

DELINEATION OF CLINICAL PRIVILEGES - NURSE ANESTHETIST

For use of this form, see AR 40-68; the proponent agency is OTSG.

1. NAME OF PROVIDER <i>(Last, First, MI)</i>	2. RANK/GRADE	3. FACILITY
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INSTRUCTIONS:
PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.
SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

PROVIDER CODES	SUPERVISOR CODES
1 - Fully competent to perform	1 - Approved as fully competent
2 - Modification requested <i>(Justification attached)</i>	2 - Modification required <i>(Justification noted)</i>
3 - Supervision requested	3 - Supervision required
4 - Not requested due to lack of expertise	4 - Not approved, insufficient expertise
5 - Not requested due to lack of facility support/mission	5 - Not approved, insufficient facility support/mission

SECTION I - PRIVILEGES

Requested	Approved	
		a. Obtain health history to include both psychosocial and biophysical data.
		b. Conduct physical examination and assessment.
		c. Establish an anesthetic plan and determine that the patient is an appropriate candidate to undergo the planned anesthetic.
		d. Obtain informed consent for anesthetic services.
		e. Administer and/or prescribe P & T Committee approved medications.
		f. Select, prescribe and/or administer medications and treatment modalities related to the perianesthetic care of patients.
		g. Request and evaluate pertinent laboratory tests and appropriate diagnostic studies.
		h. Insert intravenous catheters to include central venous pressure catheters via basilic vein, external jugular vein, internal jugular vein, subclavian vein, or other recognized routes of administration.
		i. Insert intra-arterial catheters.
		j. Insert pulmonary artery catheters.
		k. Utilize all current techniques/devices in physiologic monitoring.
		l. Select and administer anesthetic techniques, medications and adjunctive drugs to include: general anesthesia, sedation, regional and local anesthetic therapeutic and diagnostic techniques. These techniques include but are not limited to spinal, epidural, caudal, brachial plexus, transtracheal, superior laryngeal, femoral sciatic, and retrobulbar blocks.
		m. Perform intratracheal intubation and extubation.
		n. Identify and manage emergency situations including, but not limited to, assessment of adequacy of ventilation, recovery from antagonism of muscle relaxants, narcotics, and other agents, and implement appropriate management techniques.
		o. Recognize abnormal patient response to anesthesia or to adjunctive medication and implement corrective action.
		p. Manage fluid, electrolyte, and blood loss/replacement within an anesthesia plan of care.
		q. Initiate and modify therapies, including drug and pain therapy.
		r. Discharge patients from the post-anesthesia care unit.
		s. Conduct post-anesthesia follow-up and evaluation.
		t. Initiate and direct cardiopulmonary resuscitation (CPR) and advanced cardiac life support (ACLS), as appropriate.
		u. Provide consultation, implementation, and management of respiratory and ventilatory care.

COMMENTS

COMMENTS (Continued)

SIGNATURE OF PROVIDER

DATE (YYYYMMDD)

SECTION II - SUPERVISOR'S RECOMMENDATION

Approval as requested

Approval with Modifications (Specify below)

Disapproval (Specify below)

COMMENTS

DEPARTMENT/SERVICE CHIEF (Typed name and title)

SIGNATURE

DATE (YYYYMMDD)

SECTION III - CREDENTIALS COMMITTEE/FUNCTION RECOMMENDATION

Approval as requested

Approval with Modifications (Specify below)

Disapproval (Specify below)

COMMENTS

COMMITTEE CHAIRPERSON (Name and rank)

SIGNATURE

DATE (YYYYMMDD)