Certified Registered Nurse Anesthetist

Kettering Health

Applicant's Name:_____

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges (if applicable) you want to request.
4. Sign/date form and submit with required documentation.
5. Applicants have the burden of producing information, deemed adequate by the Kettering Health (KH) hospital(s) at which the applicant is applying, for a proper evaluation of the applicant's qualifications and for resolving questions related to his/her qualifications for the requested privileges.

Note:
Privileges granted may only be exercised by the CRNA at the KH site(s) indicated on the Delineation of Privileges below to include each such KH hospital's applicable off-site provider-based locations at which CRNA services are provided.

Required Qualifications	
	To be eligible to apply for clinical privileges as a Certified Registered Nurse Anesthetist (CRNA), the applicant must meet the following criteria in addition to the qualifications set forth in the applicable Medical Staff governing documents:
Contracted Services	Be employed by or contracted with the anesthesiology group(s) that hold(s) the contract(s) to provide anesthesia services for the KH hospital(s) at which the CRNA is requesting clinical privileges.
Licensure	Have and maintain a current, valid, Ohio Registered Nursing (RN) license (or RN multistate license from a Nurse Licensure Compact State) and an Ohio Advanced Practice Registered Nurse (APRN) license to practice as a CRNA issued by the Ohio Board of Nursing.
Certification	Have and maintain certification and recertification from the National Board of Certification and Recertification for Nurse Anesthetists.
ACLS Certification	Have and maintain current Advanced Cardiac Life Support (ACLS) certification or equivalent.
Clinical Experience (Initial Grant of Privileges)	To be eligible for an initial grant of CRNA clinical privileges, an applicant must be able to demonstrate the provision of anesthesia services, reflective of the scope of the clinical privileges requested, for at least 25 patients in the past 12 months; or, successful completion of a nurse anesthesia clinical training program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs in the past 12 months. Acceptable documentation may include, for example, a list of billable procedures the applicant has completed or a clinical case log.

Clinical Experience (Regrant of Privileges)	To be eligible for a regrant of CRNA clinical privileges, the CRNA must be able to demonstrate current clinical competence (based upon the CRNA's ongoing professional practice evaluation outcomes) and an adequate volume of patient encounters to include the provision of anesthesia services, reflective of the scope of the clinical privileges requested, to at least 25 patients in the past 24 months at each of the KH hospital(s) at which the CRNA practices. Evidence of the CRNA's current ability to safely and competently exercise the clinical privileges requested is required for a regrant of clinical privileges.
Professional Practice Evaluation	All new clinical privileges granted are subject to focused professional practice evaluation as follows: * New graduates: Five (5) proctored American Society of Anesthesiologists (ASA) Class III cases. * All other CRNAs: Two (2) proctored American Society of Anesthesiologists (ASA) Class III cases.

Core Privileges Certified Registered Nurse Anesthetist (CRNA)

CRNA Scope of Practice

The Ohio scope of practice for a CRNA is set forth in Ohio Revised Code (ORC) 4723.43 (D). See, also, ORC 4723.01 (L)(3); ORC 4723.433, and ORC 4723.434.

A CRNA must collaborate with a physician, podiatrist, or dentist who is licensed and actively engaged in practice in Ohio with clinical privileges at the KH hospital(s) at which the CRNA exercises his/her clinical privileges.

"Collaboration" or "Collaborating" as it pertains to a CRNA, means that a dentist (who holds a conscious sedation or general anesthesia permit issued under ORC Chapter 4715), physician, or podiatrist requests, either verbally or in writing, the CRNA to perform patient care activities authorized by ORC 4723.43 (D) and the request is made in accordance with policies established by the KH hospital(s) where the CRNA and the dentist, physician, or podiatrist practice. [ORC 4723.01 (L)(3)] Such requests must be consistent with the privileges granted to the CRNA.

