



**CORE PRIVILEGES**  
Certified Registered Nurse Anesthetist

**QUALIFICATIONS:**

- Completion of an accredited nurse anesthetist program
- Current Louisiana license to practice as a registered nurse anesthetist
- Current certification by the AANA
- Current practice experience with at least 300 anesthesia cases within the last 24 months.

(R)= Recommended as Requested (A)=Approved as Requested (C)=Recommended with Condition(s) (N)=Not Recommended

Requested						
Yes	No		(R)	(A)	(N)	(C) Condition/Reason(s)
		<b>ANESTHESIA CORE PRIVILEGES:</b>				
		<p>The nurse anesthetist is a licensed independent practitioner responsible for the anesthetic management of patients in all age groups rendered unconscious or insensitive to pain and emotional stress during surgical, obstetrical, dental and certain medical procedures, including preoperative, intraoperative, and postoperative monitoring, evaluation and treatment:</p> <ul style="list-style-type: none"> <li>* Management of fluid, electrolyte, and metabolic parameters</li> <li>* Resuscitation</li> <li>* Management of malignant hyperthermia</li> <li>* Manipulation of cardiovascular parameters</li> <li>* Manipulation of body temperature</li> <li>* Intravenous conscious sedation and analgesia</li> <li>* Treatment of hypovolemia from any cause</li> <li>* Management of respiratory parameters</li> <li>* Treatment of unconscious patients</li> <li>* Initiation and management of patient-controlled analgesia, intrathecal and epidural</li> </ul> <p>Procedures included in the core privileges:</p> <ul style="list-style-type: none"> <li>* Local and regional anesthesia with and without sedation, including topical and infiltration, minor and major nerve blocks, intravenous blocks, spinal, epidural and major plexus blocks</li> <li>* General anesthesia, including invasive monitoring, respiratory therapy airway management to include emergency cricothyroidotomy</li> <li>* Release of patients from the care of the anesthesia service</li> <li>* Provision of anesthesia-related consultative services for other health care providers when requested</li> </ul>				





**HEALTH STATEMENT**

**TO CHIEF OF SERVICE / CHIEF OF STAFF**

1. I HEREBY CERTIFY THAT I POSSESS THE NECESSARY COGNITIVE AND MOTOR SKILLS TO SAFELY PERFORM ALL PRIVILEGES REQUESTED AND DECLARE MYSELF TO BE FREE FROM ANY CONDITION, ILLNESS, OR INFECTIOUS DISEASE THAT COULD COMPROMISE PATIENT CARE OR MY ABILITY TO PERFORM THE PRIVILEGES REQUESTED.

YES  NO

2. IF NO, DO YOU HAVE A PHYSICAL OR MENTAL CONDITION OR ILLNESS (INCLUDING ANY CHEMICAL OR ALCOHOL DEPENDENCY) WHICH COULD AFFECT YOUR ABILITY TO EXERCISE THE CLINICAL PRIVILEGES REQUESTED WITHOUT SPECIAL ACCOMMODATIONS IN ORDER FOR YOU TO EXERCISE THE PRIVILEGES REQUESTED SAFELY AND COMPETENTLY? TO ANSWER THIS QUESTION APPROPRIATELY, PLEASE REPORT ANY CONDITION WHICH IS, OR MAY BE INFECTIOUS, COULD AFFECT MOTOR SKILLS, COGNITIVE ABILITY OR JUDGMENT, OR COULD POTENTIALLY ADVERSELY AFFECT YOUR ABILITY TO CARE FOR PATIENTS OR TO INTERACT APPROPRIATELY WITH OTHER CAREGIVERS.

YES  NO

If yes, please explain:

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3. HAVE YOU TESTED POSITIVE FOR THE TUBERCULIN SKIN TEST?  YES  NO

If yes, please give date of positive skin test. \_\_\_\_\_

If no, when was your last PPD test? \_\_\_\_\_

REGARDLESS OF HOW THIS QUESTION IS ANSWERED, THE APPLICATION WILL BE PROCESSED IN THE USUAL AND CUSTOMARY MANNER. IF YOU HAVE ANSWERED THIS QUESTION AFFIRMATIVELY AND ARE FOUND TO BE PROFESSIONALLY QUALIFIED FOR MEDICAL STAFF APPOINTMENT AND CLINICALLY COMPETENT TO PERFORM THE CLINICAL PRIVILEGES REQUESTED, YOU WILL BE GIVEN AN OPPORTUNITY TO MEET WITH THE EXECUTIVE COMMITTEE TO DETERMINE WHAT ACCOMMODATIONS, IF ANY, ARE NECESSARY TO ALLOW YOU TO PRACTICE SAFELY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHIEF OF SERVICE

\_\_\_\_\_  
DATE