



**Guidelines for the CRNA in management of
the obstetrical patient**

POSITION STATEMENT

The Mississippi Board of nursing is a consumer protection agency with the authority to regulate the practice of nursing provided for by Mississippi Code of 1972, Annotated, Title 73, Chapter 15.

A position statement is a scope of practice determination made by the Board, as to whether performance of an action by a licensed nurse and in this case a Certified Registered Nurse Anesthetist, is within acceptable standards. Position statements are administrative and educational tools that can be used to assist providers, licensed nurses, and other interested parties in scope of practice determinations. Position statements of the Mississippi Board of Nursing are formulated in response to the Board's legally mandated charge to protect the public through safe nursing practice.

Background

The provision of anesthesia to the obstetrical patient during labor is an integral part of a CRNA's practice. As such it has been demonstrated that CRNA's have been the predominant providers of these services to the obstetrical patient in most institutions. The American Association Nurse Anesthetist (AANA) has established clinical guidelines that promote quality care in these instances.

Currently the question as to whether the CRNA must remain physically present throughout an induction of epidural anesthesia has been discussed. It is imperative that guidelines for the CRNA are clearly delineated so as to continue to provide the citizens of Mississippi with the highest level of care possible regarding these types of services.

Although childbirth is recognized as a normal physiological process many variable can enter into this situation and have the potential to complicate overall patient management. The AANA has established the following 7 guideline statements:

1. The CRNA must possess the appropriate skills and credentials to initiate and manage regional (intrathecal, spinal, epidural and caudal epidural) labor anesthesia and general anesthesia for the obstetrical patient.
2. The CRNA must be aware of the fetal status prior to induction of any form of anesthesia.
3. The CRNA should do all they can to insure that the equipment is consistent with other anesthetizing locations in the facility and that airway

management equipment and drugs both for the mother and the infant must be available.

4. ***The CRNA shall be immediately available, as determined by institutional policy, when analgesia and anesthesia is administered.**
5. During the conduction of any anesthetic, a qualified healthcare provider, other than the CRNA, shall be available in the event of neonatal assessment and resuscitation become required.
6. The CRNA in the event of an emergency can initiate anesthesia in accordance to the institutional policy.
7. The CRNA is responsible to ensure the post-anesthesia care for the obstetrical patient consistent with institutional policy.

Scope of Practice

It is within the scope of practice of the CRNA who is duly qualified to provide anesthesia services to the obstetrical patient. These services shall include all those that are deemed appropriate by nature of licensure and certification in this role and shall include but are not limited to the initiation and management of regional (intrathecal, spinal, epidural and caudal epidural) and general anesthesia. It is the position of this Board that those standards adopted by the national association entitled the American Association of Nurse Anesthetists whose rules and regulations will serve as the guideline for the behaviors of the CRNA working with the obstetrical patient in Mississippi will be the model for practice.

It is the position of the AANA as adopted by the MS Board of Nursing that during the conduction of continuous epidural infusion for analgesia, the CRNA must be immediately available to assess the level of analgesia and adjust the plan of care as appropriate. The term ***"immediately available"*** is to be determined by institutional policy only. The term "immediately available" needs to be clearly defined by each institution. In some institutions it may be the policy to remain in the hospital, others at the bedside; however the majority of institutions stated that their policy was that "the CRNA is able to respond in a reasonable amount of time not to exceed 15 minutes". **CRNA's administering continuous epidural anesthesia must adhere to the institutional policy in which they are providing service.**

Management

In order to perform these duties and exercise these privileges the CRNA must be nationally certified by a body recognized by the Board of Nursing and possess a valid license (RN and APRN) in the state of Mississippi. Furthermore the CRNA must be working in a collaborative agreement with a physician(s) who was subject to and received board approval and these physicians must possess the same or comparable skills.

History

Approved February 5, 2010

Sources

Joint Commission on Accreditation of Healthcare Organizations. Care of Patients- Examples for the use of anesthesia and conscious sedation. JCAHO Accreditation Manual for Hospitals. 1996, 194-201.

