



Providence Hospital of North Houston

Print Name

Date

Privilege Request Form – Nurse Anesthetist (CRNA)

SECTION I – GENERAL REQUIREMENTS NURSE ANESTHETIST

Basic Education: Advanced Practice RN

INITIAL APPOINTMENT

Minimal formal training and experience:

- Graduate of a school of Anesthesia accredited by the Council on Accreditation of Educational Programs of Nurse Anesthesia (or its predecessor)
- Has been certified or is eligible for certification as a Nurse Anesthetist by the Council on Certification of Nurse Anesthetists (certification is required within two years of registration)
- Licensed as a Registered Nurse through the Board of Nurse Examiners for the State of Texas with documented operating room experience.
- Must have general competence necessary to induce anesthesia, maintain anesthesia at required levels, support life functions during anesthesia, including induction and intubation procedures, recognize and take corrective action for abnormal patient responses to anesthesia or medication and provide professional observation and resuscitation care.

REAPPOINTMENT MAINTENANCE OF PRIVILEGE

- Demonstrated evidence of clinical activity from relevant professional practice evaluation during the past 24 months without significant quality variations, OR
- Satisfactory Annual reviews of performance from the sponsoring physician; and
- Ongoing maintenance of continuing medical education as it pertains to scope of license and specialty.

SECTION II – PRIVILEGES REQUESTED

Exercise of Clinical Privileges:



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- An Anesthesiologist must be physically present during the induction of anesthesia and must be immediately available during all operative procedures.
- May only exercise those clinical privileges granted by the hospital and assigned by the supervising physician, subject to the guidelines and limitation of the Texas State Board of Nurse Examiners.
- Pre-anesthesia workup shall be performed by an Anesthesiologists (MD/DO), although the CRNA may first collect information and assess the patient for the Anesthesiologists in preparation of the workup.
- Orders for pre-anesthetic medications and anesthetic agents must be issued by the Anesthesiologist, although they can be administered by the CRNA if so instructed by the supervising Anesthesiologist.
- A signed and dated consent form indicating the patient's understanding and agreement that the CRNA will be involved in his/her care and surgery must be placed in the patient's medical record before the CRNA may exercise clinical privileges.
- The supervising Anesthesiologist must countersign all entries and orders by the CRNA within 24 hrs.
- Nurse Anesthetist shall be documented and identified on the OR record as CRNA.

Basic Privileges:

By requesting these privileges, the supervising physician is attesting that he/she has knowledge of the education, training, ability and competence of the CRNA. The physician is also attesting that granting these clinical privileges is consistent with current medical practice and will not adversely affect patient safety and that he/she shall be legally responsible and accountable for all of the clinical activities performed by CRNA, including ensuring that the CRNA performs only those clinical privileges that have been approved and granted.

All clinical privileges shall be performed under the direct supervision of the supervising physician.

Procedures	Requested	Granted	Denied
Induce anesthesia			
Maintain anesthesia at the required levels			
Support life functions during the perioperative period			
Recognize and take appropriate action for abnormal patient responses during anesthesia			



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Provide professional observation and resuscitation until the patient has regained control of his/her vital functions.			
Record in patient's medical record all pertinent events that take place during the induction of maintenance of and emergence from anesthesia, including the dosage and duration of all anesthetic agents, other drugs, intravenous fluids and blood or blood components.			

I have been approved for these procedures at the following hospitals/ambulatory surgery centers:

SECTION III - ACKNOWLEDGE OF PRACTITIONER:

I have requested only those specific privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the Hospital. I hereby attest that the references, reports, records and information are available that verify my qualifications and competency to practice as requested.

I understand that:

1. In exercising any clinical privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.
2. 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.
3. The use of any other new, untried, or unproven procedure/treatment modality/instrumentation maybe performed or used, only after the regular credentialing process has been completed and the privilege to perform or use said procedure/treatment modality/instrumentation has been granted to the individual practitioner.

SUPERVISING PHYSICIAN (PRINTED NAME): _____



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PHONE # OF SUPERVISING PHYSICIAN: _____

SIGNATURE OF CRNA

DATE

SIGNATURE OF SUPERVISING PHYSICIAN

DATE

SECTION IV – RECOMMENDATIONS AND APPROVALS

Recommendation of the Medical Director:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Approval of all requested privileges

_____ Approval of the following privileges with conditions:

_____ Denial of the following privileges:

Medical Director

Date



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Recommendation of the Medical Executive Committee:

I have reviewed the requested clinical privileges and supporting documentation for the above named applicant and recommend the following action on the privileges:

_____ Approval of all requested privileges

_____ Approval of the following privileges with conditions:

_____ Denial of the following privileges:

Chief of Staff

Date

Decision of the Governing Board:

The Governing Board has reviewed the above recommendations regarding the requested clinical privileges and supporting documentation for the above named applicant and has:

_____ Granted all requested privileges

_____ Granted the following privileges with conditions:

_____ Denied the following privileges:



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Chairman of the Board

Date