

## UNMH Nurse Anesthetist (CRNA) Clinical Privileges

Name:

Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

*For eligibility to request privileges in Anesthesiology, applicants must have employment as a member of the UNM Department of Anesthesiology & Critical Care Medicine.*

*All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 10/31/2014*

### **INSTRUCTIONS**

**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.

**Department Chair:** 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.

### **OTHER REQUIREMENTS**

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### **POLICIES GOVERNING SCOPE OF PRACTICE**

#### **Categories of Patients Practitioner May Treat**

Those assigned in accordance with the scheduling roster for anesthesia coverage.

#### **Supervision**

Functions under the supervision and general direction of an anesthesiologist in providing anesthesia services for a specific patient.

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### *Qualifications for Nurse Anesthetist (CRNA)*

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***Initial Applicant*** - To be eligible to apply for specified services as a Nurse Anesthetist (CRNA), the initial 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 an accredited training program certified by the American Association of Nurse Anesthetists

AND

Current Board Certification by the American Association of Nurse Anesthetists

***Reappointment (Renewal of Privileges) Requirements*** - To be eligible to renew Allied Health core privileges in anesthesiology, the reapplicant must continue to meet the appointment criteria and must meet the following maintenance of privilege criteria:

Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

### **CORE PRIVILEGES: Nurse Anesthetist (CRNA)**

These privileges are granted with the understanding that they are to be practiced under the medical direction of a physician possessing the privileges granted under the UNMH medical staff bylaws. The department chair may restrict the right to perform certain procedures based on the individual's experience and training. Patients of all ages except as specifically excluded from practice.

**Requested**

## UNMH Nurse Anesthetist (CRNA) Clinical Privileges

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### *Nurse Anesthetist (CRNA) core procedures list*

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This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

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

1. The administration of 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. The performance and management of neuraxial anesthesia (spinal or epidural), including the administration and management of neuraxial narcotics and post-operative local anesthetic infusions
3. Management of all levels of sedation, including monitored anesthesia care
4. Insertion of peripheral venous lines
5. Insertion of arterial lines
6. 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
7. Topical anesthesia for awake intubation, including transtracheal injection
8. Postoperative pain control, including narcotic and PCA management
9. 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 or provider is available
10. Use of ultrasound as procedural adjunct for insertion of peripheral venous and peripheral arterial lines

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Effective Dates: \_\_\_\_\_ To: \_\_\_\_\_

**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 Hospitals and clinics, 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 \_\_\_\_\_

**Department Chair recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

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Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Criteria approved by UNMH Board of Trustees on 10/31/2014