**Loma Linda University Medical Center**  
**Allied Health Professional**  
**Certified Registered Nurse Anesthetist (CRNA) Privilege Request**

Practitioner Name: 

Practice Specialty Requested:  

<table>
<thead>
<tr>
<th>REQUESTED</th>
<th>PRACTICE PRIVILEGE REQUESTED</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>Approved</td>
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**DISCIPLINE SPECIFIC PRIVILEGES – CRNA**

All privileges are with direct, in-house medical supervision by a Medical Staff Anesthesiologist

**GENERAL ANESTHESIA**

All anesthetic agents and adjuvant drugs approved by the FDA, except flammable anesthetics

**TECHNIQUES**

- Inhalations
- Rectal
- Parenteral

**REGIONAL ANESTHESIA**

- Intrathecal, single shot or indwelling
- Epidural anesthesia, single shot or indwelling
- Brachial and cervical plexus blocks, single shot or indwelling
- Peripheral nerve blocks, single shot or indwelling
- Intravenous regionals (Bier blocks)
- Epidural and intrathecal opiates

**PATIENT CLASSIFICATIONS - PATIENT STATUS ASA 1 THROUGH 5E**

- Adults
- Children (under 15 years of age)
- Infants
- Neonates
- Neonatal cardiac surgeries

**SPECIAL PROCEDURES**

- Arterial catheter insertion and control
- Central venous catheter insertion and control
- Pulmonary artery catheter insertion and control
- Cardiac outputs
- Extracorporeal circulation
- Hypothermia
- Deliberate hypotension
- Profound hypothermia
- Fiberoptic bronchoscopy
- Rigid bronchoscopy
- One-lung anesthesia
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Applicant Name

Practice Specialty

Acknowledgment of AHP
In accordance with the provisions of the Business and Professions Code, I am licensed as a CRNA in the State of California and subject to the Laws and the rules and regulations of the California licensing agency. I acknowledge that I have received a copy of the Medical Staff Bylaws and Rules and Regulations, and agree to be bound by the terms of the Bylaws of the Medical Staff and of the hospital and all other manuals and policies relevant to practice privileges at Loma Linda University Medical Center under the AHP category.

I have requested only those specific practice privileges for which by education, training, current experience and demonstrated performance for which I am qualified and wish to exercise at Loma Linda University Medical Center, Inc.; and
I understand that in exercising any clinical practice privileges granted, I am constrained by any hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

Applicant Signature ____________________________ Date ________________

Supervising Physician Signature ____________________________ Date ________________

Service Chief Signature ____________________________ Date ________________

Credentials Committee Chair ____________________________ Date ________________

Medical Staff Executive Committee Chair ____________________________ Date ________________

Governing Board Officer/Designee ____________________________ Date ________________