

Lady of the Sea General Hospital		
Certified Registered Nurse Anesthetist		
Practitioner Name:		
Please indicate in the "Requested" section, those privileges which you are requesting.		
Requested	Recommen	Approved
Delineation of Privileges		
GENERAL ANESTHESIA AND ANALGESIC		
		Perioperative evaluation and medication
		Intravenous and Inhaled agents
REGIONAL ANESTHESIA		
		Topical
		Infiltration
		Spinal
		Epidural
		Intravenous agents
		Field Block
		Sympathetic block
		Other peripheral blocks
		Digital
		Ankle
		Axillary
		Diagnostic and Therapeutic blocks
		Spinal differential
		Other upper extremity blocks
		Other lower extremity blocks
		Other:
INTRAVENOUS, ADMINISTRATION OF		
		Fluids
		Blood
		Blood by-products
		Plasma
		Plasma expanders
		Electrolytes
PROCEDURES		
		Intravenous catheter placement
		Placement of arterial lines/arterial sticks
		Mechanical ventilation

I am qualified and competent to perform those privileges as requested in my application.

Signature: _____ Date: _____

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		Resuscitation techniques and therapy
		Autotransfusion techniques
		Placement of Central Venous line (external, jugular, basilic, cephalic)
		Placement of right heart and pulmonary catheter
		Hypotensive Technique
		Endotracheal intubation
		Emergency management
		PICC Line - insertion, management, removal
		Midline IV Catheter - insertion and removal
		Diagnostic Lumbar Puncture/Spinal Tap
		Epidural Blood Patches
DRUGS		
		Vasoactive drugs
		Alpha blockers and stimulants
		Beta blockers and stimulants
		Anticoagulants
		Anticoagulant antagonist
		Barbiturates
		Cardiac Drugs
		Antimetics
		Diuretics
		Dissociative agents
		Muscle relaxants and reversal agents
		Narcotics
		Narcotic Antagonist
		Parasympathomimetic
		Parasympatholytic
		Steroids
		Sympathomimetic
		Tranquilizers
		Non-narcotic analgesics

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