

Applicant's Name

Position:

Home Site:

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

ANAESTHESIA

PLEASE NOTE: Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act

CORE Services: ALL ANAESTHETISTS

Please indicate (with a ✓) those services you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	CICC (Cranbourne Integrated Care Centre)	Kingston Centre	Jessie McPherson Private Hospital
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of trainee and/ or students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CORE PROCEDURES: ALL ANAESTHETISTS

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	CICC (Cranbourne Integrated Care Centre)	Kingston Centre	Jessie McPherson Private Hospital
Arterial and central venous cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Central neuraxial blockade (spinal, epidural)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Complex Airway Management (including Awake Fibreoptic intubation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Conduction Anesthesia (Major and minor nerve blocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Management of malignant hyperthermia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Management of Sedation / monitored anesthetic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Neonatal resuscitation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Obstetric anaesthesia	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

Applicant's Name		Position:		Home Site:	
------------------	--	-----------	--	------------	--

Sign-off

Applicant's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PMD:		Signature:		Date:	
Reviewed & Approved by CMO:		Signature:		Date:	