

**APP PRIVILEGES IN ANESTHESIA**

**SAMPLE**



**Required Qualifications**

<b>Education/Training</b>	Successful completion of an NP, PA, or CRNA program
<b>Licensure (Initial and Reappointment)</b>	Current Licensure as a PA, RN or CRNA in the state of CA Current certification as a NP in the state of California
<b>Certification (Initial and Reappointment)</b>	Current Certification as a PA, NP or CRNA by a nationally accredited organization
<b>Additional Qualifications (Initial and Reappointment)</b>	Current BLS from the American Heart Association. CRNA - Current ACLS from the American Heart Association
<b>Renewal Criteria</b>	Maintenance of all the above qualifications.
<b>FPPE</b>	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS. 3 chart reviews for each - PA and NP CORE; First Assistant; Arterial Line Insertion; CVC Femoral; Intrathecal Pump Refill; Scar Injection; Trigger Point Injection 5 chart reviews - CRNA CORE; CVC Internal/External Jugular; CVC Subclavian 10 chart reviews - Administration of Moderate Sedation

**Patient Population**

Request <input type="checkbox"/>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Supervising Physician</b> <input type="checkbox"/>	<b>Service Chief/Designee</b> <input type="checkbox"/>
	<b>Patient Population</b>		
<input type="checkbox"/>	Infant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pediatric	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adolescent	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Adult	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Setting</b>		
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inpatient	<input type="checkbox"/>	<input type="checkbox"/>

**Provide care on LPCH patients in specific areas of SHC**

Request <input type="checkbox"/>	<b><i>Request all privileges listed below.</i></b> <i>Uncheck any privileges that you do not want to request.</i>	<b>Supervising Physician</b> <input type="checkbox"/>	<b>Service Chief/Designee</b> <input type="checkbox"/>
	<b>Additional Request</b>		
<input type="checkbox"/>	For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit	<input type="checkbox"/>	<input type="checkbox"/>

**Core Privileges - PHYSICIAN ASSISTANT (PA)**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria**                      Minimum of 22 core cases required during the past two years.

**Core Privileges - NURSE PRACTITIONER (NP)**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Renewal Criteria** Minimum of 22 core cases required during the past two years.

**Core Privileges - CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)**

Request <input type="checkbox"/>	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on patients, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains informed consent, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Evaluates patient to identify apparent or potential difficulties with airway control, if indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Discusses anesthesia and/or treatment plan based on identified assessments and physical findings	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Explains tests, procedures and disease processes to patients and their families, as indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Obtains, prepares and uses all equipment, monitors, supplies and drugs used for the administration of anesthesia and sedation techniques, performs and orders safety checks as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Observes, monitors and records vital signs, respiratory stability, adequate gaseous exchange, types of fluids and/or blood loss evaluation and replacement and other critical parameters	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Inserts invasive monitoring lines for an anesthetic and for interpretation of physiologic data'	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs all aspects of airway management	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Recognizes abnormal patient response during anesthesia, selecting and implementing corrective action and requesting consultation whenever necessary. Provides airway management, administration of emergency fluids and drugs, and uses basic or advanced life support techniques	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Keeps the surgeon/proceduralist and responsible anesthesiologist informed of patient's condition as needed	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Documents anesthetic in accordance with legal and regulatory requirements; records type of anesthetic used	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Evaluates patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to insure patient stability during transfer	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs post-anesthesia follow-up and evaluation of patient's response to anesthesia in the recovery room, taking appropriate corrective actions and requesting consultation when indicated	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Communicates with the assigned anesthesia faculty member, as needed, before, during and after surgery	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Performs designated procedures after demonstrated competency and according to written standardized procedures where applicable	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ensures compliance with legal, regulatory, and clinical policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Initial Criteria**                    Must Also Meet the Core Criteria for Standardized Protocols/Standardized

**Renewal Criteria**                    Minimum of 22 core cases required during the past two years.

**Standardized Protocols/Standardized Procedures**

**Description:** (Requires selection of a core professional role above)

Request <input type="checkbox"/>	<b>Request all privileges listed below.</b> <i>Uncheck any privileges that you do not want to request.</i>	Supervising Physician <input type="checkbox"/>	Service Chief/Designee <input type="checkbox"/>
<b>General Supervision</b>			
<input type="checkbox"/>	MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above NP or PA requirements plus: NP's - Current Furnishing Licensure in the State of California PA's - Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment. [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ADMINISTRATION OF MODERATE SEDATION [CRITERIA - In accordance with SHC Moderate Sedation policy and completion of the SHC sedation exam every two years. Renewal Criteria - Minimum 6 cases required during the past two years]	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal Supervision</b>			
<input type="checkbox"/>	FIRST ASSISTANT [CRITERIA - Initial - Successful completion of an accredited RNFA course -OR- Concurrent enrollment in an accredited RNFA course with the attending surgeon as primary preceptor with completion of clinical practicum within 12 months of didactic course completion -OR- Completion of a First Assistant course with clinical practicum completion as evidenced by a certificate of completion -OR- Evidence from another hospital or organization where privileges were granted to assist in the OR. Pacemaker ICD ILR Evaluation and Programming - Successful completion of specialized training in device evaluation and programming with a member of the arrhythmia team that is Heart Rhythm Society Certified Cardiac Device Specialist. -AND- Three months of weekly clinic sessions which will include didactic teaching session and supervised hands on sessions. Renewal - Minimum 20 cases required during the past 2 years]	<input type="checkbox"/>	<input type="checkbox"/>

**Division**

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(Select division which corresponds to your Supervising Physician)</b>		
<input type="checkbox"/>	ANESTHESIA	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	PAIN MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>

**Standardized Protocols/Standardized Procedures**

**Description:** (Requires selection of a core professional role above)

Request	<i>Request all privileges listed below. Uncheck any privileges that you do not want to request.</i>	Supervising Physician	Service Chief/Designee
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<b>(requires selection of a core professional role above)</b>		
	<b>General Supervision</b>		
<input type="checkbox"/>	ARTERIAL LINE INSERTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CENTRAL VENOUS CATHETER (CVC) INSERTION [CRITERIA - Must complete "Getting to Zero" educational module]	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	INTRATHECAL PUMP REFILL	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	SCAR INJECTION	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TRIGGER POINT INJECTION	<input type="checkbox"/>	<input type="checkbox"/>

**Qualifications**

**Initial Criteria** Must Also Meet the Core Criteria for Standardized Protocols/Standardized Procedures

**Renewal Criteria** Minimum 6 required for each Special Privilege selected

