

**LAC+USC MEDICAL CENTER ATTENDING STAFF ASSOCIATION
 DELINEATION OF PRIVILEGES FOR THE DEPARTMENT OF ANESTHESIOLOGY
 NURSE ANESTHETIST**

NAME OF APPLICANT _____ **DATE** _____

Initial Appointment and/or Additional Privileges Reappointment

Applicant: Check off only those privileges expected to be performed at the site where you will be working. Note that privileges granted may only be exercised at the site(s) and setting(s) recommended by the Department Chair/Chief/Designee. Shaded areas indicate that the privilege is not applicable for that particular entity.

Department Chair/Chief/Designee: Initial the Recommended column for approved privileges. If applicable, check off the “Not Recommended” boxes. Documentation of all privileges must be provided for all privileges on the last page of this form.

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other
	Follow department guidelines and standardized procedures, policies and protocols found in the Advance Practice Nursing Policy and Procedures Manual. Core Privileges: Basic privileges in Anesthesiology include: - Institute treatment essential for the life of the patient (i.e. BCLS, ACLS), - Transfer patients to observation areas and between hospital units, - Obtain a history, - Perform a physical examination, - Placement of peripheral IV lines - Order laboratory and diagnostic procedures, - Interpret laboratory data and diagnostic studies, - Obtain informed consent for anesthesia and anesthesia-related services - Perform and/or assist in the performance of diagnostic studies within the scope of anesthesia-related services, - Perform and/or assist in the performance of therapeutic procedures within the scope of specialty services, including, but not limited to, the intravenous administration of crystalloids, plasma expanders, and blood products - Monitor patients throughout procedure and during recovery period, - Determine assessment and interval for follow up, - Conduct patient and family education, - Manage and provide consultations, - Document patient interactions, - Document care rendered in medical record, - Complete discharge summaries of patients, and - Transmittal of written orders for medications and medical devices. for the following ages:			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	Neonates and Infants from 0 to 2 years of age			
	Children from 3 to 13 years of age			
	Adolescents and Adults, 14 years of age and older			
	SPECIFIC PRIVILEGES - ANESTHESIOLOGY			
	Perioperative care of the patient (in addition to core privileges): 1. Preoperative orders related to anesthetic management of patient 2. Conduct and document preanesthetic evaluation 3. Select, prepare and use anesthesia related monitors, equipment, and anesthetic agents, including but not limited to intravenous, inhalational, and intramuscular agents. 4. Airway management 5. Document intraoperative management and assessments 6. Postoperative orders related to anesthetic management of patient 7. Conduct and document postanesthetic evaluation			
	General Anesthesia and Analgesia			
	Monitored Anesthesia Care (sedation not requiring general anesthesia)			
	Local and Conductive Anesthesia:			
	1. Topical infiltration			
	2. Intravenous regional (Bier) block			
	3. Peripheral nerve block (single injection and catheter placement)			
	4. Epidural block			
	5. Subarachnoid block			
	6. Caudal block			

Name: _____

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

	Special Procedures:			
	1. Placement of arterial catheters/monitors			
	2. Placement of central venous catheters/monitors			
	3. Placement of pulmonary artery catheters/monitors			
	4. Hypotensive technique			
	5. Respiratory care, nebulizer therapy, etc.			
	6. Ventilator control			
	7. Fiberoptic bronchoscopy			
	8. Management of patient controlled analgesia devices			
	9. Use of fluoroscopy*			
	Medication Administration:			
	All drugs as listed in LADHS formulary required during the course of anesthesia			
	Other			
	1. CPR techniques and therapy			
	2. Moderate/deep sedation privileges			
	3. Hypotensive techniques			
*Requires X-Ray certificate				

Name: _____

REQUESTED	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
LAC+USC Medical Center			Competency	Other

PRIVILEGES NOT INCLUDED ON THIS FORM: A request to perform any procedure or treatment not included on this form must be submitted to the Attending Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.

TEMPORARY CLINICAL PRIVILEGES: Temporary privileges, as listed on the privilege delineation forms submitted with the application, may be requested during the pendency of the application for staff appointment/reappointment or request for privileges at LAC+USC Medical Center.

EMERGENCY CLINICAL PRIVILEGES: In the case of an emergency, any individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted as per the LAC+USC Attending Staff Association Bylaws.

ACKNOWLEDGMENT OF PRACTITIONER:

I hereby certify that I have no physical or mental impairment which would interfere with my practice and I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise in each group of procedures requested. I understand that in making this request I am bound by the LAC+USC Bylaws and/or policies of the hospital and attending staff. Privileges as granted will be practiced in accordance with department procedures.

 Applicant's Signature

 Date

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

 Supervising Physician (print)

 (Signature)

 Date

REQUESTED LAC+USC Medical Center	DESCRIPTION OF PRIVILEGE	RECOMMENDED	NOT RECOMMENDED	
			Competency	Other

Department Chair/Chief/Designee recommendation:

If there are any recommendations of privileges that need to be modified or have conditions added, indicate here:

Privilege#: _____

Condition/Modification/Explanation: _____

If privileges are NOT recommended based on COMPETENCY, provide explanation:

Privilege#: _____

Explanation for NOT recommending based on
 COMPETENCY: _____

If supplemental documentation provided, check here:

I have reviewed the requested clinical privileges and the supporting documentation for the above-named applicant and recommend requested privileges as noted above.

SIGNATURE OF THE DEPARTMENT CHAIR/CHIEF/DESIGNEE

DATE

APPROVED BY INTERDISCIPLINARY PRACTICE COMMITTEE ON:

APPROVED BY EXECUTIVE COMMITTEE ON:

APPROVED BY GOVERNING BODY ON:

PERIOD ENDING: