

Patient Safety and CRNAs on Drug Therapy Regimens for Pain Management

Formerly Advisory Opinion Number 5.4

Many Certified Registered Nurse Anesthetists (CRNAs) experience acute pain from injury, illness, and surgery, as well as chronic pain associated with degenerative disease and other debilitating conditions. CRNAs and the organizations that use their services face a dilemma about CRNAs continuing to administer anesthesia during the course of aggressive treatment for pain. The difficulty in balancing economic realities with patient safety concerns increases stress in the work environment that may further exacerbate the CRNA's pain.

Unrelieved pain impedes recovery from injury and illness, interferes with physical functioning and productivity, impairs mental cognition, and can destroy quality of life. Fear of opioid addiction and drug side effects exists among practitioners, the public, and patients. Researchers and clinicians alike are unclear about the long-term effects of opiates and related patient outcomes.

Nurse anesthetists recognize their professional responsibilities to patients and coworkers for the maintenance of acceptable work behaviors.¹ The American Association of Nurse Anesthetists (AANA) recognizes an obligation to protect patients from harm and recommends that nurse anesthetists who are diagnosed with acute or chronic pain and are being treated with opiates should be further evaluated for fitness to work. The AANA recommends that a CRNA have a complete, independent, neuropsychological evaluation and receive clearance from his or her physician before returning to work or continuing to practice. An evaluation may provide an accurate and objective assessment of impairment, provide a diagnosis, and describe limits or specific capabilities. It is also recommended that a CRNA remain under physician care for as long as he or she continues opiate therapy and maintains clinical practice.

The AANA supports educating practitioners, the healthcare community, and the public on issues pertaining to the appropriate treatment of acute and chronic pain. The AANA supports policies that address prevention of physical, mental, or emotional illness associated with pain and also facilitates confidential diagnosis, treatment, and rehabilitation of practitioners who suffer a potentially impairing condition. Hospitals are encouraged to have a process that balances effective and efficient pain management with education about self-health, addresses non-discrimination under the Americans with Disabilities Act (ADA), and is based on reasonable and observable conclusions that the CRNA does not present a significant threat to patient safety. Further, the AANA encourages organizations to implement a comprehensive, individualized reentry plan based on identified risk factors and ongoing assessment that foster a safe practice environment.

References

1. American Association of Nurse Anesthetists. *The AANA Code of Ethics for Certified Registered Nurse Anesthetists*. 2005 revision. Park Ridge, IL: American Association of Nurse Anesthetists; 1986.

Adopted by AANA Board of Directors June 2005.
Revised by AANA Board of Directors November 2005.

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