

**ATRIUM HEALTH
REAPPOINTMENT
DELINEATION OF PRIVILEGES
CERTIFIED REGISTERED NURSE ANESTHETIST**

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

My DOP is accurate and reflects privileges relevant to my current practice

I have listed privileges that should be removed: _____

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

STOP:

UNLESS YOU ARE REQUESTING NEW PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

**ATRIUM HEALTH ANSON
CERTIFIED REGISTERED NURSE ANESTHETIST**

Print Name

SUMMARY OF OCCUPATION:

1. The Allied Health Professional is a skilled member of the health care team who is qualified by academic and clinical education and experience to provide patient services as an Allied Health Professional under the supervision of or in collaboration with a member(s) of the Medical Staff of Atrium Health Anson in accordance with the Bylaws of the Medical Staff.
2. He/she shall assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board, and authorized under applicable law.
3. For purposes of this form, Allied Health Professional shall mean a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of or in collaboration with a physician who is currently appointed to the Medical Staff of Atrium Health Anson.

ORGANIZATIONAL RELATIONSHIP:

1. The Allied Health Professional shall only exercise those clinical privileges related to current licensure, relevant training, education and experience, current competence and ability to perform the privileges requested and approved by the Board.
2. The Allied Health Professional shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Allied Health Professional shall wear a nametag identifying him/herself as an Allied Health Professional and introduce him/herself as an Allied Health Professional, and shall at no time imply, state, or lead one to believe that he/she is a physician.
3. The Allied Health Professional must conduct all duties and responsibilities in accordance with departmental and hospital policies and procedures.
4. A certified registered nurse anesthetist may not prescribe a medical treatment regimen, such as a treatment of hypertension or diabetes beyond the perioperative period, or make a medical diagnosis.
5. A nurse or secretary who receives an order from an Allied Health Professional for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.

QUALIFICATIONS:

1. The Allied Health Professional shall maintain qualifications as specified in the Credentials Policy. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Allied Health Professional shall be delineated on an approved Delineation of Privileges form and approved by the Board.

COLLABORATION:

“Collaboration” is a process by which the certified registered nurse anesthetist works with one or more health care providers, each contributing his or her respective area of expertise consistent with the applicable state licensure requirements and according to established policies, procedure, practices and channels of communication, which lend support to nurse anesthesia services. The individual nurse anesthetist maintains accountability for the outcome of his or her actions.

**ATRIUM HEALTH ANSON
CERTIFIED REGISTERED NURSE ANESTHETIST**

NOTE: "CORE" privileges cannot be amended or altered in any way.

***SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)**

Allied Health Professionals must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

CMC-Anson		CORE CLINICAL PRIVILEGES FOR CERTIFIED REGISTERED NURSE ANESTHETIST
	AHP-CRNA	Administration of specific types of anesthesia for assigned cases for patients within the age group of patients in collaboration with the physician performing the procedure; preanesthesia evaluation and preparation; performing and documenting a preanesthetic assessment and evaluation of the patient; selecting, obtaining, ordering, or administering preanesthetic medications and all fluids; in collaboration with the physician performing the procedure. The Allied Health Professional may not admit patients to the hospital.

NOTE: Core Clinical Privileges for the Certified Registered Nurse Anesthetist includes the development and implementation of an anesthetic plan in collaboration with the physician performing the procedure; maintain planned anesthetic techniques which may include general, regional, and local anesthesia and intravenous sedation; select, obtain and administer anesthetic drugs and fluids necessary to manage the anesthetic, maintain the patient's physiologic homeostasis and correct abnormal responses to the anesthesia or surgery; selecting, applying appropriate noninvasive monitoring modalities for continuous evaluation of the patient's physical status, monitoring invasive hemodynamic modalities; administer emergency/ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period; perform airway management techniques, managing a patient's airway and pulmonary status, using current practice modalities including laryngoscopy, nasal tracheal intubation, oral endotracheal intubation and mask airway intubation; provide appropriate perianesthetic invasive monitoring and noninvasive monitoring; insertion and management of radial arterial lines and peripheral IV's; recognize and respond to emergency situations by providing airway management, administration of emergency fluids and drugs, and assisting/Performing Advanced Cardiac Life Support (ACLS) in accordance with certification; initiate and administer respiratory support to ensure adequate ventilation and oxygenation in the post-anesthesia period and provide induction of anesthesia only with presence of the physician performing the procedure unless life threatening emergency exists.

ACKNOWLEDGMENT OF ALLIED HEALTH PROFESSIONAL (CERTIFIED REGISTERED NURSE ANESTHETIST):

I have requested only those services for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and which I wish to exercise at Atrium Health Anson indicated above; and I understand that, in exercising any specific services granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. I fully understand and agree that a condition of this application is that any misrepresentation, misstatement, or omission from this application whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of permission to practice at the hospital(s). In the event that privileges have been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in summary suspension of privileges.

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signature

Date

Printed or typed name of the Applicant