Scope and Standards for Nurse Anesthesia Practice

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The AANA Scope and Standards for Nurse Anesthesia Practice offers guidance for Certified Registered Nurse Anesthetists (CRNAs) and healthcare institutions regarding the scope of nurse anesthesia practice. The scope of practice of the CRNA addresses the responsibilities associated with anesthesia practice that are performed in collaboration with other qualified healthcare providers. Collaboration is a process which involves two or more parties working together, each contributing his or her respective area of expertise. CRNAs are responsible for the quality of services they render.

Scope of Practice

The practice of anesthesia is a recognized specialty in both nursing and medicine. Anesthesiology is the art and science of rendering a patient insensible to pain by the administration of anesthetic agents and related drugs and procedures. Anesthesia and anesthesia-related care represents those services which anesthesia professionals provide upon request, assignment, and referral by the patient's physician or other healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic ventilatory problems, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management. Education, practice and research within the specialty of nurse anesthesia promote competent anesthesia care encompassing the diversity of patient populations, age, ethnicity and gender. CRNAs practice according to their expertise, state statutes and regulations, and institutional policy.

CRNA scope of practice includes, but is not limited to, the following:

1. Performing and documenting a preanesthetic assessment and evaluation of the patient, including requesting consultations and diagnostic studies; selecting, obtaining, ordering, and administering preanesthetic medications and fluids; and obtaining informed consent for anesthesia.
2. Developing and implementing an anesthetic plan.
3. Initiating the anesthetic technique which may include: general, regional, local, and sedation.
4. Selecting, applying, and inserting appropriate noninvasive and invasive monitoring modalities for continuous evaluation of the patient's physical status.
5. Selecting, obtaining, and administering the anesthetics, adjuvant and accessory drugs, and fluids necessary to manage the anesthetic.
6. Managing a patient's airway and pulmonary status using current practice modalities.

7. Facilitating emergence and recovery from anesthesia by selecting, obtaining, ordering and administering medications, fluids, and ventilatory support.
8. Discharging the patient from a postanesthesia care area and providing postanesthesia follow-up evaluation and care.
9. Implementing acute and chronic pain management modalities.
10. Responding to emergency situations by providing airway management, administration of emergency fluids and drugs, and using basic or advanced cardiac life support techniques.

Additional nurse anesthesia responsibilities which are within the expertise of the individual CRNA include:

1. Administration/management: scheduling, material and supply management, development of policies and procedures, fiscal management, performance evaluations, preventative maintenance, billing, data management, and supervision of staff, students or ancillary personnel.
2. Quality assessment: data collection, reporting mechanism, trending, compliance, committee meetings, departmental review, problem-focused studies, problem solving, interventions, documents and process oversight.
3. Education: clinical and didactic teaching, BCLS/ACLS instruction, in-service commitment, EMT training, supervision of residents, and facility continuing education.
4. Research: conducting and participating in departmental, hospital-wide, and university-sponsored research projects.
5. Committee appointments: assignment to committees, committee responsibilities, and coordination of committee activities.
6. Interdepartmental liaison: interface with other departments such as nursing, surgery, obstetrics, postanesthesia care units (PACU), outpatient surgery, admissions, administration, laboratory, pharmacy, etc.
7. Clinical/administrative oversight of other departments: respiratory therapy, PACU, operating room, surgical intensive care unit (SICU), pain clinics, etc.

The functions listed above are a summary of CRNA clinical practice and are not intended to be all-inclusive. A more specific list of CRNA functions and practice parameters is detailed in the *AANA Guidelines for Core Clinical Privileges for Certified Registered Nurse Anesthetists.*

CRNAs strive for professional excellence by demonstrating competence and commitment to clinical, educational, consultative, research, and administrative practice in the specialty of anesthesia. CRNAs should serve on healthcare facility committees and actively participate in the development of departmental policies and guidelines, performance appraisals, peer reviews, and clinical and administrative conferences. In addition to these activities, CRNAs should assume a leadership role in the evaluation of the quality of anesthesia care provided throughout the facility and the community.

The scope of practice of the CRNA is also the scope of practice of nurse anesthetists who have graduated within the past 24 months from a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), but have not yet

passed their initial certification examination. Students enrolled in nurse anesthesia educational programs accredited by the COA practice pursuant to the council's standards and guidelines.

