

**BAYLOR SCOTT & WHITE TEXAS SPINE & JOINT HOSPITAL
 DELINEATION OF PRIVILEGES
 CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)**

NAME: _____ INITIAL APPOINTMENT/REAPPOINTMENT
 (Circle one)

Requested privileges will be with Anesthesiologist Supervision
 Current ACLS

Requested	Privilege With Anesthesiologist Supervision	Recommended	Not Recommended
	Provision of anesthesia service to populations of all ages		
	Provision of Anesthesia service to all Patient Risk Categories		
	Pre-anesthesia assessment		
	Ordering Lab & Diagnostic studies		
	Ordering of pre-anesthetic medication		
	Administration of General Anesthesia and adjunct medications		
	Subarachnoid		
	Epidural Thoracic Lumbar		
	Upper Extremity		
	Local infiltration		
	Topical		
	Transtracheal		
	Conscious Sedation Techniques		
	Cardiopulmonary resuscitation		
	Emergency Airway Management		
	Perianesthesia monitoring & placement		
	Noninvasive		
	Invasive Arterial Line CVP		
	Tracheal intubation & extubation		
	Placement of LMA		
	Use of Fiberoptic bronchoscope		
	Management of ventilator & Oxygen therapy in OR/PACU		
	Acid-base Management in OR/PACU		
	Management of fluids, electrolytes in OR/PACU Crystalloids Colloids Blood & blood products		
	Post Anesthesia care & discharge		

Signature: _____ Date: _____