



DELINEATION OF PRIVILEGES Certified Registered Nurse Anesthetist

Applicant's Full Name	Michigan License Number

Certified Registered Nurse Anesthetists (CRNAs) are licensed Registered Nurses with a specialty certification as a Nurse Anesthetist.

UMHHC recognizes a set of core privileges that a CRNA may perform. The CRNA is required to exercise only those core privileges and procedures under the medical direction of an attending anesthesiologist. The CRNA will perform services in conformity with applicable provisions of the medical staff bylaws and appropriate state laws.

In addition to the core privileges, specialty procedures may be requested. The UMHHC expects that only those privileges necessary to carry out the CRNAs function will be requested by the practitioner and recommended for approval by the department. UMHHC will not approve privileges for which the CRNA has had training but which are not expected to be performed as part of the scope of practice at UMHHC.

Minimum Qualifications:

- Satisfactory completion of an accredited nurse anesthesia program recognized by the Council on Accreditation of Nurse Anesthesia Educational Programs.
- Possession of a license as a Registered Nurse in the State of Michigan
- Possession of Specialty Certification as a Nurse Anesthetist in the State of Michigan
- Current certification by the National Board of Certification and Recertification of Nurse Anesthetists
- ACLS and/or PALS Certification

Supervision:

- Supervising anesthesiologists must be members in good standing of the UMHHC Medical Staff
- Any change in supervising Physician must be reported to UMHHC Medical Staff Services.

Prohibited functions:

A Nurse Anesthetist shall not:

- Perform any activity that is outside the scope of practice/privileges of his or her supervising physician as approved by the UMHHC.

LEVEL I CORE PRIVILEGES

Privileges:

A nurse anesthetist participates directly in the management of patients from infancy to geriatric under the supervision of a board certified/eligible Anesthesiologist. They exercise judgment within their areas of competence, provided that a physician member shall have the ultimate responsibility for patient care. Core privileges for nurse anesthetists include the following:

- Performing detailed patient anesthetic assessments
- Providing patient education and counseling
- Obtaining pre-procedure anesthesia consents
- Ordering and administering pre-anesthetic medication
- Administration of general anesthesia and adjuvant medications
- Airway management techniques
- Management of mechanical ventilation
- Neuraxial anesthesia techniques including subarachnoid, epidural, caudal and bier blocks
- Infiltration of local anesthetic
- Topical anesthesia
- Conscious and deep sedation techniques

- Interpretation of invasive and noninvasive monitoring
- Interpretation and management of fluid, electrolytes, and arterial blood gas results
- Administration of blood, blood products, and volume expanders
- Placement of peripheral IV catheters
- Placement of arterial catheters
- Post anesthesia care in the post anesthesia care unit
- Requesting laboratory and diagnostic studies including but not limited to labs, EKGs, and xrays
- Management of acute pain in the immediate post-operative period
- Writing post procedure notes and orders
- Direct and perform cardiopulmonary resuscitation efforts, defibrillation

Professional Practice Requirements (PPE): Each new appointee will have a CRNA manager identified to serve as a clinical mentor during the Focused Professional Practice Evaluation-New Hire (FPPE-NH). This advisory and monitoring function will occur for the first six months of appointment. The appointee will be required to complete a minimum of 200 hours of clinical work including specific competencies determined by the department. After successful completion of this initial six month period, the appointee’s professional practice will continue to be monitored through the Ongoing Professional Practice Evaluation (OPPE) process in accordance with the department’s requirements. It is understood that the FPPE-NH may not be completed at the end of six months. As part of the FPPE-NH, a provider profile will be reviewed for clinical activity and for medical record compliance. The identified CRNA nurse manager will monitor employee’s electronic data entries weekly for compliance with departmental reporting standards. Reporting will be made through the Division leadership.

Core Requested (Applicant) **Core Recommended approval (Service Chief)**

LEVEL II SUPPLEMENTAL PRIVILEGE (not included in Certified Registered Nurse Anesthetists Core)

Additional privileges not included in Core Privileges for Certified Registered Nurse Anesthetists will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. Certified Registered Nurse Anesthetists should only request, and the department should only recommend for approval, privileges which are necessary to function in the current role for which privileges are being requested. These additional privileges may include those from the following representative list, not intended to be all-encompassing, but rather to reflect the categories/types of procedures included in the description of privileges. Department- or population specific listing of Level II privileges does not prohibit the performance of those functions by Certified Registered Nurse Anesthetists in other Services, as delegated by members of the medical staff who possess those privileges.

Requested (Applicant)	To be completed by Department		Privilege	FPPE Requirements and Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CVC line placement	ACLS or PALS required. Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 5 times under the direct observation of an appropriately privileged physician or a privileged CRNA assigned by the physician(s) for each anatomic location. For renewal, participation in 3 or more of each procedure during the previous 12 month period.

TO BE COMPLETED BY APPLICANT:

I meet the above mentioned minimum training and experience criteria and request that my application be considered for the delegated functions that I have selected.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval: _____ As Requested _____ As Modified

Explain any modifications:

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

Chair:

_____	_____
Signature	Date

Print Name	

Service Chief:

_____	_____
Signature	Date

Print Name	