

ANESTHESIOLOGY

Addendum To Application for Physicians and Surgeons)

1. Do you administer anesthesia in a non-hospital setting? YES NO

If yes, state location(s): _____

2. Do you practice medicine other than anesthesiology? YES NO

If yes, describe _____

Percentage of patients _____

3. a. Anesthesiology sub-specialty (if any) _____

b. Percent of cases compared to your total practice _____%

c. Other specialties or unlisted specialties _____

4. Volume of practice:

a. Number of times anesthesia is administered per week. General _____

Caudal _____

Local _____

b. Number of pain patient treatments per week. _____

c. Number of ICU patients treated (or consults) per week. _____

5. Do you employ or supervise any of the following types of paramedical personnel: YES NO

If yes, please complete the following:

	Number <u>Employed</u>	Number <u>Supervised</u>
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i) Nurse anesthetists _____

ii) Inhalation therapists _____

iii) Nurse practitioners _____

iv) Physician assistants _____

v) Student nurse anesthetists _____

vi) Other (please specify) _____

6. If you employ or supervise paramedical personnel:

a. Please describe normal supervision ratio (doctor to paramedical)

b. Who is primary call? _____

- c. Who is secondary call? _____
- d. Do the CRNAs give anesthesia while not under your personal direction, control, and supervision? If so, please describe: _____

e. The type of monitoring device(s) utilized by you and those you supervise/oversee during the administration of anesthesia:

- a. Continuous electrocardiographic display? YES NO
- b. Continual blood pressure monitoring either by use of intra-arterial and electronic monitor or by use of standard blood pressure cuff with checks at regular intervals? YES NO
- c. Use of precordial, esophageal, or pretracheal stethoscope? YES NO
- d. Pulse oximetry? YES NO
- e. Temperature measuring equipment? YES NO
- f. Disconnect monitor? YES NO
- g. Oxygen analyzer? YES NO
- h. Other (please specify) _____ YES NO
- i. Are all the facilities where you practice so equipped?
If no, please explain under Remarks below. YES NO
- j. Does your PACU utilize pulse oximetry? YES NO

7. Remarks: _____

Signature

Please Print Name