

EVALUATION 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. PERIOD OF EVALUATION <i>(YYYYMMDD)</i> FROM TO
4. DEPARTMENT/SERVICE	5. FACILITY <i>(Name and Address: City/State/ZIP Code)</i>	

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

SECTION I - DEPARTMENT/SERVICE CHIEF EVALUATION

CODE	PRIVILEGE CATEGORY	ACCEPTABLE	UN-ACCEPTABLE	NOT APPLICABLE
	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.			

SECTION II - COMMENTS *(Explain any rating that is "Unacceptable".)*

NAME AND TITLE OF EVALUATOR

SIGNATURE

DATE *(YYYYMMDD)*