

POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Certified Registered Nurse Anesthetist (CRNA)
 Prepared by: _____
 Date: _____

Supervised by: Chief of Anesthesia, Chief CRNA
 Approved by: _____
 Date: _____

Job Summary: Administers anesthesia and anesthesia-related care under the orders of a physician. Monitors and supports vital life functions. Acts as the patient's advocate while the patient is under anesthesia. Participates in performance improvement and continuous quality improvement activities (CQI).

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance

2 = Expected Performance

1 = Needs Improvement

Demonstrates Competency in the Following Areas:

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. 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

SUBJECT: INSERTION OF CENTRAL VENOUS LINES AND PICC LINES - BUNDLE	REFERENCE #4007
	PAGE: 1 OF: 6
DEPARTMENT: ANESTHESIA	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITION:

- According to the Institute for Healthcare Improvement (<http://www.ihl.org/ihl>), “The Central Line Bundle is a group of evidence-based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually.”
- The central line bundle has five (5) key components:
 - Hand hygiene
 - Maximal barrier precautions
 - Chlorhexidine skin antisepsis
 - Optimal catheter site selection, with subclavian vein as the preferred site for non-tunneled catheters
 - Daily review of line necessity, with prompt removal of unnecessary lines

POLICY:

- A standardized supply kit shall be used for insertion of central and PICC lines.
- Aseptic technique shall be followed for the insertion and care of intravascular catheters.
- Catheters shall be properly anchored after insertion.
- Hand Hygiene:
 - Hand hygiene shall be followed before and after palpating catheter insertion sites, as well as before and after inserting, replacing, accessing, repairing or dressing an intravascular catheter.
- Maximum Barrier Precautions:
 - The proceduralist and the assistant must wear a head cover, mask, sterile gown and sterile gloves.

SUBJECT: SCOPE OF SERVICES	REFERENCE #6001
DEPARTMENT: ANESTHESIA	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

SCOPE OF SERVICES:

- The Department of Anesthesia is an integral part of the Surgical Services Department. Anesthesia services are provided by a group of qualified licensed physicians specially trained in anesthesiology and CRNAs for all general, regional, spinal and moderate sedation and pain management procedures on a five (5) day per week basis. Emergency surgical procedures which require the services of an anesthesiologist or CRNA are covered by an "on-call" anesthesiologist or CRNA 24 hours per day, seven (7) days per week (or after hours).
- Anesthesia services are available to inpatients and outpatients regardless of age, sex, race or financial class on an emergent, urgent and elective basis, Monday through Friday. The Department of Anesthesia provides on-call coverage after hours and on weekends and holidays. Anesthesia services are available within 30 minutes after anesthesia is determined necessary for all emergency and obstetric cases.
- In addition, the anesthetist, if available, should assist in all cardiopulmonary resuscitations in the hospital. Neonatal resuscitation, however, is normally performed by a pediatrician, if available.
- Assignment of anesthesia cases will be on a first, second and third choice on a revolving system. Each staff anesthesiologist or CRNA will implement the assignment system on a monthly rotating basis. Night calls will also be covered on this system.
- A qualified anesthetist will assist in the management of acute or chronic respiratory failure or acute and chronic pain syndromes and a variety of different diagnostic and therapeutic measures related to quality patient care.

SKILL LEVELS - QUALIFICATIONS OF PERSONNEL:

- The Department of Anesthesia is directed by a Board-Certified Anesthesiologist and staffed by qualified physicians and Certified Registered Nurse Anesthetists.
- Chief of Anesthesia Qualifications:
 - Must be a member of the active medical staff
 - Must be licensed qualified physician who has successfully completed an approved anesthesiology program from the American Board of Anesthesiology and accepted by the state of licensure of the hospital

SUBJECT: ANESTHESIA AWARENESS	REFERENCE #10011
DEPARTMENT: ANESTHESIA	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE:
	REVISED:

DEFINITIONS:

- Anesthesia:
 - For the purpose of this policy, anesthesia consists of general anesthesia and spinal or major regional anesthesia. It does not include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
- Anesthesia Awareness:
 - Anesthesia awareness is defined as a situation that takes place when a patient, **under general anesthesia**, becomes aware of some or all events during surgery or an invasive procedure and has direct recall of those events.

POLICY:

The Anesthesia Department is committed to preventing and, when unavoidable, adequately managing unintended intraoperative awareness, known as anesthesia awareness. The following processes will be undertaken to identify patients at risk for anesthesia awareness, prevent the occurrence if possible, and adequately manage the occurrence if it occurs.

PROCEDURE:

- All clinical staff (anesthesia and nursing staff) in the Surgical Services Department will receive education on anesthesia awareness, including identification of patients at risk, precipitating factors, prevention and management of anesthesia awareness.
 - Patients who may be at risk for anesthesia awareness are those patients who undergo abdominal, cardiac, obstetric, ophthalmologic, thoracic or trauma surgeries.
 - Precipitating factors may include:
 - Excessive use of neuromuscular blockers
 - The misuse or failure of equipment during surgery

SUBJECT: MANAGEMENT OF PATIENT WITH MALIGNANT HYPERTHERMIA (MH)	REFERENCE #10037
	PAGE: 1 OF: 5
DEPARTMENT: ANESTHESIA	EFFECTIVE:
APPROVED BY:	REVISED:

POLICY:

- All patients who will undergo general anesthesia will be screened for a family history of malignant hyperthermia (MH). Patients will also be asked if they have had a malignant hyperthermia episode during previous surgeries.
- Surgical Services clinical staff shall receive education regarding malignant hyperthermia, and the proper management of a patient with malignant hyperthermia.

PROCEDURE:

- 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)
- Malignant hyperthermia is triggered in susceptible patients by the following general anesthetics; halothane, enflurane, isoflurane, desflurane, sevoflurane and the muscle relaxant, succinylcholine.
- If malignant hyperthermia is suspected, the following steps are taken:
 - Stop volatile agents and succinylcholine once the diagnosis of malignant hyperthermia is made.