

Medical Staff Services 410/328-2902

Directions:

For Privileges in a new Department and additional advanced specific privileges:

Complete the attached form, along with a CRNA privilege form, sign and send to the Chief of Nurse Anesthesia as well as the Department Chair of Anesthesiology for signatures.

The fully signed forms should be sent to MSO for processing at the next Credentials Committee meeting.

***NOTE: Incomplete forms will delay the MSO approval of requests.



Medical Staff Services 410/328-2902

Date:	
Name:	
REQUEST FOR ADDITIONAL PRIVILEGES/CHANGE I OF SECONDARY DEPARTMENT	IN PRIMARY DEPARTMENT/ADDITION
I request to change primary departmental to	(new DOP is included)
OR	
I would like to request privileges to practice in a different de included):	
I would like to request approval of the following additional	procedures. Please list:
Applicant Signature	
Chief, Division of Nurse Anesthesia Signature	Date
Department Chair, Anesthesiology Signature	Date
Please return to Medical Staff Services, 110 S Paca Stree <u>MedicalStaffOffice@umm.edu</u> or by fax to 443-462-5470	
For completion by UMMC Medical Staff Services: License Verification CompleteNPDB QueOIG Sanction Query Complete	ery Complete
MSO Signature	Date
Credentials Committee Approval Date	

Delineation Of Privileges Certified Registered Nurse Anesthetists

Provider Name:

	Privilege	Applicant Request ADD	Applicant Request DELETE	Chair/Chief Privilege Granted:	Not Granted
	gory I (Core) privileges shall collaborate with with medical direction", including general dation (all anesthetizing locations).				
anesthesia/analgesia techniques Administration of emergency ancili homeostasis and prevent or treat of Airway management techniques Tracheal intubation/extubation Advanced airway management Meliperanesthetic invasive and non-interplacement of intra-arterial cathete Placement of central venous cathete Regional Anesthesia Initiate and modify therapies, inclu-	paration sila including adjunct drugs and regional lary drugs and fluids to maintain physiological emergencies during the perianesthesia period chanical ventilation/oxygen therapy vasive monitoring rs ters				
Category II Privileges					
	ut medical direction" including general anesthesia, hetizing locations)* May be requested only after	,			
Specific Category II Privileges:					
Collaborate with an anesthesiologist under "s general anesthesia, MAC, and Deep Sedation	supervision <u>without</u> medical direction", including for interventional radiology procedures .				
Collaborate with an anesthesiologist under "supervision <u>without</u> medical direction", including general anesthesia, MAC, and Deep Sedation for gastroenterology procedures .					
Collaborate with an anesthesiologist under "supervision <u>without</u> medical direction", including general anesthesia, MAC, and Deep Sedation for obstetric procedures .					
Collaborate with an anesthesiologist under "s regional anesthesia.	supervision <u>without</u> medical direction", including				
Applicant's Signature	Date				
Chief, Division of Nurse Anesthesia	Date				
Department Chair, Anesthesiology	Date				
(Confirming required if any requested p	rivilege is not approved)				
Applicant's Confirming Signature	Date				