Request						***Request all privileges listed below.***
KHMC	KHMB	KHTR	SOIN	KHDO	KHHM	Click **shaded blue check box** to request all privileges. Uncheck any privileges you do not want to request.
☐	☐	☐	☐	☐	☐	☐ **- Currently granted privileges**
						A CRNA may exercise the privileges granted below upon request of the CRNA's collaborating physician, podiatrist, or dentist and subject to the CRNA Practice Authority Policy:
☐	☐	☐	☐	☐	☐	Administration of general and regional anesthesia for children, adolescents, and adults.
☐	☐	☐	☐	☐	☐	Administration of specific types of anesthesia for assigned cases.
☐	☐	☐	☐	☐	☐	All types of neuraxial analgesia (including epidural, spinal, combined spinal and epidural analgesia), peripheral nerve blocks (single-shot and continuous), and different methods of maintaining analgesia (e.g., bolus, continuous infusion, patient-controlled epidural analgesia).
☐	☐	☐	☐	☐	☐	Anesthetic/anesthesia/analgesia consultation and management for pregnant patients requiring non-obstetric surgery.
☐	☐	☐	☐	☐	☐	Anesthetic/anesthesia consultation for medical and surgical patients.
☐	☐	☐	☐	☐	☐	Anesthetic management of adult patients for cardiac pacemaker and automatic implantable cardiac defibrillator placement, surgical treatment of cardiac arrhythmias, cardiac catheterization, and cardiac electrophysiologic diagnostic/therapeutic procedures.
☐				☐		Anesthetic management of adult patients undergoing surgery on the ascending or descending thoracic aorta requiring full CPB, left heart bypass, or deep hypothermic circulatory arrest.
☐			☐	☐	☐	Anesthetic management of both spontaneous and operative vaginal delivery, retained placenta, cervical dilation and uterine curettage, postpartum tubal ligation, cervical cerclage, and assisted reproductive endocrinology interventions.
☐	☐	☐	☐	☐	☐	Anesthetic management of critically ill patients.
☐	☐	☐	☐	☐	☐	Anesthetic management of non-surgical cardiothoracic patients.
☐			☐	☐		Anesthetic management of patients undergoing non-cardiac thoracic surgery.

☐	☐	☐	☐	☐	☐	As necessary for patient management and care, select, order, and administer treatments, drugs, and intravenous fluids for conditions related to either the administration of anesthesia or the performance of clinical support functions.
☐	☐	☐	☐	☐	☐	Assess, stabilize, and determine the disposition of patients with emergent conditions requiring anesthesia services consistent with Medical Staff policy regarding emergency and consultative call services.
☐	☐	☐	☐	☐	☐	Assessment of, consultation for, and preparation of patients for anesthesia.
☐	☐	☐	☐	☐	☐	Clinical management and teaching of cardiac and pulmonary resuscitation.
☐	☐	☐	☐	☐	☐	Consult and implement postoperative respiratory/ventilator care.
☐	☐	☐	☐	☐	☐	Direct a registered nurse, licensed practical nurse, respiratory therapist to do the following but only if the nurse or therapist is authorized by law to do so: (a) Provide supportive care with such care to include monitoring vital signs, conducting electrocardiograms, and administering intravenous fluids; (b) Administer treatments, drugs, and intravenous fluids for conditions related to either the administration of anesthesia or the performance of clinical support functions.
☐	☐	☐	☐	☐	☐	Evaluation of respiratory function and application of respiratory therapy (i.e., oxygen therapy and mechanical ventilation).
☐			☐	☐	☐	General and regional anesthesia for cesarean delivery
☐	☐	☐	☐	☐	☐	Image guided procedures: peripheral nerve blocks; neuraxial anesthesia; central line placement; arterial line placement.
☐	☐	☐	☐	☐	☐	Initiate postoperative pain management.
☐	☐	☐	☐	☐	☐	Insert arterial catheters and punctures for blood samples and arterial line monitoring.
☐	☐	☐	☐	☐	☐	Insert and manage peripheral and central intravenous catheters, to include pulmonary artery catheters.
☐	☐	☐	☐	☐	☐	Interpretation of laboratory results.
☐	☐	☐	☐	☐	☐	Obtain informed consent for anesthesia care.
☐	☐	☐	☐	☐	☐	Manage emergency situations (ACLS required).
☐	☐	☐	☐	☐	☐	Manage patients for stability during transfer.
☐	☐	☐	☐	☐	☐	Management of both normal perioperative fluid therapy and massive fluid or blood loss.
☐	☐	☐	☐	☐	☐	Management of induction, maintenance, and emergence of anesthesia.
☐	☐	☐	☐	☐	☐	Management of normal and abnormal airways.
☐	☐	☐	☐	☐	☐	May provide care to patients in the intensive care setting in conformance with unit policies.
☐	☐	☐	☐	☐	☐	Mechanical ventilation
☐	☐	☐	☐	☐	☐	Monitoring and maintenance of normal physiology during the perioperative period.
☐	☐	☐	☐	☐	☐	Perform all aspects of airway management to include fiberoptic intubation, excluding tracheostomy.
☐	☐	☐	☐	☐	☐	Perform and document evaluations and assessments which may include ordering and evaluating one or more diagnostic tests for conditions related to the administration of anesthesia or the performance of clinical support functions.
☐	☐	☐	☐	☐	☐	Perform and manage regional anesthetic techniques.
☐	☐	☐	☐	☐	☐	Perform and record invasive and noninvasive monitoring.
☐	☐	☐	☐	☐	☐	Perform clinical support functions
☐	☐	☐	☐	☐	☐	Perform postanesthetic preparation and evaluation.
☐	☐	☐	☐	☐	☐	Perform preanesthetic preparation and evaluation
☐	☐	☐	☐	☐	☐	Perform safety check of equipment and medications.
☐	☐	☐	☐	☐	☐	Pharmacologic support of the circulation (i.e., administer medications to support heart rate and blood pressure).
☐	☐	☐	☐	☐	☐	Placement of venous and arterial catheters
☐	☐	☐	☐	☐	☐	Preoperative assessment of children scheduled for surgery.

