

ANESTHESIOLOGIST ASSISTANT PRIVILEGE FORM

NAME: _____ EFFECTIVE DATE: _____ To _____

LEGEND: 1 – BMC - Jax 2 – BMC - Beaches 3 – BMC - Nassau 4 – SV Southside 5 – SV Riverside
6 – UF Health 7 – Wolfson 8 – Brooks 9 – BMC - South 10 – SV Clay

The minimum education, training and experience qualifications for core privileges are as delineated in each hospital's Medical Staff Bylaws, Rules and Regulations, or policies. Please consult these documents to determine your eligibility to request these privileges.

1	2	3	4	5	6	7	8	9	10	CORE PRIVILEGES	APPR
										Develop and implement an anesthesia care plan. This may include: Pretest and calibrate anesthesia delivery systems and monitors; Take and record patient histories and other important preoperative data; Participate in the planning of anesthetic care (e.g., administer preoperative medicine, examinations, therapies and testing); Insert IVs and monitor the data from these devices; Administer intermittent vasoactive drugs and start and adjust vasoactive infusions; Manage patient airways by using standard and advanced techniques (e.g., intubation of the trachea); Monitor patient status before during and after anesthesia is administered; Provide recovery room care, including ventilator support and pain management; Provide cardiopulmonary resuscitation during life-threatening situations; and Record progress notes and discharge summaries. All privileges are conducted in accordance with an approved written protocol describing the direct supervision between the AA and the sponsoring/supervising physician.	

To request Special Procedures, please place an "X" in the appropriate hospital column. If the condition/privilege you desire is not included on this form, please submit a separate written request for the privilege along with appropriate documentation of training and/or experience.

1	2	3	4	5	6	7	8	9	10	SPECIAL PROCEDURES Procedures that are not routinely part of training, and may require proof of training or experience.	APPR
										Perform an epidural blood patch	
										Place peripheral arterial lines	
										Place central venous lines	
										Assist with performance of epidural anesthetic procedures and spinal anesthetic procedures [++Hospitals 4, 5, 10]	

Acknowledgement of Practitioner: I understand that (a) in exercising clinical privileges granted, I am constrained by each hospital's Medical Staff Policies, rules and regulations, and (b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of each hospital's Medical Staff Bylaws.

Applicant Signature: _____ **Date:** _____

- Privilege not available in this specialty at this hospital.
- ++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.

**ANESTHESIOLOGIST
ASSISTANT
PRIVILEGE FORM**

NAME: _____ **EFFECTIVE DATE:** _____ **To** _____

Acknowledgment of Supervising Physician: The above named practitioner shall be under my supervision (direct or indirect in accordance with the laws of the State of Florida) in the exercise of clinical privileges. I acknowledge that the above named practitioner is competent and qualified to perform the requested privileges.

Supervising Physician Signature: _____

Date: _____

Supervising Physician Signature: _____

Date: _____

Supervising Physician Signature: _____

Date: _____

Supervising Physician Signature: _____

Date: _____

Supervising Physician Signature: _____

Date: _____

■ Privilege not available in this specialty at this hospital.

++ Please refer to this hospital's Bylaws or Rules and Regulations regarding specific criteria to be met before this privilege may be granted.