SCOPE OF PRACTICE
Certified Registered Nurse Anesthetist

Age Range of Patient Population: (Please check)  ___ * Pediatric  ___ Adult  ___Geriatric

*<2 yrs of age, refer to criteria Part V, Section 3

PART I:  DEFINITION

Certified Registered Nurse Anesthetists (CRNA) are professional nurses registered in the State of New York and meeting the requirements as delineated below.

PART II:  REQUIREMENTS

A CRNA is defined as a nurse who:

1. Is registered in the New York State Education Department as a registered nurse and who also meets the following requirements.

2. Graduate of a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Programs or its predecessor.

3. Complies with one of the following requirements regarding certification eligibility, initial certification or recertification:
   - Is within 18 months of graduation. This requirement is non-renewable and applicant must achieve certification status by time of renewal.
   - Is currently certified by the Council on Certification of Nurse Anesthetists.


PART III:  PRACTICE RELATIONSHIPS

CRNAs will function within their scope of practice under the direct supervision of an anesthesiologist. The scope of practice within a hospital setting is at the discretion of the hospital Board of Directors.

PART IV:  SCOPE OF PRACTICE

The following guidelines have been adopted for delineation of the scope of practice for members of the Kaleida Health staff in the Clinical Service of Anesthesiology. Appointments and scope of practice will be based on evaluation of each applicant’s training and previous experience using these guidelines for appointment and reappointment to the Advanced Practice Provider Staff. These guidelines are subject to revision upon appropriate Clinical Service and Medical Staff approval.

Certified Registered Nurse Anesthetists and Registered Nurse Anesthetists will be allowed to exercise this Scope of Practice only under the supervision of a staff anesthesiologist and the services provided by the CRNA must be within the scope of practice of the supervising anesthesiologist.
Part V: Competencies:

1) **Core Competencies** - (accorded to practitioners that meet the requirements of education, training, and certification as noted in Part II)

- Preanesthetic assessment
- Perform history and physicals
- Requesting laboratory/diagnostic studies
- Preanesthetic medication
- General Anesthesia/Adjuvant drugs
- Regional anesthesia techniques:
  - Subarachnoid
  - Epidural
  - Caudal
  - Upper extremity
  - Lower extremity
  - Diagnostic and therapeutic nerve blocks
  - Local infiltration
  - Topical
  - Periocular block
  - Transtracheal
  - Intracapsular
  - Intercostal
- Cardiopulmonary resuscitation management
- Perianesthetic invasive/noninvasive monitoring
- Tracheal intubation/extubation
- Mechanical ventilation/oxygen therapy
- Fluid, electrolyte, acid-base management
- Blood, blood products, plasma expanders
- Acute and chronic pain therapy
- Post anesthesia care/discharge
- Perianesthesia management of patient using accessory drugs or fluids.
- Conscious and deep sedation techniques
- Central venous catheter placement with supervision
- Peripheral intravenous/arterial catheter placement
- Pulmonary artery catheter placement with supervision

2) **Specialty Related Cognitive Skills** – The supervising physician must confirm that he/she has personally observed the applicant in the clinical setting and can attest that the applicant has the cognitive skills appropriate to the Specialty/Subspecialty in which he/she will be providing care.

   ______ a) I, as supervising physician, have personally observed ___________________________________________ (Applicant’s name) in the clinical setting and can attest he/she has the cognitive skills appropriate to the Specialty of Anesthesiology.

   ______ b) I, as supervising physician, have not personally observed ___________________________________________ (Applicant’s name) in the clinical setting and recommend he/she be given a six (6) month provisional approval with personal supervision at the end of which an attestation as to competence will be required.

3) **Pediatric Cognitive Skills** – (patients <2 yrs of age) - The applicant must provide written documentation of current competence (as noted below)

   a) **Recent graduate** – A list of pediatric cases, including ages, performed within the educational program, signed by a representative of the program, attesting to competence.

   b) **All Others** – A list of pediatric cases, including ages, performed within the previous 2 years.

   OR

   A signed statement from a supervising physician confirming that he/she has personally observed the applicant working with this pediatric population in the clinical setting and can attest to his/her competence.

   **If neither of the above requirements can be met**, the applicant may submit a written request for approval to work with this pediatric population, under personal supervision, until such time as the above noted attestation can be submitted. This request must be co-signed by a supervising physician.
The applicant must provide written documentation of current competence (as noted below) for all procedures requested:

1. A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence OR a case list requested procedures performed within the previous 2 years AND
2. A signed statement from the collaborating physicians confirming that he/she has personally observed the applicant successfully perform the procedure(s) and can attest to his/her competence.

If the above requirements cannot be met, the applicant may request approval to perform the procedure(s) under direct supervision until such time as the above noted attestation can be submitted. This request must be co-signed by the collaborating physician.

<table>
<thead>
<tr>
<th>Requested</th>
<th>Approved</th>
<th>*Not Approved</th>
<th>With Direct Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Comments:*

1) Under direct supervision only
2) Must consult with attending physician prior to procedure

**Key**

*NOT APPROVED DUE TO:
(Provide Details as necessary)

1) Lack of Documentation
2) Lack of Required Training/Experience
3) Lack of Current Competence

Practitioner’s Signature ___________________________ Date __________

Supervising Physician’s Signature ___________________________ Date __________
(Site Chief of Anesthesiology)

Chief of Service Signature ___________________________ Date __________

Advanced Practice Provider Representative ___________________________ Date __________

5/2016