Standards for Nurse Anesthesia Practice

These standards are intended to:

1. Assist the profession in evaluating the quality of care provided by its practitioners.
2. Provide a common base for practitioners to use in their development of a quality practice.
3. Assist the public in understanding what to expect from the practitioner.
4. Support and preserve the basic rights of the patient.

These standards apply to all anesthetizing locations and may be exceeded at any time at the discretion of the CRNA. Although the standards are intended to promote high-quality patient care, they cannot assure specific outcomes. The CRNA should consider the integration of new technologies into current anesthesia practice.

There may be exceptional patient-specific circumstances that require deviation from a standard. The CRNA shall document any deviations from these standards (e.g., emergency cases for which informed consent cannot be obtained, surgical interventions or procedures that invalidate application of a monitoring standard) and state the reason for the deviation on the patient's anesthesia record.

Standard I

Perform and document a thorough preanesthesia assessment and evaluation.

Standard II

Obtain and document informed consent for the planned anesthetic intervention from the patient or legal guardian, or verify that informed consent has been obtained and documented by a qualified professional.

Standard III

Formulate a patient-specific plan for anesthesia care.

Standard IV

Implement and adjust the anesthesia care plan based on the patient's physiologic status. Continuously assess the patient's response to the anesthetic, surgical intervention, or procedure. Intervene as required to maintain the patient in optimal physiologic condition.

Standard V

Monitor, evaluate, and document the patient's physiologic condition as appropriate for the type of anesthesia and specific patient needs. When any physiological monitoring device is used, variable pitch and threshold alarms shall be turned on and audible. The CRNA should attend to

the patient continuously until the responsibility of care has been accepted by another anesthesia professional.

a. Oxygenation
Continuously monitor oxygenation by clinical observation and pulse oximetry. If indicated, continually monitor oxygenation by arterial blood gas analysis.

b. Ventilation
Continuously monitor ventilation. Verify intubation of the trachea or placement of other artificial airway devices by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory pressure monitors as indicated. Continuously monitor end-tidal carbon dioxide during controlled or assisted ventilation and any anesthesia or sedation technique requiring artificial airway support. During moderate or deep sedation, continuously monitor for the presence of expired carbon dioxide.

c. Cardiovascular
Continuously monitor cardiovascular status via electrocardiogram. Perform auscultation of heart sounds as needed. Evaluate and document blood pressure and heart rate at least every five minutes.

d. Thermoregulation
When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature in order to facilitate the maintenance of normothermia.

e. Neuromuscular
When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.

f. Positioning
Monitor and assess patient positioning and protective measures, except for those aspects that are performed exclusively by one or more other providers.

Interpretation
Continuous clinical observation and vigilance are the basis of safe anesthesia care. Consistent with the CRNA's professional judgment, additional means of monitoring the patient's status may be used depending on the needs of the patient, the anesthesia being administered, or the surgical technique or procedure being performed.

Standard VI

Document pertinent anesthesia-related information on the patient's medical record in an accurate, complete, legible, and timely manner.

Standard VII

Evaluate the patient's status and determine when it is safe to transfer the responsibility of care. Accurately report the patient's condition, including all essential information, and transfer the responsibility of care to another qualified healthcare provider in a manner that assures continuity of care and patient safety.

Standard VIII

Adhere to appropriate safety precautions as established within the practice setting to minimize the risks of fire, explosion, electrical shock and equipment malfunction. Based on the patient, surgical intervention or procedure, ensure that the equipment reasonably expected to be necessary for the administration of anesthesia has been checked for proper functionality and document compliance. When the patient is ventilated by an automatic mechanical ventilator, monitor the integrity of the breathing system with a device capable of detecting a disconnection by emitting an audible alarm. When the breathing system of an anesthesia machine is being used to deliver oxygen, the CRNA should monitor inspired oxygen concentration continuously with an oxygen analyzer with a low concentration audible alarm turned on and in use.

Standard IX

Verify that infection control policies and procedures for personnel and equipment exist within the practice setting. Adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.

Standard X

Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness.

Standard XI

Respect and maintain the basic rights of patients.

The "Standards for Nurse Anesthesia Practice" were adopted in 1974 and subsequently revised in 1981, 1989, 1992, 1996, 2002, and 2005. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the *American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist* document. That document subsequently has had the following name changes: *Guidelines for Nurse Anesthesia Practice* (1989); *Guidelines and Standards for Nurse Anesthesia Practice* (1992); and *Scope and Standards for Nurse Anesthesia Practice* (1996). In addition, the "Scope of Practice" statement was first published in 1980 as one part of the *American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist* document.
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