



New Mexico Orthopaedics Surgery Center, LP
PRIVILEGE REQUEST
REGISTERED NURSE ANESTHETIST (CRNA)

PATIENT EVALUATIONS:

- _____ Review of medical records/Pre-Anesthesia evaluation form
- _____ Interview
- _____ Monitor MD administered local/regional anesthesia and medication administration
- _____ Provide other anesthesia related to patient care

ADMINISTER/MONITOR ANESTHESIA(under supervising Anesthesiologist)

- _____ Inhalation
- _____ Intravenous
- _____ Intramuscular
- _____ Regional Anesthesia

CPR:

- _____ Intravenous needle or catheter insertion
- _____ Assistance with administration of non-anesthetic medications
- _____ Other services, appropriate or clinical skills, when required by MD

REQUESTED PRIVILEGES GRANTED ()

Name: _____
Date: _____
Signature: _____

Approval Medical Director: _____ Date: _____