

**WRITTEN PROTOCOL TO NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE  
OF SUPERVISION OF ANESTHESIOLOGIST ASSISTANT (“AA”)**

COMES NOW \_\_\_\_\_, D.O., being first duly sworn who deposes and says that: I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Osteopathic Medicine, possess an active license to practice medicine in the state of Nevada, license number \_\_\_\_\_, am in good standing with the Nevada State Board of Osteopathic Medicine, and am certified or eligible to be certified as an anesthesiologist by the American Osteopathic Board of Anesthesiology. I am engaged in the active practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal, pending against me by the Nevada State Board of Osteopathic Medicine or any other jurisdiction’s medical licensing entity. I have checked with the Nevada State Board of Osteopathic Medicine and determined that the anesthesiologist assistant I am going to supervise has not \_\_ or has \_\_ (mark one) been formally disciplined by the Nevada State Board of Osteopathic Medicine and is licensed by the Nevada State Board of Osteopathic Medicine.

I have read and am aware of the provisions of AB 270, Chapter 633 of the Nevada Revised Statutes concerning the duties of a supervising osteopathic anesthesiologist, as well as Chapter 633 of the Nevada Administrative Code which are the regulations adopted (or to be adopted) by the Nevada State Board of Osteopathic Medicine as they apply to a supervising osteopathic anesthesiologist and an anesthesiologist assistant. I have read and am aware of the proposed regulation of the Nevada State Board of Osteopathic Medicine under Chapter 633 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than four anesthesiologist assistants.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of anesthesiologist assistants with whom I may simultaneously supervise or collaborate. Upon receipt of same, I will be supervising the following named anesthesiologist assistant at the following practice location(s):

Practice Location	Telephone #	Practice Location	Telephone #
Practice Location	Telephone #	Practice Location	Telephone #

I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Osteopathic Medicine.

WHEREFORE, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Supervising Osteopathic Anesthesiologist Name (Print or Type)

\_\_\_\_\_  
Supervising Osteopathic Anesthesiologist (Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The above - named supervising osteopathic anesthesiologist, being first duly sworn, deposes and states that he/she appeared before me, a notary public, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and in my presence, executed this one-page document.

\_\_\_\_\_  
Notary Public

COMES NOW \_\_\_\_\_, A.A., being first duly sworn who deposes and says that: I, the undersigned anesthesiologist assistant, am duly licensed as an anesthesiologist assistant in the state of Nevada by the Nevada State Board of Osteopathic Medicine, and am in good standing with the Nevada State Board of Osteopathic Medicine, and **has not \_\_ or has \_\_ (mark one)** been formally disciplined by the Board for a violation of the Medical Practice Act of the state of Nevada. I have read and am aware of the provisions of Chapter 633 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to anesthesiologist assistants. I am aware a copy of this Notification will be placed in my licensing file at the offices of the Board, and, that if this relationship is terminated, my failure to notify the Board of the termination of this agreement within 10 days of termination or my continuing to practice as an AA without a new approved supervision agreement, may be grounds for disciplinary action against me.

WHEREFORE, I set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Anesthesiologist Assistant Name (Print or Type)

\_\_\_\_\_  
Anesthesiologist Assistant (Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The above - named anesthesiologist assistant, being first duly sworn, deposes and states that he/she appeared before me, a notary public, on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and in my presence, executed this one-page document.

\_\_\_\_\_  
Notary Public

## Written Protocol Agreement

### Supervising Osteopathic Anesthesiologist and Anesthesiologist Assistant

This is a Written Supervision agreement, in compliance with AB 270, between \_\_\_\_\_, A.A. (hereinafter “the Anesthesiologist Assistant”) and \_\_\_\_\_ D.O. (hereinafter “the Doctor”). Through this agreement, the Doctor and the Anesthesiologist Assistant affirm they each have read and are aware of the Nevada Revised Statutes (NRS 633), the Nevada Administrative Code (NAC 633), and AB 270 that govern the supervision of a Anesthesiologist Assistant by a Nevada licensed osteopathic anesthesiologist physician, and each affirm they will comply with all the statutes and regulations governing such supervision.

