



LANE REGIONAL MEDICAL CENTER
PRIVILEGES APPLICATION FORM
CRNA

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- Blood, blood products, plasma expanders
- Beir Block
- Cardio-pulmonary resuscitation management
- Central venous catheter placement excluding subclavians
- Emergency/ancillary drugs to maintain physiologic homeostatis & prevent or treat
- Fiberoptic laryngoscopy
- Fluid, electrolyte, acit-base management
- General anesthesia and adjunct drugs
- IV sedation
- Local infiltration anesthesitopical application and minor nerve blocks
- Mechanical ventilation/oxygen therapy
- Perianesthetic invasive and noninvasive monitoring
- Peripheral intra-venous/arterial catheter placement
- Post anesthesia care/release
- Preanesthetic assessment
- Preanesthetic medication
- Regional anesthesia
- Caudal
- Epidural
- Eye block (peribular, retrobular)
- Infiltration
- Intercostal

- Intracapsular
- Lower extremity
- Upper extremity
- Peripheral nerve blocks
- Topical
- Transtracheal
- Subarachnoid
- Other
- Eye block - peribular
- Requesting laboratory/diagnostic studies
- Spinal anesthesia
- The application of specific methods of respiratory therapy
- The clinical management of the patient unconscious from whatever cause
- The clinical management of various fluid, electrolyte, and metabolic disturbances
- The management of problems in cardiac and respiratory resuscitation
- The management of problems in pain relief
- The management of procedures for rendering a patient insensible to pain & emotional stress
- The support of life functions under stress of anesthetic and surgical manipulations
- Tracheal intubation/extubation

Applicant signature _____ Date _____

STATEMENT OF CONFIDENTIALITY

It is the policy of Lane Regional Medical Center and the Medical Staff that any and all information concerning a patient of the facility is of a strictly confidential nature. THIS APPLIES TO VERBAL, WRITTEN OR FAX TRANSMISSIONS. Confidentiality is a right entitled to each patient beginning at admission or upon making a reservation for admission and the right is never terminated. It is the duty and responsibility of every physician, employee and volunteer of Lane Regional Medical Center to ensure that right, both at work and off duty.

By signing below, I signify that I understand and agree to the following:

1. I acknowledge that all information in the patient record (a medical/legal document) including evidence of patient identity as well as the course of clinical treatment is strictly confidential. I will abide by the policy of Lane Regional Medical Center and I will not jeopardize the patient's right to confidentiality (either verbally, in writing or via Fax transmission) of any information which may be used to identify a patient.
2. I agree that in reviewing records, data or hospital documents containing patient information that this information will be used only for the treatment of the patient.
3. I further understand that I could be subject to legal action for violation of any confidences related to patient information.

Name _____
(Please Print)

Signature

Date