

THE DETROIT MEDICAL CENTER  
CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)  
REQUEST FOR PRIVILEGES

CERTIFIED REGISTERED NURSE ANESTHETIST \_\_\_\_\_

SUPERVISING CRNA \_\_\_\_\_

DEPARTMENT OF SURGICAL SERVICES/ANESTHESIA

GENERAL ANESTHESIOLOGY CORE PRIVILEGES

Criteria: To be eligible for privileges, the CRNA must either be employed by the Detroit Medical Center or be in a contractual arrangement between the DMC and the agency.

Within the hospital setting or at hospital based outpatient facilities, the CRNA will function under the medical direction and supervision of an Anesthesiologist.

CRNAs shall practice core job functions as outlined in the job description and in collaboration with and as directed by the Anesthesiologist, including:

- A. Procuring and documenting consent for the prescribed and collaborative anesthesia care plan.
- B. Administering anesthetic agents, adjunct medications, and therapies as required by the anesthesia care plan.
- C. Applying non-invasive monitoring modalities as required by the anesthesia care plan.
- D. Placement of peripheral intravenous lines, insertion peripheral arterial catheter, use of topical and infiltrative local anesthesia, and infusion of blood, fluids and electrolytes, as indicated by the anesthesia care plan.
- E. Airway management as required by the anesthesia care plan.
- F. Participation in advanced cardiac life support efforts as required, maintaining current ACLS certification and competence in airway management.
- G. Post-anesthesia care services.

Anesthetic-Related Procedures – Anesthesiologist Directed/Supervised

The CRNA, having demonstrated competence may at the direction of the attending Anesthesiologist and under his or her supervision, perform the following procedures:

- H. Insertion of peripheral arterial catheters.
- I. Intravenous regional anesthesia blocks.
- J. Lumbar Epidural anesthesia/analgesia (limited to anesthesia and/or labor).

The CRNA may at the discretion of the Anesthesiologist and under his or her direct supervision perform:

- K. Subarachnoid block anesthesia
- L. Other: **As Indicated**

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CRNA

Date

I hereby acknowledge that I recommend this individual for the privileges requested. He/she will be under my direction and I assume full responsibility for his/her actions with respect to his/her patients at the Detroit Medical Center.

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CRNA Director Anesthesia Services

Date

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Sponsoring Anesthesiologist or Site Director &/or Chief (or Designee)

Date

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Departmental Advisory Committee (SIC or Designee)

Date

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Board Approval:

Date

**JCC: (2/22/05) – Approved**

**JCC: (7/22/08) – Revised**

**JCC: (6/28/11) - Revised**