We agree that the Anesthesiologist Assistant’s practice shall be within the scope of practice of the Doctor, and that that scope of practice shall be: \_\_\_\_\_. We agree that the Anesthesiologist Assistant will provide services at the following location and at the following times:

Location: \_\_\_\_\_

Times: \_\_\_\_\_

We agree that in furtherance of the Anesthesiologist Assistant’s practice under the supervision of the Doctor, the Anesthesiologist Assistant shall perform delegated medical tasks only under the medical direction of the Doctor and may perform the following tasks which tasks must be commensurate with the education, training, experience, and level of competence of the Anesthesiologist Assistant [check all that apply and add any that are not on the following list]:

- (a) Developing and implementing an anesthesia care plan for a patient;
- (b) Obtaining the comprehensive health history of a patient;
- (c) Performing relevant elements of a physical examination of a patient and recording relevant data;
- (d) Ordering and performing preoperative and postoperative anesthetic patient evaluations and consultations and maintaining progress notes;
- (e) Subject to the limitations of NRS 453.375, possessing and administering preoperative and perioperative medications for the purposes of:
  - (1) Maintaining and altering the levels of anesthesia and providing continuity of anesthetic care into and during the postoperative recovery period;
  - (2) The continuation of perioperative medications;
  - (3) Performing general anesthesia and other procedures associated with general anesthesia;
  - (4) Administering vasoactive drugs and starting and titrating vasoactive infusions to treat a response of a patient to anesthesia; and,
  - (5) Administering postoperative sedation, anxiolysis or analgesia medication to treat patient responses to anesthesia;
- (f) Changing or discontinuing an anesthesia care plan after consulting with the supervising osteopathic anesthesiologist;
- (g) Obtaining informed consent from a patient or the parent or guardian of the patient, as applicable, for the administration of anesthesia or related procedures;
- (h) Entering in the medical record of a patient verbal or written medication chart orders prescribed by the supervising osteopathic anesthesiologist;
- (i) Pretesting and calibrating anesthesia delivery systems and obtaining information therefrom;
- (j) Implementing medically accepted monitoring techniques;
- (k) Establishing airway interventions and performing ventilatory support;
- (l) Establishing peripheral intravenous lines and performing invasive procedures;
- (m) Performing, maintaining, evaluating and managing epidural, spinal and regional anesthesia; \_\_\_
- (n) Performing monitored anesthesia care;
- (o) Conducting laboratory and other related studies;

- \_\_\_ (p) Performing, ordering, and interpreting preoperative, point-of-care, intraoperative or postoperative diagnostic testing or procedures;
- \_\_\_ (q) Monitoring the patient while in the preoperative suite, recovery area or labor suites and making postanesthesia rounds;
- \_\_\_ (r) Participating in administrative, research and clinical teaching activities;
- \_\_\_ (s) Initiating and managing cardiopulmonary resuscitation in response to a life-threatening situation.

We agree that the Doctor shall ensure that:

- (a) The anesthesiologist assistant is clearly identified to the patients as an anesthesiologist assistant;
- (b) The anesthesiologist assistant performs only those medical services which are specified in the written supervision agreement between the supervising osteopathic anesthesiologist physician and the anesthesiologist assistant; and
- (c) The anesthesiologist assistant strictly complies with:
  - (1) The provisions of the registration certificate issued to the anesthesiologist assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and
  - (2) The regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

We agree that the Doctor shall:

- (a) Include language in the patient consent form that informs the patient that the osteopathic anesthesiologist uses an anesthesiologist assistant.
- (b) Adopt a written protocol regarding the supervision of the anesthesiologist assistant. This written protocol shall be provided to the anesthesiologist assistant and to the Nevada State Board of Osteopathic Medicine.
- (c) Detail in the written protocol the tasks that the anesthesiologist assistant is authorized to perform and the manner in which the Doctor will supervise the anesthesiologist assistant.
- (d) Conduct regular reviews of the medical records of the patients delegated to the anesthesiologist assistant.
- (e) Complete a performance assessment of the anesthesiologist assistant every two years, a record of which must be maintained by both the Doctor and the anesthesiologist assistant.
- (d) Shall include, at a minimum, in the performance assessment:
  - (1) An assessment of the medical competency of the anesthesiologist assistant;
  - (2) A review and initialing of selected charts; and,
  - (3) An assessment of the ability of the anesthesiologist assistant to take a medical history from, and perform an examination of, patients representative of those cared for by the anesthesiologist assistant. e referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient.

We agree that any additional terms and conditions that shall apply to or govern our relationship – such as, for example, the terms of the written protocol, the terms of the quality assurance program – are attached to this document and that those terms and conditions will be deemed incorporated into this document as if they were fully set out herein.

\_\_\_\_\_ **A.A.**  
(printed name)

\_\_\_\_\_ **D.O.**  
(printed name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature)

**Completed original agreement is to be mailed directly to:**

Nevada State Board of Osteopathic Medicine  
2275 Corporate Circle, Suite 210, Henderson, NV 89074