



BOARD OF REGISTERED NURSING

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EXECUTIVE OFFICER...

TO: Interested Persons

FROM: Board of Registered Nursing

SUBJECT: Practice of the Certified Registered
Nurse Anesthetist (CRNA)

The Nursing Practice Act (NPA) authorizes the certified registered nurse anesthetist (CRNA) to provide anesthesia services ordered by a physician, dentist or podiatrist within the scope of their licensure, and in accord with common practice and policies of the organized health care system in which the service is provided; organized health care systems include, but are not limited to, acute care hospitals, ambulatory surgical centers and surgeons' offices. Anesthesia services include regional or local anesthesia by injection as well as general anesthesia.

Section 2826, NPA created the nurse anesthetist entitlement act which prohibits any person from using the title Nurse Anesthetist unless they are certified as a nurse anesthetist by the Board of Registered Nursing. The standards of the Council on Certification and the Council on Recertification of Nurse Anesthetists are used by the board in the certification process. Nurse anesthetists, like all nurses, are responsible for using the principles of the nursing process, outlined in regulation, Section 1443.5, Standards of Competent Performances, in the practice of nurse anesthesia.

In understanding the practice of the CRNA it is helpful to recognize that performing surgery and performing anesthesia, although collaborative, are separate functions. The physician is responsible for performing the surgery and evaluating the patient's response to the surgical procedure while the CRNA is responsible for selecting and administering the anesthetic agent, monitoring the patient's response thereto, and selecting and administering drugs required to maintain the patient's stability during the operative period. In accord with policies of the employer the CRNA may transmit orders* to be implemented by RNs and other appropriate staff for preoperative and postoperative drugs compatible with the anesthesia.

* In transmitting orders in accord with facility/employer policy, the RN is acting as an agent of the physician. The BRN's policy in regard to this is that the RN may implement a medical order transmitted by an agent of the physician.

In Title 22, Section 70235, **Anesthesia Service Staff**, it is clear that a physician shall have overall responsibility for the anesthesia service. However, Section 70206.1(a), **Granting of Non Physician Privileges**, states that the Committee on Interdisciplinary Practice shall be responsible for the granting of expanded role privileges to RNs and shall recommend policies and procedures..... to provide for the assessment, planning and direction of the diagnostic and therapeutic care of a patient in a licensed health facility.

Just prior to surgery the CRNA performs a **preanesthesia** evaluation of the patient's condition, particularly of heart and lungs to determine his fitness to undergo anesthesia and as a baseline for on-going assessment throughout the anesthesia experience. In addition, the Nursing Practice Act requires all RNs to assess their patients and then to take appropriate action (Sec. 2725(d)). Thus, for example, a CRNA's finding that a preoperative patient was exhibiting signs of abnormality would be reported to the responsible physician.

In regard to **discharging** the patient from an outpatient facility, following surgery the physician evaluates the patient's condition at that time and determines whether or not the patient may be discharged; the CRNA later makes a decision regarding the time of discharge based on the patient's recovery from anesthesia as well as on the CRNA's determination that the patient's condition in response to the surgical procedure has remained stable. When both responses are satisfactory the CRNA may carry out the discharge order for the patient; if unsatisfactory, the CRNA notifies the physician of his/her assessment. This is the procedure followed by RNs in any setting.

In the **acute care facility** the CRNA or the RN in the post-anesthesia recovery area evaluates the patient's responses to surgery and anesthesia to determine when the patient may be discharged from the recovery room to a nursing unit. In many facilities, protocols have been developed that describe specific discharge criteria to be used to evaluate the patient's recovery from anesthesia and initial response to surgical intervention.

The practice of any health professional is governed in a broad sense by statute and regulation. In addition, broadly stated professional standards and specifically stated policies and procedures generated within the health care setting or facility impact on the functions performed by health professionals.