

THE NEW YORK EYE AND EAR INFIRMARY

DELINEATION OF PRIVILEGES

DEPARTMENT OF ANESTHESIA

CERTIFIED REGISTERED NURSE ANESTHETIST

NAME: _____

(Please Print)

Instruction:

Applicant: Please put a tick(✓) in the Privilege Requested Column.

Chairman/Director: Please put a tick (✓) in the appropriate column

	Privilege Requested	<u>Director of Services</u> Privilege Denied	Privilege Approved
Induce anesthesia under the direction of an anesthesiologist.		_____	_____
Maintain anesthesia at . prescribed levels.		_____	_____
Monitor and support life functions during the preoperative period.		_____	_____
Recognize and report to the anesthesiologist any abnormal patient responses during anesthesia.		_____	_____

SIGNATURE: _____ **DATE:** _____

This is to certify that I have reviewed the above named individuals's education's, training and demonstrated skills and have approved the following delineation of functions.

APPROVED: _____ **DATE:** _____
Jonathan Ascher, M.D., Director Anesthesiology