

Princeton Insurance Company

Anesthesia Supplement

Please make copies if additional forms are needed.

Applicant's Name: _____

A. Number of: Anesthesiologists CRNAs

B. Other than Anesthesiologists or CRNAs, list anyone who administers anesthesia or conscious sedation:

C. Are all the CRNAs supervised on site by an anesthesiologist? Yes No

D. Is the anesthesia provider currently licensed in your state? Yes No

If no, please explain: _____

E. Are all individuals who administer the sedation certified in one or more of the following? Yes No

CPR ACLS ATLS PALS

If no, please explain: _____

F. Are all Anesthesiologists required to be board-certified/eligible in Anesthesiology? Yes No

G. Please indicate who administers conscious sedation?

MD/DO RN/LPN
 AA/NA/CRNA Other (specify): _____

Where is conscious sedation performed?

Office Licensed Surgical Center
 Hospital Other (specify): _____

For:

Own Patients
 Other than own patients

H. Please indicate who administers general anesthesia?

MD/DO RN/LPN
 AA/NA/CRNA Other (specify): _____

Where is general anesthesia performed?

Office Licensed Surgical Center
 Hospital Other (specify): _____

For:

Own Patients
 Other than own patients

I. Is the office certified for general anesthesia by a state organization? Yes No

If administered outside of a hospital or a licensed surgery center, please answer Questions J through P.

J. How often does your staff participate in simulated emergency training?

Every: 3 months 6 months 12 months Other: _____

K. What American Society of Anesthesiology (ASA) categories are treated? _____

L. How often does your practice update health histories?

Every _____ Month(s) Every patient visit Anytime invasive procedures are performed

M. Is a pre-anesthesia evaluation done by an anesthesiologist? Yes No

N. Is there a separate informed consent for anesthesia? Yes No

O. Please place an "X" next to the equipment utilized.

<input type="checkbox"/> Fail safe mechanisms on anesthesia machines	<input type="checkbox"/> Sphygmomanometer/Stethoscope	<input type="checkbox"/> Portable Suction
<input type="checkbox"/> Basic Airway Equipment	<input type="checkbox"/> Electrocardiographic Monitoring Equipment	<input type="checkbox"/> Capnography
<input type="checkbox"/> Face Mask Resuscitator	<input type="checkbox"/> Pulse Oximeter	<input type="checkbox"/> Auxiliary Lighting
<input type="checkbox"/> Oral and Nasopharyngeal Airways	<input type="checkbox"/> CO2 Detector	<input type="checkbox"/> Emergency Pharmaceutical Kit
<input type="checkbox"/> Endotracheal Tubes (Adult/Child size)	<input type="checkbox"/> Internal/External Temperature Monitor	<input type="checkbox"/> Cardiac Defibrillator
<input type="checkbox"/> Laryngoscopes	<input type="checkbox"/> Tracheostomy/Crycothyrotomy Equipment	<input type="checkbox"/> Emergency Tube Thoracostomy Equipment

If you do not utilize any of the above equipment, please explain: _____

1. Who owns and maintains the oxygen equipment? _____

2. Do you monitor the use of reversal agents? Yes No

P. Do you treat children? Yes No