STANFORD HOSPITAL & CLINICS
Center for Advanced Practice

PRIVILEGES
for the
Advanced Practice Provider

APP PRIVILEGES IN ANESTHESIA

Name:

Instructions:

1. Click the **Request** checkbox to request a group of ***Core Privileges.***
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Collaborative Practice Agreement by signing this privilege form. The Collaborative Practice Agreement can be found here.

Required Qualifications	
Education/Training	Successful completion of an NP, PA, CNS or CRNA program
Licensure (Initial and Reappointment)	Current Licensure as a PA, RN, CNS or CRNA in the state of CA Current certification as a NP in the state of California
Certification (Initial and Reappointment)	Current Certification as a PA, NP, CNS or CRNA by a nationally accredited organization
Additional Qualifications (Initial and Reappointment)	Current BLS from the American Heart Association CRNA - Current ACLS from the American Heart Association
Renewal Criteria	Maintenance of all the above qualifications.
FPPE	FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS.
Definitions	"General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed.

Patient Population

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	Patient Population		
☐	Infant	☐	☐
☐	Pediatric	☐	☐
☐	Adolescent	☐	☐
☐	Adult	☐	☐
☐	Geriatric	☐	☐
	Setting		
☐	Outpatient	☐	☐
☐	Inpatient	☐	☐

Core Privileges - PHYSICIAN ASSISTANT (PA)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty	☐	☐
☐	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients	☐	☐
☐	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient	☐	☐
☐	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	☐	☐
☐	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	☐	☐
☐	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	☐	☐
☐	Provides and coordinates patient teaching and counseling	☐	☐
☐	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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]	☐	☐
☐	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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) Proof of completion of a one-time controlled substance education course approved by the California Physician Assistant Board]	☐	☐

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - PHYSICIAN ASSISTANT (PA)

Core Privileges - NURSE PRACTITIONER (NP)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures	☐	☐
☐	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	☐	☐
☐	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	☐	☐
☐	Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	☐	☐
☐	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	☐	☐
☐	Performs designated procedures according to written standardized procedures where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	☐	☐
☐	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 core criteria plus: Current individual DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA and Furnishing Licensure exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]	☐	☐
☐	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 core criteria plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V) and Current Furnishing Licensure in the State of California (DEA exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core)]	☐	☐

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - NURSE PRACTITIONER (NP)

Core Privileges - CLINICAL NURSE SPECIALIST (CNS)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Evaluates and treats patients with acute, and chronic health complaints as well as health maintenance concerns related to specialty according to written standardized procedures Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized processes Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patients, according to written standardized procedures Administers and orders medications Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products	☐	☐
☐	Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services	☐	☐
☐	Performs designated procedures after demonstrated competency, according to written standardized procedure where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork	☐	☐
☐	Recognizes and considers the age specific needs of patients	☐	☐
☐	Recognizes situations which require the immediate attention of a physician, and initiates lifesaving procedures when necessary	☐	☐
☐	Performs discharge summaries	☐	☐
☐	MEDICATIONS Administer, order 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 core criteria]	☐	☐

Qualifications

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

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - CLINICAL NURSE SPECIALIST (CNS)

Core Privileges - CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on patients, according to written standardized procedures	☐	☐
☐	Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures	☐	☐
☐	Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable	☐	☐
☐	Obtains informed consent, as indicated	☐	☐
☐	Evaluates patient to identify apparent or potential difficulties with airway control, if indicated	☐	☐
☐	Discusses anesthesia and/or treatment plan based on identified assessments and physical findings	☐	☐
☐	Explains tests, procedures and disease processes to patients and their families, as indicated	☐	☐
☐	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	☐	☐
☐	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	☐	☐
☐	Inserts invasive monitoring lines for an anesthetic and for interpretation of physiologic data'	☐	☐
☐	Performs all aspects of airway management	☐	☐
☐	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	☐	☐
☐	Keeps the surgeon/proceduralist and responsible anesthesiologist informed of patient's condition as needed	☐	☐
☐	Documents anesthetic in accordance with legal and regulatory requirements; records type of anesthetic used	☐	☐
☐	Evaluates patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to insure patient stability during transfer	☐	☐
☐	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	☐	☐
☐	Communicates with the assigned anesthesia faculty member, as needed, before, during and after surgery	☐	☐
☐	Performs designated procedures after demonstrated competency and according to written standardized procedures where applicable	☐	☐
☐	Ensures compliance with legal, regulatory, and clinical policies and procedures	☐	☐

☐	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 core criteria]	☐	☐

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.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

☐ Core - CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

Standardized Protocols/Standardized Procedures

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

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	General Supervision		
☐	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]	☐	☐
	Personal Supervision		
☐	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 -OR- Board Certification as a Physician Assistant. Renewal - Minimum 20 cases required during the past 2 years.]	☐	☐

FPPE - Area is managed by Medical Staff Office. Please make NO selections

- ☐ Administration of Moderate Sedation - (Chart Review)
- ☐ Administration of Moderate Sedation - (Direct Observation)
- ☐ First Assistant - (Chart Review)
- ☐ First Assistant - (Direct Observation)

Division

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	(Select division which corresponds to your Supervising Physician)		
☐	ANESTHESIA	☐	☐
☐	PAIN MANAGEMENT	☐	☐

Standardized Protocols/Standardized Procedures

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

Request ☐	***Request all privileges listed below.*** *Uncheck any privileges that you do not want to request.*	Supervising Physician ☐	Service Chief/Designee ☐
	(requires selection of a core professional role above)		
	General Supervision		
☐	ARTERIAL LINE INSERTION	☐	☐
☐	CENTRAL VENOUS CATHETER (CVC): INSERTION - Internal/External Jugular [Criteria - Initial -Must complete "Getting to Zero" educational module. Renewal - Must complete "Getting to Zero" educational module. Minimum of 10 cases required for each]	☐	☐
☐	INTRANASAL SPHENOPALATINE GANGLION (SPG) BLOCK	☐	☐
☐	INTRATHECAL PUMP REFILL	☐	☐
☐	SCAR NEUROMA INJECTION [CRITERIA - Minimum 6 cases required]	☐	☐
☐	TRIGGER POINT INJECTION	☐	☐

Qualifications

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

Renewal Criteria Minimum 6 required for each Special Privilege selected

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- ☐ Arterial Line Insertion - (Chart Review)
- ☐ Arterial Line Insertion - (Direct Observation)
- ☐ CVC Insertion - (Chart Review)
- ☐ CVC Insertion - (Direct Observation)
- ☐ Intranasal Sphenopalatine Ganglion (SPG) Block - (Chart Review)
- ☐ Intranasal Sphenopalatine Ganglion (SPG) Block - (Direct Observation)
- ☐ Intrathecal Pump Refill - (Chart Review)
- ☐ Intrathecal Pump Refill - (Direct Observation)
- ☐ Scar Neuroma Injection - (Chart Review)
- ☐ Scar Neuroma Injection - (Direct Observation)
- ☐ Trigger Point Injection - (Chart Review)

☐ Trigger Point Injection - (Direct Observation)

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request

Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

Privilege	Condition/Modification/Deletion/Explanation

Service Chief Recommendation - Proctoring Requirements

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request	Date
Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request	Date

Submit