

**THE CENTER FOR ORTHOPAEDIC SURGERY  
DELINEATION OF CRNA PRIVILGES**

**NAME:** \_\_\_\_\_

Please INITIAL beside each privilege you are requesting.

Req INITIAL	Description	Anesthesia Director		Medical Advisory Committee	
	Performance and documentation of pre-analgesic and/or pre-anesthetic patient assessments				
	Development, implementation and documentation of analgesia and/or anesthesia care plan reviewed, as needed, and approved by supervising anesthesiologist, making changes only after consultation with supervising anesthesiologist.				
	IV Insertion: Administration of IV Medication Administration of IV Anesthesia				
	Intubate patient with or without supervision of supervising anesthesiologist.				
	Maintain anesthesia at required levels				
	Support life functions during the administration of anesthesia, including CPR and induction and intubation procedures – Code Blue				
	Emergency endotracheal intubations				
	Accurately document and maintain medical record and document observation in progress notes, and other parts of the medical records as specifically designated for anesthesia care.				

I hereby request the clinical privileges as indicated above. I understand that such privileges include rendering of all associated diagnostic and supportive measures necessary in the performance of privileges I have requested. I understand that any and all privileges granted to me shall be commensurate with my documented training and demonstrated competence, judgment and capabilities. The Medical Advisory Committee and the Executive Board reserve the right to grant or limit my privileges in accordance with my continuing performance in rendering of patient care.

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Approval Anesthesia Director/Medical Executive Committee

\_\_\_\_\_ Date

\_\_\_\_\_ Approval Medical Director/Medical Executive Committee

\_\_\_\_\_ Date