

# Carolinas Gastroenterology Center

## Scope of Practice – *Certified Registered Nurse Anesthetist (CRNA)*

Please indicate by a “check” in the requested column those privileges that are commensurate with your clinical ability, training and experience for which you are applying.

PRIVILEGES:	Requested by CRNA	Not Requested
Administer inhalational and intravenous anesthetic agents including Propofol		
The support of life functions under the stress of anesthesia		
Insertion of venous catheter		
Insertions of nasotracheal and orotracheal tubes		
Management of problems in cardiac and respiratory resuscitation		
Clinical management of fluids, electrolyte, acid-based, and metabolic disturbances		
Application of specific methods of ventilation & inhalation therapy		
Provide postoperative care including postoperative pain management, respiratory care and cardiovascular support		
Advanced Cardiac Life Support (ACLS card)		
Basic Cardiac Life Support (BLS card)		
Local/Topical Anesthesia		

I have requested only those privileges for which my education, training, current experience, and demonstrated performance I am qualified to perform, and I that I wish to exercise at Carolinas Gastroenterology Center, and

I understand that:

- a) In exercising any clinical privileges granted, I am constrained by the Gastroenterology Center and medical staff policies and rules applicable generally and any applicable to the particular situation.
- b) Any restrictions on the clinical privileges granted to me are waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical bylaws or related documents.

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

Applicant’s Name (print): \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

Group Name (if applicable): \_\_\_\_\_