

## LIST OF CLINICAL PRIVILEGES – CERTIFIED REGISTERED NURSE ANESTHESIST (CRNA)

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign and date the form and forward to your Clinical Supervisor

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service specific credentialing and privileging policy.

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

I Scope		Requested	Verified
P388914	The scope of privileges for CRNA includes administration of anesthesia and administration of all levels of sedation for pediatric and adult patients. This includes pre-, intra-, and postoperative evaluation, treatment and the support of life functions and vital organs under the stress of anesthetic, surgical, and other procedures. CRNAs provide pain management and consultation. The CRNA may provide consultation, collaborative management, or referral to other health care providers as indicated by the health status of the patient.		
Diagnosis and Management (D&M)		Requested	Verified
P385998	Prescribe medications in accordance with Military Treatment Facility (MTF) Pharmacy and Therapeutics (P&T) policy		
P388337	Mechanical ventilatory management (invasive and noninvasive)		
P388353	Central venous pressure monitoring		
P388919	Initiation and management of patient-controlled analgesia, intrathecal and epidural		
P390328	Pulmonary artery catheter insertion and interpretation		
Procedures		Requested	Verified
P388921	Arterial catheter placement		
P388370	Endotracheal intubation		
P390707	Central venous catheter insertion		
Anesthesia:		Requested	Verified
P388923	General anesthesia		
P388925	Spinal anesthesia		
P387317	Topical and local infiltration anesthesia		
P388935	Emergency cricothyroidotomy		
P391425	Peripheral nerve block anesthesia (including continuous catheter technique)		
P387333	Regional nerve block anesthesia		
P388933	Ultrasound guidance for vascular access and regional anesthesia		
Procedure Advanced Privileges (Requires Additional Training):		Requested	Verified
P388937	Anesthesia for cardiac operations with cardiopulmonary bypass		
P388939	Anesthesia for elective procedures on neonates who are physical status III or higher		
P391423	Advanced nerve block techniques		

**LIST OF CLINICAL PRIVILEGES – CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) (CONTINUED)**

<b>Other (Facility- and provider-specific)</b>		<b>Requested</b>	<b>Verified</b>

<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
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**II CLINICAL SUPERVISOR'S RECOMMENDATION**

- RECOMMEND APPROVAL**       **RECOMMEND APPROVAL WITH MODIFICATION  
(Specify below)**       **RECOMMEND DISAPPROVAL  
(Specify below)**

**STATEMENT:**

<b>CLINICAL SUPERVISOR SIGNATURE</b>	<b>CLINICAL SUPERVISOR PRINTED NAME OR STAMP</b>	<b>DATE</b>
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