Board Approves Updated Standards of Nurse Anesthesia Practice and Other Practice Documents

At its recent Board of Directors meeting at the Assembly of Didactic and Clinical Educators (ADCE) and subsequent Board call, the Board approved several practice documents. These documents are incorporated in the Professional Practice Manual for the CRNA and can be accessed at www.aana.com/PracticeManual or purchased at www.aana.com/Store.

Standards for Nurse Anesthesia Practice

The Standards for Nurse Anesthesia Practice provide a foundation for practice across all practice settings. These standards are intended to support the delivery of patient-centered, consistent, high-quality, and safe anesthesia care and assist the public in understanding the CRNAs role in anesthesia care. The revision of this document was a multi-year project for the Practice Committee and staff, which included an extensive literature search and review, benchmarking, analysis, drafting, and input from various stakeholders, including subject matter experts, legal counsel, and AANA members through an open comment period and multiple focus sessions.

The essential elements of the standards include patients’ rights, which are prioritized as Standard 1 in the revised document; preanesthesia patient assessment and evaluation; the anesthesia care plan; informed consent, documentation; equipment; anesthesia plan implementation and management; monitoring and alarms; infection control and prevention; and transfer of care. The revision also includes the addition of new standards on wellness and the culture of safety.

Office-Based Anesthesia Practice, Position Statement

This position statement affirms that CRNAs have long been the predominant anesthesia professional and leader in providing anesthesia services in physicians’ offices. Highlighted in this document are the unique and specific responsibilities to consider prior to administration of anesthesia in the office setting. In addition to the Standards for Nurse Anesthesia Practice, which apply to office-based practice, this position statement contains...
two resource appendices including Minimum Elements for Providing Anesthesia Services in the Office Based Practice Setting and Anesthesia Equipment and Supplies Checklist.

**Analgesia and Anesthesia for the Patient with Substance Use Disorder, Practice Considerations**

This document, written jointly by the Practice and Peer Assistance Advisors Committees, offers practice considerations for anesthesia professionals to provide safe care to the patient with substance use disorder, whether alcohol or drugs and both active and remission states. Considerations include understanding of the disease of addiction in the patient-centered approach to care throughout the preanesthesia assessment and evaluation, development of a plan of care in collaboration with the patient and the interdisciplinary healthcare team, deployment of an opioid-sparing multimodal approach to managing pain, and responsible oversight that includes safe prescribing practices and discharge planning.

To supplement this document, the 2017 Jan Stewart Memorial Lecture titled Non-Opioid Anesthesia Considerations for Patients with Substance Use Disorder is available on AANALearn. The course will enhance understanding of the acute and recovery phases of substance use disorder with knowledge of how to create an anesthesia care plan that supports the patient’s recovery efforts.

**Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists, Policy Considerations**

This policy considerations resource provides information about credentialing, privileging, and recommended clinical and non-clinical responsibilities of CRNAs. The current revision modernizes and aligns the content with the Scope of Nurse Anesthesia Practice and includes updated core and special privileges, such as inserting nasopharyngeal, nasogastric, or bougie tubes; performing a diagnostic lumbar puncture; performing a history and physical; inserting, monitoring, and interpreting a transesophageal echocardiogram; and performing, reading, and interpreting advanced diagnostic tests. Non-clinical responsibilities were also expanded to reflect the breadth of CRNA roles in facilities, including leadership and management, clinical and administrative oversight, quality assessment and improvement, and education, research, and interdepartmental liaison roles.

All CRNAs, SRNAs, facility administrators, and other stakeholders are encouraged to review these documents. The AANA thanks the Practice Committee for their continued work to support CRNAs practicing at the peak of their knowledge and skills. For questions or comments, please contact the AANA Professional Practice Division at practice@aana.com.