A. General Requirements
CRNAs must be qualified to render patients insensible to pain and emotional stress during surgical, obstetrical, diagnostic and invasive procedures using general and regional anesthesia and all levels of sedation techniques. The CRNA must have good clinical judgment and critical thinking skills. The CRNA must maintain proficiency in anesthesia and have the ability to learn new techniques. The CRNA must be able to work different shifts and to be on-call as is required by patient care needs.

B. Qualifications
Basic qualifications for clinical privileges shall include:

1. State licensure as a registered professional nurse. Compliance with state and federal requirements for the advanced practice of nurse anesthesia.
2. Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.
3. Certification by the Council on Certification of Nurse Anesthetists or recertification by the Council on Recertification of Nurse Anesthetists or their respective predecessors or, if pending initial certification, evidence of graduation from a program accredited by the Council on Accreditation of Nurse Anesthesia Education Programs.
4. Compliance with relevant requirements for continuing education, advanced life support/ART certification, and pertinent education, training or expertise in specialty areas.

C. Scope of Practice
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.
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 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.

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.

D. Standards for Nurse Anesthesia Practice
These standards apply to all anesthetizing locations.

Standard I
Perform a thorough and complete preanesthesia assessment.

Standard II
Obtain informed consent for the planned anesthetic intervention from the patient or legal guardian.

Standard III
Formulate a patient-specific plan for anesthesia care.

Standard IV
Implement and adjust the anesthesia care plan based on the patient’s physiological response.

Standard V
Monitor the patient’s physiologic condition as appropriate for the type of anesthesia and specific patient needs.

Standard VI
There shall be complete, accurate, and timely documentation of pertinent information on the patient’s medical record.

Standard VII
Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.

Standard VIII
Adhere to appropriate safety precautions as established within the institution to minimize the risks of fire, explosion, electrical shock and equipment malfunction. Document on the patient’s medical record that the anesthesia machine and equipment were checked.

Standard IX
Precautions shall be taken to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.

Standard X
Anesthesia care shall be assessed to assure its quality and contribution to positive
Standard XI
The CRNA shall respect and maintain the basic rights of patients.

E. Evaluation
Performance evaluations on all Department of Anesthesiology's CRNAs are completed according to departmental standards.

F. Written Records
A written list of CRNAs, who are authorized to practice under the Department of Anesthesiology is maintained by the Department personnel manager and a copy is forwarded to the appropriate hospital administrator in Medical Staff Administration.

G. Direction/Consultation
Under the general direction of an attending anesthesiologist, the CRNA shall administer anesthetics to patients undergoing diagnostic or therapeutic procedures and surgery. The CRNA will immediately inform the attending anesthesiologist and/or the operating surgeon of significant changes during the course of the procedure. The CRNA may take any necessary and appropriate remedial action pending the arrival of and consultation with the attending anesthesiologist.

Approved Interdisciplinary Practice Council May 2011
Approved Medical Executive Committee May 2011