

# ***Protocol for Certified Registered Nurse Anesthetist***

## ***Practice with an Anesthesiologist***

The Nurse Anesthetist shall practice according to standards and guidelines of the national certification organization and in a collaborative/consultative relationship with a licensed physician or dentist.

- I. *Standards for Nurse Anesthesia Practice*
  - A. A thorough and complete preanesthetic assessment shall be performed.
  - B. Informed consent for the planned anesthetic intervention shall be obtained from the patient or legal guardian.
  - C. A patient-specific plan for anesthesia care shall be formulated.
  - D. The anesthesia care plan shall be skillfully implemented and the plan of care adjusted as needed to adapt to the patient's response to the anesthetic. Vigilance shall be maintained for untoward identifiable reactions and corrective actions initiated as required.
  - E. The patient's physiologic condition shall be monitored consistent with both the type of anesthesia care and specific patient needs.
  - F. There shall be prompt, complete and accurate documentation of pertinent information on the patient's record.
  - G. The responsibility for the care of the patient shall be transferred to other qualified providers in a manner which assures continuity of care and patient safety.
  - H. Appropriate safety precautions shall be taken to minimize the risks of fire, explosion, electrical shock and equipment malfunction.
  - I. Appropriate safety precautions shall be taken to minimize the risk of infection for the patient, Nurse Anesthetist and other staff.
  - J. Anesthesia care shall be assessed to assure its quality.
  - K. The Nurse Anesthetist shall participate in a continual process of self-evaluation and strive for excellence in anesthesia practice.
  - L. The Nurse Anesthetist shall respect and maintain the basic rights of patients, demonstrating concern for personal dignity and human relationships (American Association of Nurse Anesthetists, Scope and Standards for Nurse Anesthesia Practice, June 2002).
- II. *Clinical Procedures*
  - M. Preanesthetic Preparation and Evaluation
    1. Obtain an appropriate health history including biophysical and psychological data.
    2. Conduct an appropriate physical screening assessment.
    3. Recommend, or request and evaluate pertinent diagnostic studies.
    4. Select, obtain, order, or administer preanesthetic medications.
    5. Document the preanesthetic evaluation and obtain informed consent for anesthesia.
  - B. Anesthesia Induction, Maintenance and Emergence

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6. Obtain, prepare or utilize all equipment, monitors, supplies and drugs used for the administration of anesthesia; perform or order safety checks as needed.
  7. Select, obtain or administer the anesthetics, adjuvant drugs, accessory drugs, fluids and blood products necessary to manage the anesthetic, to maintain the patient's physiologic homeostasis, and to correct abnormal responses to the anesthesia or surgery.
  3. Perform all aspects of airway management.
  4. Perform and manage regional anesthetic techniques including, but not limited to, subarachnoid, epidural and caudal blocks, plexus, major and peripheral nerve blocks, intravenous regional anesthesia, transtracheal, topical and local infiltration blocks; intracapsular, peribulbar, intercostal and retrobulbar blocks.
  5. Provide appropriate perianesthetic invasive and non-invasive monitoring utilizing current standards and techniques and respond to abnormal findings with corrective action.
  6. Recognize abnormal patient response during anesthesia, select and implement corrective action and request consultation whenever necessary.
  7. Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to insure patient stability during transfer.
  8. Provide anesthesia care consistent with infection control and anesthetic safety principles in order to prevent the spread of disease and prevent harm to the patient, the anesthetist and others in the anesthetizing environment.
  9. Document, as part of the medical record, all aspects of anesthesia-related care in a thorough and timely fashion.
- C. Postanesthesia Care
8. Provide a thorough report of the patient's psychological and physical condition, perianesthetic course and anticipated problems to the postanesthetic health care provider who assumes the patient's care following anesthesia.
  9. Provide postanesthesia follow-up and evaluation of the patient's response to anesthesia and surgical experience taking appropriate corrective actions and requesting consultation when indicated.
  10. Initiate and administer respiratory support to insure adequate ventilation and oxygenation in the postanesthesia period.
  11. Initiate and administer pharmacological or fluid support of the cardiovascular system during the immediate postanesthesia period to prevent morbidity and mortality.

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- D. Perianesthetic and Clinical Support Functions
12. Insert peripheral and central intravenous catheters.
  13. Insert pulmonary artery catheters.
  14. Insert arterial catheters and perform arterial puncture to obtain arterial blood samples.
  15. Identify and manage emergency situations, including initiating or participating in cardiopulmonary resuscitation.
  16. Provide consultation and implementation of respiratory and ventilatory care.
  17. Initiate and modify pain relief therapy utilizing drugs, regional anesthetic techniques or other accepted pain relief modalities.
  18. Select and prescribe medication and treatment modalities related to the perianesthetic care of the patient, with consultation/collaboration when appropriate.
  19. Accept additional responsibilities appropriate to the practice setting which are within the expertise of the individual Nurse Anesthetist (American Association of Nurse Anesthetists, Guidelines for Clinical Privileges, June 2002)

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Signature of CRNA

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Date Signed

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Signature of Anesthesiologist

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