAL ANESTHESIA TECHNIQUES TOPICAL		
REGIONAL ANESTHESIA TECHNIQUES PERIOcular BLOCK		
REGIONAL ANESTHESIA TECHNIQUES RETROBULBAR BLOCK		
REGIONAL ANESTHESIA TECHNIQUES TRANSTRACHEAL		
REGIONAL ANESTHESIA TECHNIQUES INTRACAPSULAR		
REGIONAL ANESTHESIA TECHNIQUES INTERCOSTAL		
CARDIOPULMONARY RESUSCITATION MANAGEMENT		
PERIANESTHETIC INVASIVE & NONINVASIVE MONITORING		
TRACHEAL INTUBATION/EXTUBATION		
MECHANICAL VENTILATION/OXYGEN THERAPY		
FLUID, ELECTROLYTE, ACID-BASE MANAGEMENT		
BLOOD, BLOOD PRODUCTS, PLASMA EXP&ERS		
PERIPHERAL INTRAVENOUS/ARTERIAL CATHETER PLACEMENT		
ACUTE & CHRONIC PAIN THERAPY		
POST ANESTHESIA CARE/DISCHARGE		
CONSCIOUS & DEEP SEDATION TECHNIQUES		
PERIANESTHESIA MANAGEMENT OF PATIENT USING ACCESSORY DRUGS OR FLUIDS		

Medical Executive Committee - Approved By:	Approval Date:
Board of Managers — Approved By:	Approval Date: