

**SSM ST. CLARE SURGICAL CENTER
CERTIFIED REGISTERED NURSE ANESTHETIST
DELINEATION OF DUTIES AND RESPONSIBILITIES**

Requested		Privilege/Procedure Description	Approved		Deferred
YES	NO		YES	NO	
		Performing and documenting a pre-anesthetic assessment and evaluation of the patient, administering medications and fluids.			
		Developing and implementing an anesthetic plan.			
		Selecting and initiating the planned anesthetic techniques, which may include general, regional, local and anesthesia and intravenous sedation.			
		Selecting obtaining or administering the anesthetics, adjuvant drugs, accessory drugs, and fluids as necessary to manage the anesthetic, to maintain the patient's physiological homeostasis, and to correct abnormal response to the anesthesia or surgery.			
		Selecting, applying, or inserting appropriate non-invasive and invasive monitoring modalities for collecting and interpreting patient's physiological data.			
		Managing a patient's airway and pulmonary status using endotracheal intubation, mechanical ventilation, pharmacological support, respiratory therapy or extubation.			
		Managing emergence and recovery from anesthesia by selecting, obtaining, ordering, administering medications, fluids or ventilatory support in order to maintain homeostasis, to provide relief from pain and anesthesia side effects, or to prevent or manage complication.			
		Providing post-anesthesia follow-up evaluation and care related to anesthesia side effects or complications.			
		Ordering, initiating, or modifying pain relief therapy through the utilization of drugs, regional anesthetics techniques, or other accepted pain relief modalities.			
		Responding to emergency situations by providing airway management, administration of emergency fluids or drugs, or using basic or advanced life support techniques.			

If deferred, explanation provided:

Printed Name of Allied Health Professional

Signature of Allied Health Professional

Date

Statement of Employing/Supervising Physician:

I hereby verify that _____, is in my employment in the capacity of Nurse Anesthetist. He/She will be under my supervision at all times. I agree to be fully responsible for the Allied Health professional's actions in dealing with patients treated at the Center, and indemnify the Center against all actions or omissions of the Allied Health Professional staff member. I also agree to notify the Center if this person should ever leave my employment.

Printed Name of Supervising Physician:

Signature of Supervising Physician:

Date:

Governing Body Approval Date: