

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. (American Association of Nurse Anesthetists, Scope and Standards for Nurse Anesthesia Practice, February 2019 revision)

I. Standards for Nurse Anesthesia Practice

- **Patient's Rights:**
 - Respect the patient's autonomy, dignity, and privacy, and support the patient's needs and safety.
- **Preanesthesia Patient Assessment and Evaluation:**
 - Perform and document or verify documentation of a preanesthesia evaluation of the patient's general health, allergies, medication history, preexisting conditions, anesthesia history, and any relevant diagnostic tests. Perform and document or verify documentation of an anesthesia-focused physical assessment to form the anesthesia plan of care.
- **Plan for Anesthesia Care:**
 - After the patient has had the opportunity to consider anesthesia care options and address his or her concerns, formulate a patient-specific plan for anesthesia care. When indicated, the anesthesia care plan can be formulated with members of the healthcare team and the patient's legal representative (e.g., healthcare proxy, surrogate).
- **Informed consent for Anesthesia Care and Related Services:**
 - Obtain and document or verify documentation that the patient or legal representative has given informed consent to planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy.
- **Documentation:**
 - Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient's healthcare record.
- **Equipment:**
 - Adhere to manufacturer's operating instructions and other safety precautions to complete a daily anesthesia equipment check. Verify function of anesthesia equipment prior to each anesthetic. Operate equipment to minimize the risk of fire, explosion, electrical shock, and equipment malfunction.
- **Anesthesia Plan Implementation and Management:**
 - Implement and, if needed, modify the anesthesia plan of care by continuously assessing the patient's response to the anesthetic and surgical or procedural intervention. The CRNA provides anesthesia care until the responsibility has been accepted by another anesthesia professional.
- **Patient Positioning:**
 - Collaborate with the surgical or procedure team to position, assess, and monitor proper body alignment. Use protective measures to maintain perfusion and protect pressure points and nerve plexus. electrical shock and equipment malfunction.
- **Monitoring, Alarms:**
 - Monitor, evaluate, and document the patient's physiologic condition as appropriate for the procedure and anesthetic technique. When a physiological monitoring device is used, variable pitch and threshold alarms are tuned on and audible. Document Vital Signs per facility policies.
 - **Oxygenation:**
Continuously monitor oxygenation by clinical observation and pulse oximetry. The surgical or procedure team communicates and collaborates to mitigate the risk of fire.
 - **Ventilation:**
Continuously monitor ventilation by clinical observation and confirmation of continuous expired carbon dioxide. Verify intubation of the trachea or placement of other artificial airway device by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory monitors as indicated.

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- **Cardiovascular:**
Monitor and evaluate circulation to maintain patient's hemodynamic status. Continuously monitor heart rate and cardiovascular status. Use invasive monitoring as appropriate.
- **Thermoregulation:**
When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature. Use active measures to facilitate normothermia. When malignant hyperthermia (MH) triggering agents are used, monitor temperature and recognize signs and symptoms to immediately initiate appropriate treatment and management of MH.
- **Neuromuscular:**
When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockage and degree of recovery as required.
- **Infection Control and Prevention:**
 - Verify and adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to patients, the CRNA, and other healthcare providers.
- **Transfer of Care:**
 - Evaluate the patient's status and determine when it is appropriate to transfer the responsibility of care to another qualified healthcare provider. Communicate the patient's condition and essential information of continuity of care.
- **Quality Improvement Process:**
 - Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness to improve outcomes.
- **Wellness:**
 - Is physically and mentally able to perform duties of the role.
- **A Culture of Safety:**
 - Foster a collaborative and cooperative patient care environment through interdisciplinary engagement, open communication, a culture of safety, and supportive leadership.

II. Core Clinical Procedures

CRNA privileges must be consistent with the *Scope of Nurse Anesthesia Practice* and local, state, and federal law and may, without limitation, include the following and such other procedures that are extensions of the same techniques and skills.

- **Preanesthetic Preparation and Evaluation of Patient**
 - Performing a preanesthesia patient assessment and evaluation, which includes obtaining appropriate health history, reviewing systems, reviewing the comprehensive history and physical, and conducting an appropriate anesthesia-focused physical assessment and evaluating the results.
 - Recommending, requesting, or ordering pertinent diagnostic studies and evaluating the results.
 - Selecting, obtaining, ordering, and administering preanesthetic medications.
 - Document the preanesthetic evaluation.
 - Developing and documenting the plan of anesthesia care.
 - Obtaining a comprehensive informed consent for anesthesia and related services.
 - Performing and initiating pain management multimodal strategies.
- **Intraoperative Care**
 - Obtaining, preparing, and using all equipment, monitors, supplies and medications for the administration of general and regional anesthesia and sedation techniques; performing anesthesia equipment safety checks.
 - Selecting, obtaining, and administering the anesthetics, adjuvant drugs, accessory drugs, fluids and blood products necessary to induce, maintain, and manage the anesthetic.
 - Perform all aspects of airway management, including, but not limited to, fiberoptic intubation.
 - Perform and manage regional anesthetic techniques including, but not limited to, subarachnoid, epidural and caudal blocks; plexus and peripheral nerve blocks, intravenous regional anesthesia; transtracheal, topical and local infiltration blocks; intracapsular, intercostal and ocular blocks.
 - Provide appropriate invasive and non-invasive monitoring modalities.

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- Recognizing, evaluating, and managing the patient's physiological response and complications during the provision of anesthesia services; selecting and implementing corrective action, and requesting consultation as necessary.
 - Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to insure patient stability during transfer.
 - Document, as part of the medical record, all aspects of anesthesia-related care in a thorough and timely fashion.
 - 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.
- **Postanesthesia Care**
 - Evaluating and managing the patient's response to anesthesia and the procedure, addressing any issues, and requesting consultation as needed.
 - Initiating and administering respiratory support to provide adequate ventilation and oxygenation.
 - Selecting, obtaining, ordering, and administering post-anesthetic medications and volume management.
 - Continuing multimodal analgesia plan of care.
 - Discharging patients from the postanesthesia care unit (PACU) and the facility according to organization policy.
 - **Clinical Support Functions**
 - Inserting nasopharyngeal, nasogastric, or bougie tubes.
 - Inserting, managing, and removing arterial catheters and perform arterial puncture to obtain arterial blood samples.
 - Insert peripheral and central intravenous catheters.
 - Insert pulmonary artery catheters.
 - Inserting a transesophageal echocardiogram (TEE).
 - Ordering, analysis of, and acquisition of samples necessary for diagnostic studies.
 - Inserting and removing peripheral venous catheters, epidural catheters, and perineural catheters.
 - Performing an epidural blood patch.
 - Performing a diagnostic lumbar puncture (spinal tap).
 - Providing resuscitation services, including stabilization and initiating, leading, and participating in cardiopulmonary resuscitation.
 - Implementing and managing critical care, respiratory and ventilatory care.
 - Managing acute and advanced pain therapy, using multimodal pain management and desensitization techniques to include local infiltration, field block, capsular injection, and regional anesthetic techniques, or other nonpharmacologic treatment modalities.
 - Selecting, obtaining, ordering, and administering medications or treatments related to the care of the patient, using consultation when appropriate.

III. Recommended Special Clinical Privileges

- Such responsibilities that are within the expertise of the individual CRNA and appropriate to the practice setting.

IV. Nonclinical Responsibilities

- Such non-clinical responsibilities that are within the expertise of the individual CRNA and appropriate to the practice setting.

Signature of CRNA

Date

Signature of Anesthesiologist

Date