

Registered Nurse Anesthetist

Name: _____

Please indicate with a check mark the privileges requested.

Qualifications:

To be eligible for CRNA privileges, the applicant must meet the following qualifications:

- Successful completion of at least 24 months additional education/training in an accredited nurse anesthesia education program;
- Licensed by the Texas Board of Nursing
- Documentation of the performance of at least 100 cases during the past two years or demonstrated successful completion of a hospital-affiliated formalized clinical training in the past two years; **and**
- Current certification or eligibility to participate in the examination process leading to certification by a board that is recognized by the state of Texas; **and**
- **ACLS certification**
- Documentation of an employer/employee relationship with an approved supervising physician who is a member of the Harris Methodist Southlake Medical Staff.

Anesthetist Privileges (Please indicate with a check mark the privileges requested)

- Management of patients rendered unconscious or insensible to pain and emotional stress during surgical, and certain other medical procedures.
- During general anesthesia, when intubation is required, CRNA's patient care shall be supervised by a Category III anesthesiologist.
- During the performance of pain procedures, CRNA's patient care may be supervised by a qualified physician member of the medical staff.
- Induce anesthesia;
- Maintain anesthesia at required levels;
- Support life functions during the period in which anesthesia is administered, including induction and intubation procedures;
- Recognize and take appropriate corrective action, including requesting consultation when necessary, for abnormal patient responses to anesthesia or to any adjunctive medication or other form of therapy;
- And provide professional observation and resuscitative care, including the requesting of consultation when necessary, until the patient has regained control of his/her vital functions.

Note: Performance shall be under the overall direction of the Medical Director of Anesthesiology.

Acknowledgement of practitioner:

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **Harris Methodist Southlake**, and

I understand that:

