Airway Maintenance Intubation

Name:  
Effective Dates: __________ To: __________

Qualifications: To be eligible to apply for Airway maintenance intubation, including flexible bronchoscope-assisted endotracheal intubation and laryngoscopy:

1. Documentation of at least 5 procedures in the previous 2 years

OR

2. The prospectively observed successful management of 5 airways. This must be done under the supervision of a practitioner currently privileged to perform airway management.

AND

3. Current ACLS

Requesting - Airway maintenance intubation:

a. Airway maintenance intubation, Bag-valve-mask ventilation
b. Placement of oral/nasal airways
c. Placement of LMA or other supra-glottic airways
d. Direct laryngoscopy followed by endotracheal intubation

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

☐ Requested
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 for which I wish to exercise at UNM SRMC,
I understand that:
  a. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
  b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed___________________________ Date________________

Clinical Service Chief’s Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant
and make the following recommendation(s):
[ ] Recommend all requested privileges.
[ ] Recommend privileges with the following conditions/modifications:
[ ] Do not recommend the following requested privileges:

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<th>Privilege</th>
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Notes

Clinical Service Chief Signature________________________ DATE________________