

Note: The following sample protocol has been prepared for the convenience of FANA members. The protocol contains a general description of CRNA management areas, which may not be applicable in all settings. This protocol must be carefully reviewed by the physician and CRNA, and tailored to fit the individual circumstances of each practitioner. The information contained in this sample protocol is not intended as legal advice, and should not be relied upon by practitioners as such. Questions that involve specific factual situations or interpretations of law should be referred to an attorney who is well-versed in Florida health care law.

SAMPLE CRNA PROTOCOL

Protocol between **[Name of Supervising Physician or Facility]**, C.R.N.A.

and

[Name], M.D., D.O., or D.D.S./D.M.D.

I. REQUIRING AUTHORITY

Section 464.012, Florida Statutes.

II. ADVANCED PRACTICE REGISTERED NURSE CERTIFICATION

[Name], C.R.N.A. (referred to throughout this Protocol as "C.R.N.A.") is currently licensed as an Advanced Practice Registered Nurse, License Number _____, issued by the Florida Department of Health.

III. CERTIFIED REGISTERED NURSE ANESTHETIST CERTIFICATION

C.R.N.A. is currently certified as an a Certified Registered Nurse Anesthetist, Certificate Number _____, issued by the National Board of Certification and Recertification for Nurse Anesthetists.

IV. C.R.N.A. DUTIES

C.R.N.A. shall manage the anesthesia health care for those patients for which he or she is responsible, in accordance with facility policy and this protocol.

V. PHYSICIAN DUTIES

Physician shall provide general supervision to the C.R.N.A., and be available for consultation with the C.R.N.A. as needed.

VI. C.R.N.A. MANAGEMENT AREAS

The C.R.N.A. is responsible for the following management areas, and may perform any or all of the following functions:

A. PREANESTHETIC PREPARATION AND EVALUATION

1. Obtain an appropriate health history including biophysical and psychosocial data.
2. Conduct an appropriate physical screening assessment.
3. Order or request pertinent diagnostic tests.

4. Obtain informed consent for anesthesia in accordance with facility policy.
5. Select, order and administer preanesthetic medications.
6. Document the preanesthetic evaluation and obtaining informed consent for anesthesia.

B. ANESTHESIA INDUCTION, MAINTENANCE AND EMERGENCE

1. Obtain, prepare and utilize equipment, monitors, supplies and drugs used for the administration of anesthesia; perform or order safety checks as needed.
2. Select, obtain and administer the anesthetics, adjuvant drugs, accessory drugs, and fluids necessary to manage the anesthetic, maintain the patient's physiologic homeostasis, and correct abnormal responses to the anesthesia or surgery.
3. Perform tracheal intubation and extubation and provide mechanical ventilation.
4. Perform and manage regional anesthetic techniques including, but not limited to, subarachnoid, epidural and caudal blocks; plexus, major and peripheral nerve blocks; intravenous regional anesthesia; transtracheal, topical and local infiltration blocks.
5. Provide appropriate perianesthetic invasive and noninvasive monitoring utilizing current standards and techniques, and respond to abnormal findings with corrective action.
6. Recognize and treat cardiac dysrhythmias through the use of perianesthetic electrocardiogram monitoring.
7. Recognize abnormal patient response during anesthesia, implementing corrective action, and request consultation whenever necessary.
8. Manage the patient's fluid, blood, electrolyte and acid-base balance.
9. Evaluate patient response during emergence from anesthesia and institute pharmacological or supportive treatment to insure the adequacy of patient recovery from anesthesia and adjuvant drugs.
10. Provide anesthesia care consistent with infection control and anesthetic safety principles in order to prevent the spread of disease and prevent harm to the patient, the anesthetist and others in the anesthetizing environment.
11. Document, as part of the medical record, all aspects of anesthesia-related care in a thorough and timely fashion.

C. POSTANESTHESIA CARE

1. Provide a thorough report of the patient's condition, perianesthetic course and anticipated problems to the postanesthetic health care provider who assumes the patient's care following anesthesia.
2. Provide postanesthesia follow-up and evaluation of the patient's response to anesthesia and for potential anesthetic complications, taking appropriate corrective actions and requesting consultation whenever indicated.
3. Initiate and administer respiratory support to insure adequate ventilate and oxygenation in the immediate post anesthesia period.
4. Initiate and administer pharmacological or fluid support of the cardiovascular system during the immediate post anesthesia period to prevent perianesthetic morbidity and mortality. Release or discharge patients from the postanesthesia care area.

D. PERIANESTHETIC AND CLINICAL SUPPORT FUNCTION

1. Insert peripheral and central intravenous catheters.
2. Inserting pulmonary artery catheters.
3. Insert arterial catheters and performing arterial puncture to obtain arterial blood samples.
4. Identify and manage emergency situations, including initiating or participating in cardiopulmonary resuscitation that involves airway maintenance, ventilation, tracheal intubation, pharmacologic cardiovascular support, and management of blood, fluid, electrolyte and acid-base balance.
5. Provide consultation and implementation of respiratory and ventilatory care.
6. Initiate and modify pain relief therapy utilizing drugs, regional anesthetic techniques or other accepted pain relief modalities.
7. Select or prescribe medication and treatment modalities related to the perianesthetic care of the patient, with consultation or collaboration when appropriate.
8. Accept additional responsibilities appropriate to the practice setting which are within the expertise of the individual CRNA.
9. Perform any other procedures which the C.R.N.A., has been educated to perform.

VI. SUPERVISION

The C.R.N.A. may perform all of the foregoing functions under the general supervision of a medical doctor licensed pursuant to Chapter 458, Florida Statutes, an osteopathic physician licensed pursuant to Chapter 459, Florida Statutes, or a dentist licensed pursuant to Chapter 466, Florida Statutes. However, a C.R.N.A. may administer anesthesia in a hospital or ambulatory surgery center only under the onsite medical direction of a medical doctor, an osteopathic physician, or a dentist.

VIII. GENERAL

- A. This protocol will be reviewed on a yearly basis by the C.R.N.A. and the physician or medical staff of the facility.
- B. The original of the protocol must be maintained on site at the location or locations at which the C.R.N.A. practices.

Primary practice site: _____

Secondary practice site: _____

- C. This Protocol, and any alteration or amendments, must be signed by all parties and maintained on site at the location or locations in which the C.R.N.A. practices.

- D. Within 30 days of entering into this protocol, and within 30 days after the termination of this protocol, the notice required by F.S. 458.348(1) must be mailed to:

Department of Health
Board of Medicine
4052 Bald Cypress Way, BIN #C-03
Tallahassee, FL 32399-3253

or faxed to 850-488-0596. A copy of the APRN/EMT/Paramedic Protocol form is available at <https://flboardofmedicine.gov/resources/>.

NOTE: Only one physician per form. Use extra sheets for additional APRNs.

- E. Upon termination, protocols must be kept on file for four years.

[Name], A.R.N.P., C.R.N.A.

[Name], M.D.

License Number: _____

License Number: _____

INITIATED ON DATE: _____

RENEWED ON DATE: _____

RENEWED ON DATE: _____

RENEWED ON DATE: _____

RENEWED ON DATE: _____