UNM SRMC
ANESTHESIOLOGY ASSISTANT SCOPE OF PRACTICE

Name:  
Effective Dates: ___________ To: ___________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Policies Governing Scope of Practice

Categories of Patients Practitioner May Treat
May provide services consistent with the policies stated herein to patients of the medical staff member (s) with whom the anesthesiologist assistant has a documented formal affiliation or to such patients assigned by the chair of the department to which the anesthesiologist assistant is assigned.

Direction
The supervising anesthesiologist is assigned provides medical direction of the activities and services of the anesthesiology assistant.

Medical Record Charting Responsibilities
Clearly, legibly, completely, and in timely fashion describe each service the anesthesiologist assistant provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

General Relationship to Others
The anesthesiology assistant may have authority to direct hospital personnel in the provision of
clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the anesthesiology assistant is authorized to provide.

**Periodic Competence Assessment**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital’s existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this Hospital. In addition, continuing education related to the specialty area of practice is required as mandated by licensure.

### QUALIFICATIONS FOR ANESTHESIOLOGIST ASSISTANT

**To be eligible to apply for specified services as an Anesthesiologist Assistant, the applicant must meet the following criteria:**

Current demonstrated competence and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Successful completion of a graduate level degree program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), or any of the commission’s successor organizations, which qualifies the candidate to sit for the National Commission for Certification of Anesthesiologist’s Assistants examination

OR

Current certification by the National Commission for the Certification of Anesthesiologist Assistants (NCAA) as an Anesthesiologists Assistant-Certified (AA-C)

AND

Current licensure to practice as an Anesthesiologist Assistant-Certified issued by the NM State Board of Medicine,

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Governing Board, (if applicable to the facility).
Anesthesiologists Assistants may perform only those medical tasks and services within the framework of a written practice protocol, and under the direction of the anesthesiologist in these functions and duties. The supervising anesthesiologist must be in the hospital and in the anesthetizing or operative area such that he can be immediately available to participate directly in the care of the patient with whom the anesthesiologist assistant and the anesthesiologist are jointly involved.

All scope of practice shall be in accordance with written policies and protocols governing Allied Health Professionals and approved by the relevant clinical department or service, the Medical Executive Committee and the Governing Board. All provision of services is performed under the supervision of the designated physician member of the medical staff in good standing and in accordance with written policies and protocols.

AND

Current ACLS certification

AND

Employment in good standing by the University of New Mexico School of Medicine Department of Anesthesiology and Critical Care Medicine

☐ Requested
Under the medical direction of a physician possessing the necessary privileges, the Anesthesiologist Assistant may:

1. Administer general anesthesia, including preoperative evaluation, administration of hypnotic medications, all aspects of airway and hemodynamic management, medical management/monitoring of the patient during the procedure for which general anesthesia is required, emergence and indicated postoperative care.
2. Perform and manage neuraxial anesthesia (spinal or epidural), including the administration and management of neuraxial narcotics and post-operative local anesthetic infusions.
3. Perform peripheral neural blockade for either primary anesthesia or post-operative pain relief, including peri-neural catheter placement, the use of nerve stimulation and/or ultrasound-guided techniques.
4. Manage all levels of sedation, including monitored anesthesia care.
5. Insert of peripheral venous lines.
6. Insert of arterial lines.
7. Insert of central venous lines, including pulmonary artery catheters.
8. Perform cardiopulmonary resuscitation.
9. Perform tracheal intubation, including laryngoscopy, fiberoptic bronchoscopy, video-assisted laryngoscopy, retrograde tracheal intubation, laryngeal mask airway assisted intubation, and in emergency situations cricothyrotomy or combitube placement.
10. Administer topical anesthesia for awake intubation, including transtracheal injection.
11. Manage postoperative pain control, including narcotic and PCA management.
12. Place of epidural blood patch for post-dural puncture headache.

Perform life-saving procedures in emergent situations—defined as any situation where delay in treatment would, in the judgment of the treating physician, result in significant harm or death to the patient and no better-qualified physician is available.
Acknowledgment 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, and 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:

<table>
<thead>
<tr>
<th>Privilege</th>
<th>Condition/Modification/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Print Name ___________________________ Signature ___________________________ Date _____________________

Clinical Service Chief or Designee Signature