

CRNA Practice Guidelines

Introduction:

Certified Registered Nurse Anesthetist (CRNA) requirements:

1. Satisfactory completion of a formal education program in addition to generic nursing preparation which meets the standards of the Council on Accreditation of Nurse Anesthesia Programs and which has as its objective the preparation of nurses to perform as nurse anesthetists.
2. Current certification by a nationally recognized accrediting body approved by the Board for nurse anesthetists.
3. Current licensure as a registered professional nurse and CRNA by the Massachusetts Board of Registration in Nursing.
4. Successful completion of a certification examination of the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse anesthetists or has not yet received the results of the first examination given certification for which he/she is eligible. Should a person fail to take or fail to pass such an examination, he/she shall immediately cease practicing in an expanded role as a nurse anesthetist.
5. Current Massachusetts Controlled Substance Registration and DEA License.

These requirements encompass applicable state and federal regulations, and accreditation standards.

Guidelines:

1. The CRNA will be able to provide anesthesia services and deliver anesthesia care under the medical direction of an anesthesiologist assigned and in charge of a case.
2. The delivery of anesthesia care and management of a patient under anesthesia will be the primary responsibility of the anesthesiologist assigned and in charge of that case. The CRNA will be accountable to the anesthesiologist that the patient will receive appropriate anesthesia care during the time he/she will be assigned to that case.
3. General anesthesia will be administered by the CRNA under the direct, personal and continuous direction of the anesthesiologist. An anesthesiologist must be continuously physically present in the immediate vicinity of the operating room suite and is immediately available, although is not required to be in the operating room at all times.
4. CRNAs may perform procedures consistent with their credentialing under medical direction. The anesthesiologist will be physically present during the establishment of anesthesia and fully satisfied that the desired anesthetic level has been obtained and the patient is stable and comfortable.
5. When standby monitored anesthesia care is requested by a physician, a CRNA may perform this duty under the guidelines described in #3.
6. The CRNA should review the patient's condition immediately prior to the induction of anesthesia, using the medical record, pertinent laboratory data type, dosage and time of administration of pre-anesthetic medications, together with an appraisal of any changes in the patient's condition as compared with that noted previously.
7. The CRNA will discuss with the supervising anesthesiologist the choice of anesthetic and adjuvant agents to be used throughout the perioperative period. The final decision on the

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choice of anesthetic agents, techniques and management will be the responsibility of each individual anesthesiologist. The CRNA and directing anesthesiologist will work together and make a team effort to provide the appropriate anesthesia care for the patient.

8. Precautions for patient safety will include appropriate forms of continuous monitoring and observance of physical safety regulations. The CRNA will use discretion to determine the extent of non-invasive monitoring and appropriate care in each individual case. The extent to which invasive monitoring of a patient during anesthesia should be used will be determined following consultation with the directing anesthesiologist. It will be at the discretion of the anesthesiologist to allow a CRNA to perform cannulation of a peripheral artery for blood gases and pressure measurements.
9. The CRNA has the expertise and is permitted to:
 - a. Induce general anesthesia, including endotracheal intubation procedures
 - b. Maintain anesthesia at the desired level and support life function during the administration of an anesthetic during the course of surgery, including infusion of fluids and blood products.
 - c. Recognize and take appropriate corrective actions for abnormal patient response to anesthesia or to any adjunctive modifications or other forms of therapy. The CRNA should exert judgment as to the seriousness of the patient's condition at any time and request consultation when deemed necessary.
 - d. Provide professional observation and resuscitative care during the immediate postoperative period and until a patient has regained control of his/her vital functions. The CRNA will immediately notify the surgeon and anesthesiologist in charge of life threatening conditions such as cardiovascular collapse or cardiac arrest.
10. Upon delivery of the patient to the PACU or other recovery area, it will be the duty of the CRNA to report to the PACU or other recovery personnel the following: a brief account of the patient's preoperative condition, any problems encountered during anesthesia and surgery, estimated blood loss during surgery, extent of fluid and blood products replacement, type, dose and time of additional forms of therapy administered during anesthesia such as antibiotics, steroids, vasoactive agents, etc. In the PACU, pain management is the responsibility of the directing anesthesiologist.
11. The CRNA will attend regular meetings of the Department of Anesthesia to review and discuss the quality and appropriateness of anesthesia services. The CRNAs are encouraged to provide input in establishing guidelines for better anesthesia care as part of the overall facility quality improvement program.
12. CRNAs are encouraged to attend continuing education programs and to participate in in-service programs.
13. The Department of Anesthesia Chair is the supervising physician for all CRNAs at the hospital. Requests for clinical privileges are made using the hospital's medical staff application form.
14. Privileges in accordance with the Scope of Patient Care Services for the Certified Registered Nurse Anesthetist (CRNA) are as follows:
 - a. Provision of general anesthesia and/or sedation under supervision for surgical and other therapeutic and diagnostic procedures.
 - b. Performance of neuroaxial anesthesia and sedated regional anesthetic techniques, under direction.

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- c. Monitoring and management of anesthetized patients, under direction.
- d. Writing pre and post anesthesia orders, appropriate to the patient's status and planned procedure in agreement with the attending anesthesiologist of record. CRNA's with greater than two years of supervised prescriptive practice will have independent prescribing authority.

CRNA Practice Guidelines Signatures

CRNA Signature

Date

Chairman, Department of Anesthesia
or designee

Date