PRACTICE OF THE CERTIFIED REGISTERED NURSE ANESTHETIST

The Nursing Practice Act, Business and Professions Code, Section 2725 authorizes the certified registered nurse anesthetist (CRNA) to provide anesthesia services ordered by a physician, dentist or podiatrist in accord with common anesthesia practice and the policies of the organized health care system in which the service is provided.

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, dentist, or podiatrist is responsible for performing the surgery or procedure and evaluating the patient’s response to the surgery or procedure, while the CRNA is responsible for selecting and administering the anesthetic agent, monitoring the patient’s response thereto, and selecting and administering or ordering the administration of drugs and other modalities required during the recovery from anesthesia.

Business and Professions Code, Section 2828 legally insures that the nurse anesthetist is responsible for his or her own professional conduct and may be held liable for those professional acts. The Board of Registered Nursing has no requirement for the signature of the patient’s physician, dentist, podiatrist for those anesthesia services provided by the CRNA nor for the physician, dentist or podiatrist to supervise the CRNA providing their anesthesia services. Therefore, the CRNA provides anesthesia services under the authority of his or her own license as a licensed independent practitioner when requested to provide anesthesia services necessary to implement a treatment, disease prevention, or rehabilitative regimen upon the order of and within the scope of licensure of a physician, dentist, or podiatrist (BPC 2725) and in accord with common anesthesia practice and the policies of the organized health care system in which the service is provided.

The Nursing Practice Act does not limit the anesthesia services a CRNA may provide based on the age or medical condition of the patient; or the type of surgery, procedure or treatment.

Anesthesia services include the administration of regional or local anesthesia injection, general anesthesia or sedation and pain management services. The CRNA performs the pre-anesthesia evaluation and post anesthesia evaluation of the patient; plans and manages the anesthetic; selects and manages the airway and monitoring devices including the placement of invasive monitoring; selects and administers the drugs, fluids, and blood products necessary to maintain the stability of the patient; and manages or assists in the management of any medical emergencies occurring during the anesthesia or the recovery from the anesthesia.

It is within the scope of practice of the CRNA to provide acute and chronic pain management services and emergency procedures both inside and outside the operating room suite. Pain management services may be an individual service or part of an anesthesia team service.
In accord with policies of the facility, the CRNA may initiate orders to RNs and other appropriate licensed staff as required to provide preoperative and postoperative care related to the anesthesia experience.

In regard to discharging the patient from an outpatient facility, following surgery, the physician, dentist, or podiatrist 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 discharges the patient.

In the acute care facility, the CRNA evaluates the patient’s response to surgery and anesthesia to determine when the patient may be discharged from the recovery room to a nursing unit.