

**CAROLINAS HEALTHCARE SYSTEM  
(CAROLINAS MEDICAL CENTERS-CHARLOTTE)  
ALLIED HEALTH PROFESSIONAL  
CERTIFIED REGISTERED NURSE ANESTHETIST**

**SUMMARY OF OCCUPATION:**

1. The Allied Health Professional is a skilled member of the health care team who is qualified by academic and clinical education to provide patient services as an Allied Health Professional under the supervision of a member(s) of the Medical Staff of Carolinas Medical Center, Carolinas Medical Center-University, Carolinas Rehabilitation, Carolinas Medical Center-Mercy or Carolinas Medical Center-Pineville in accordance with the Bylaws of the Medical Staff.
2. He/she will assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board.
3. Allied Health Professional "Dependent Practitioner" shall mean a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service as an employee of and under the supervision of a physician who is currently appointed to the Medical Staff of Carolinas Medical Center, Carolinas Medical Center-University, Carolinas Rehabilitation, Carolinas Medical Center-Mercy or Carolinas Medical Center-Pineville.

**ORGANIZATIONAL RELATIONSHIP:**

- 1) The Allied Health Professional reports and is responsible to the supervising physician(s). The Allied Health Professional shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), or whenever the patient wishes to see a physician or has unanswered questions.
- 2) The Allied Health Professional shall wear a nametag identifying him/herself as an Allied Health Professional and introduce him/herself as an Allied Health Professional, and shall at no time imply, state, or lead one to believe that he/she is a physician.
- 3) The Allied Health Professional must be familiar with departmental and hospital policies and procedures.
- 4) A nurse or secretary who receives an order from an Allied Health Professional for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.

**QUALIFICATIONS:**

1. The Allied Health Professional will maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Allied Health Professional shall be delineated on an approved Delineation of Privileges form and approved by the Board.
3. The Supervising Physician shall delegate only tasks and procedures to his or her Allied Health Professional which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Allied Health Professional has been approved to perform. It is understood that the supervision of an Allied Health Professional will never be transferred to a physician who is not currently a fully appointed member of Carolinas Medical Center, Carolinas Medical Center-University, Carolinas Rehabilitation, Carolinas Medical Center-Mercy or Carolinas Medical Center-Pineville Medical Staff.

**DIRECT SUPERVISION:**

Direct Supervision shall mean the physical presence of a sponsoring/supervising physician in the room with the Allied Health Professional.

**DELINEATION OF PRIVILEGES FORM  
FOR  
ALLIED HEALTH PROFESSIONAL  
CERTIFIED REGISTERED NURSE ANESTHETIST**

CMC	MERCY	PINEVILLE	UNIVERSITY	CR		
					AHP-CRNA-1	Administration of anesthesia for assigned cases under medical direction by the Anesthesiologist
					AHP-CRNA-1a	Preanesthesia evaluation and preparation - Performing and documenting a preanesthetic assessment and evaluation of the patient, selecting, obtaining, ordering, or administering preanesthetic medications and fluids under the direction of the Anesthesiologist
					AHP-CRNA-1b	Developing and implementing an anesthetic plan under direction of Anesthesiologist
					AHP-CRNA-1c	Maintaining the planned anesthetic techniques, which may include general, regional, and local anesthesia and intravenous sedation
					AHP-CRNA-1d	Selecting, obtaining, or administering the anesthetic drugs and fluids necessary to manage the anesthetic, to maintain the patient's physiologic homeostasis, and to correct abnormal responses to the anesthesia or surgery
					AHP-CRNA-1e	Selecting, applying appropriate noninvasive monitoring modalities for continuous evaluation of the patient's physical status, monitor invasive hemodynamic modalities
					AHP-CRNA-1f	Administer emergency/ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period
					AHP-CRNA-1g	Airway management techniques – Managing a patient's airway and pulmonary status, using current practice modalities, airway management technique, laryngoscopy, nasal tracheal intubation, oral endotracheal intubation, mask airway extubation
					AHP-CRNA-1h	Perianesthetic invasive monitoring and noninvasive monitoring
					AHP-CRNA-1i	Radial A-line, peripheral IV
					AHP-CRNA-1j	Responding to emergency situations by providing airway management, administration of emergency fluids and drugs, and using basic or advanced cardiac life support techniques
					AHP-CRNA-1k	Induction of anesthesia only with presence of the Anesthesiologist unless life threatening emergency exists

**ACKNOWLEDGMENT OF ALLIED HEALTH PROFESSIONAL (CERTIFIED REGISTERED NURSE ANESTHETIST):**

I have requested only those services for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and which I wish to exercise at one or more facilities of Carolinas HealthCare System indicated above; and I understand that, in exercising any specific services granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. I fully understand and agree that a condition of this application is that any misrepresentation, misstatement, or omission from this application whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of permission to practice at the hospital(s). In the event that privileges have been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in summary suspension of privileges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of the Applicant

**AFFIRMATION OF PRIMARY SPONSORING PHYSICIAN FOR ALLIED HEALTH PROFESSIONAL**

As the primary sponsoring physician for the above referenced Allied Health Professional, I affirm that information provided in or attached to this application is accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Primary Sponsoring Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Primary Sponsoring Physician

**APPROVAL:**

\_\_\_\_\_  
Chief, Carolinas Medical Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Carolinas Medical Center-University

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Director, Carolinas Rehabilitation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section Chief, Carolinas Medical Center-Mercy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Section Chief, Carolinas Medical Center-Pineville

\_\_\_\_\_  
Date

Approval by the Board of Commissioners: 06/14/05