☐	☐	☐	☐	☐	☐	Prepare and use all equipment, monitors, supplies, drugs, fluids, drug products and inhalation anesthetics necessary for administration of anesthesia and care of patients during the perioperative period.
☐	☐	☐	☐	☐	☐	Provide post-anesthesia care.
☐	☐	☐	☐	☐	☐	Recognition, prevention, and treatment of pain in medical and surgical patients.
☐	☐	☐	☐	☐	☐	Recognize, respond to, and treat abnormal patient response during administration of anesthesia.
☐	☐	☐	☐	☐	☐	Release patients from PACU according to facility policy.
☐	☐	☐	☐	☐	☐	Relief and prevention of pain during and following surgical, obstetric, therapeutic, and diagnostic procedures using sedation/analgesia, general anesthesia, regional anesthesia.
☐	☐	☐	☐	☐	☐	Sedation or anesthesia for children outside the operating rooms including those undergoing radiologic studies and treatment and acutely ill and severely injured children in the Emergency Department.
☐	☐	☐	☐	☐	☐	Select and administer preanesthetic medications.
☐	☐	☐	☐	☐	☐	Treatment of acute pain.
☐	☐	☐	☐	☐	☐	Treatment of patients for pain management (excluding chronic pain management).

Acknowledgment of Applicant

I attest that I have read and understand the information contained within this Delineation of Clinical Privileges. I understand that by making a request for clinical privileges at a KH hospital(s), I am bound by the applicable Medical Staff governing documents and the policies and procedures of the KH hospital(s) to which I am applying. I further attest that I have the education, training, certification(s), licensure, experience, and demonstrated current clinical competence necessary to safely perform the clinical privileges that I am requesting at the KH hospital(s). I agree to exercise any and all clinical privileges that are granted to me consistent with this Delineation of Clinical Privileges and in accordance with applicable laws, rules, regulations, accreditation standards, applicable KH hospital(s) policies/procedures, and Medical Staff governing documents.

Practitioner's Signature

Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

☐	Recommend all requested privileges
☐	Do not recommend any of the requested privileges
☐	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - Additional Comments

Department Chair Signature

Date

Submit