

Privileges for: Intraoperative Monitoring
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Request

ST. ELIZABETH - EDGEWOOD
 ST. ELIZABETH - FLORENCE
 ST. ELIZABETH - FT. THOMAS
 ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

Approved: 6/24/2005

DEPARTMENT APPROVAL

_____ Approved _____ Disapproved

 Department/Section Chair Signature

 Date

NURSING ADMINISTRATION APPROVAL

 Sr. V.P. of Nursing or Designee Signature

 Date

MINIMUM REQUIREMENTS**EDUCATION**

The applicant should have met the standards for certification of Neurophysiologic Intraoperative Monitoring, and is authorized to use the designation "CNIM". Certification is through the American Board of Electroencephalographic and Evoked Potential Technologists, Inc.

Intraoperative Electrophysiological monitoring of cranial nerves, brain stem, spinal cord and other nerve functions. The following types of electrophysiological intraoperative monitoring are: somatosensory, visual and auditory evoked potentials, electromyography, neurogenic motor evoked potentials, electrocochleography, processed electroencephalography, direct nerve recordings, dermatomal evoked potentials and electrocorticography. These procedures are conducted at the request of orthopedic, otologic and neuro surgeons and are done under the supervision of the requesting physician. The purpose of this monitoring is to reduce postoperative morbidity, guide the surgeon in making surgical decisions, determine surgical end points, and to reduce medical liability to the surgeon and the hospital.

SUPERVISING PHYSICIAN ENDORSEMENT: As the applicant's supervising physician, I have read the foregoing application and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.

 Sponsoring Physician Signature

 Date

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Last 4 digits of S.S.N. _____

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

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Applicants Signature: _____ Date: _____