Job Title: Chief CRNA
Supervised by: Anesthesia Director
Prepared by: __________________________________
Approved by: ___________________________
Date: ________________________________________ Date: _________________________________

Job Summary: Responsible for the direction of patient care performed by staff CRNAs. Manages CRNA staff members in the OR, Outpatient Surgery, OB and PACU. Consults with staff, anesthesiologists, medical staff, Surgical Services Nurse Manager with problems and interpretation of policies and procedures. Maintains performance improvement activities within the department and participates in CQI activities. Assists in formulating the budget. Administers anesthesia and anesthesia-related care under the orders of a physician.

DUTIES AND RESPONSIBILITIES:

Demonstrates Competency in the Following Areas:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates ability to administer all types of anesthesia, including general, major regional, local and minimal, moderate and deep sedation. 3 2 1

Demonstrates knowledge of the principles of growth and development and the skills necessary to provide care appropriate to the age of the patient, neonate through geriatric. 3 2 1

Performs and documents pre-anesthetic assessment and evaluation of the patient, including all appropriate lab values, study results, consultative information and pre-anesthesia clinical history. 3 2 1

Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management. 3 2 1

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors. 3 2 1

Supports and maintains a culture of safety and quality. 3 2 1

Documents evidence of informing patient of all risks, potential complications, options and alternatives to anesthesia. Obtains informed consent. 3 2 1

Develops, implements and documents an anesthetic plan of care, prior to providing anesthesia. Documents planned anesthesia selection for the patient. 3 2 1

Performs an assessment immediately prior to induction of anesthesia of the patient and documents this in the medical record. 3 2 1

Maintains the patient’s physiologic homeostasis and corrects abnormal responses to the anesthesia and/or surgery, should these occur. 3 2 1

Collects and interprets patient physiological data by selecting, applying or inserting noninvasive monitoring modalities. 3 2 1

Displays ability to intubate most patients with ease, manages the patient’s airway and pulmonary status through the perioperative process. 3 2 1

Performs a smooth induction of anesthesia for patients requiring general anesthetic. 3 2 1

Performs smooth patient emergence and recovery from anesthesia by maintaining homeostasis, providing relief from pain and anesthesia side effects. 3 2 1

Prevents and manages complications through selecting, obtaining, ordering and administering medications, fluids or ventilator support in correct dosages and methods. 3 2 1
PURPOSE:
Granting privileges to non-anesthesiologists providing sedation will help to ensure the competence of practitioners who administer or supervise the administration of moderate sedation.

POLICY:

- General anesthesia, regional anesthesia and monitored anesthesia, including deep sedation/analgesia, may only be administered by:
  - A qualified anesthesiologist
  - A doctor of medicine or osteopathy (other than an anesthesiologist)
  - A dentist, oral surgeon or podiatrist who is qualified to administer anesthesia under State law
  - A certified registered nurse anesthetist (CRNA), as defined in §410.69(b) who, unless exempted is under the supervision of the operating practitioner or by an anesthesiologist who is immediately available if needed, or
  - An anesthesiologist’s assistant, as defined in Sec. 410.69(b), who is under the supervision of an anesthesiologist who is immediately available if needed

- Only those licensed independent practitioners (LIPs) who are trained and proven competent to administer pharmacologic agents to achieve desired levels of sedation and to monitor patients in order to maintain them at the desired level of sedation, and (when necessary) to rescue them from deeper than desired levels of sedation, shall provide sedation.

- Non-anesthesiologist sedation practitioners may directly supervise patient monitoring and the administration of sedative and analgesic medications by a supervised sedation professional. Alternatively, they may personally perform these functions, with the proviso that the individual monitoring the patient should be distinct from the individual performing the diagnostic or therapeutic procedure.
POLICY:

- ________________ Hospital shall ensure that all patients receiving anesthesia or sedation and analgesia care shall be assessed, managed and monitored in a manner that optimizes patient safety.

- Pre and post anesthesia evaluation policies and procedures shall follow state and federal law and regulations, and have been approved by the medical staff.

PROCEDURE:

- All patients receiving general, regional and monitored anesthesia shall have a preanesthesia evaluation completed and documented by a practitioner qualified and privileged to administer anesthesia, within 48 hours prior to surgery or a procedure requiring anesthesia services.

- Practitioners qualified to administer anesthesia shall include:
  - A qualified anesthesiologist
  - A doctor of medicine or osteopathy (other than an anesthesiologist)
  - A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under (______________ state) law
  - A certified registered nurse anesthetist (CRNA) (unless exempted) working under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed
  - An anesthesiologist’s assistant who is under the supervision of an anesthesiologist who is immediately available if needed (check state regulations)

- Preanesthesia Evaluation:

  - The preanesthesia evaluation shall be performed within 48 hours prior to any surgery (administration of first dose of anesthesia marks end of 48 hours) with general, regional or monitored anesthesia.
DRUGS THAT TRIGGER MALIGNANT HYPERTHERMIA:

- Desflurane
- Methoxyflurane
- Enflurane
- Sevoflurane
- Halothane
- Succinylcholine
- Isoflurane

SYMPTOMS OF MALIGNANT HYPERTHERMIA:

- Patients experiencing malignant hyperthermia may exhibit a number of different symptoms, including, but not limited to:
  - Unexplained Masseter muscle rigidity
  - Unexplained tachycardia or cardiac dysrhythmia
  - Hypercarbia
  - Change in skin color from flush to mottling to cyanosis
  - Myoglobinuria
  - Altered renal function
  - Tachypnea
  - A later symptom is fever, with temperatures elevating rapidly, as much as 1.8 degrees F (1 degree C) every three (3) minutes, creating temperatures as high as 114 degrees F (45.5 degrees C)

- Most cases of malignant hyperthermia occur during general anesthesia; the one (1) hour period after surgery is also a critical time for developing MH.
DEFINITION:

Obstructive sleep apnea (OSA) is defined as periodic, partial or complete obstruction of an individual’s upper airway during sleep.

RISK FACTORS INCLUDE:

- A family history of sleep apnea
- Obesity
- Increased abdominal fat
- A large neck
- A recessed chin
- Males
- Abnormalities in the structure of the upper airway
- Smoking
- Alcohol use
- Age
- Cardiovascular disease
- Endocrine dysfunction
- History of stroke

CLINICAL SIGNS AND SYMPTOMS SUGGESTING THE POSSIBILITY OF OSA INCLUDE:

- BMI 35 kg/m2
  - For pediatric patients - 95th percentile for age and gender
- Neck circumference 17 inches (men) or 16 inches (women)