



American Association of
NURSE ANESTHESIOLOGY

Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists

Policy Considerations

Introduction

Certified Registered Nurse Anesthetists (CRNAs) are critical professionals and leaders in the perioperative and periprocedural environment. These policy considerations provide information about credentialing, privileging, and recommended clinical and non-clinical responsibilities of CRNAs.

Credentialing and Privileging and Core Clinical Privileges

Credentialing and privileging refers to a two-part process that establishes the healthcare professional's qualifications and authority to work in a clinical setting within a healthcare organization.

- **Credentialing** involves obtaining and verifying evidence of the qualifications of the healthcare professional to provide care or services. These qualifications or credentials include licensure, education, training, experience, professional and technical competence, or other qualifications.
- **Privileging** is the process of granting permission to provide a specific scope of patient-care services based on an evaluation of the healthcare professional's credentials and performance.
- **Core privileges** define the scope of clinical procedures and activities practitioners within a specialty are authorized to perform at a healthcare organization based on verification of their education, training, experience, and competence.

The credentialing and privileging process provides an objective mechanism to assess the initial application for privileges based on education, training, experience, legal qualifications, and the individual's competence and ability to render quality care. Renewal of privileges includes review of compliance with licensure and certification requirements, objective measures of clinical performance and outcomes, peer review, risk management findings, and compliance with organization policies. The organization's governing body approves clinical privileges upon the recommendation of the medical staff.

Clinical privileges for the CRNA should be defined regardless of the contractual or employment relationship that exists within the practice setting. In most hospitals, CRNAs are granted clinical privileges through the medical staff process.

CRNAs are responsible for requesting clinical privileges that reflect their educational preparation, clinical experience, and level of professional competence. Evidence of continuing education, which is required for licensure, recertification and organizational competencies, reflects knowledge of current scientific theories and principles and techniques related to the field of anesthesia and the CRNA's current practice.

Core Clinical Privileges

When the healthcare organization engages in core clinical privileging, the CRNA is granted specialty-specific core clinical privileges consistent with other healthcare professionals (e.g., physicians) who are permitted by law and the organization to provide the same patient care services. Individual CRNAs may apply for special privileges related to subspecialty practice.

The core and special clinical privileges listed in this document are not intended to apply in every setting. They serve as examples for healthcare organizations, which may modify the procedures and documentation requirements to meet individual circumstances, accreditation requirements, and local, state, and federal law. CRNA scope of practice is dynamic and evolving, and CRNA privileges should reflect the full scope of CRNA practice evidenced by individual credentials and performance.

Credentialing and Qualifications

Basic requirements for clinical privileges include:

1. State licensure as a registered professional nurse. Compliance with local, state, and federal requirements for the advanced practice of nurse anesthesia.
2. Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.
3. Certification and/or recertification by the National Board of Certification and Recertification for Nurse Anesthetists or its respective predecessors or successors or, if pending initial certification, evidence of graduation from a program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.
4. Compliance with relevant requirements for advanced life support certification for role and pertinent education, training or expertise in specialty areas.
5. Disclosure that certification, licensure, or clinical privileges have ever been denied, revoked, suspended, or under investigation.
6. Attestation of physical and mental abilities to perform requested privileges.
7. Proof of medical malpractice insurance appropriate for limits required by the healthcare organization or state.
8. Evidence of National Practitioner Data Bank query.

Recommended Core Clinical Privileges

CRNA privileges must be consistent with the [Scope of Nurse Anesthesia Practice](#) and local, state, and federal law and may, without limitation, include the following and such other procedures that are extensions of the same techniques and skills.

Preanesthetic Preparation and Evaluation of the Patient

- Performing a preanesthesia patient assessment and evaluation, which includes obtaining appropriate health history, reviewing systems, reviewing the comprehensive history and physical, and conducting an appropriate anesthesia-focused physical assessment and evaluating the results.
- Recommending, requesting, or ordering pertinent diagnostic studies and evaluating the results.

- Selecting, obtaining, ordering, and administering preanesthetic medications.
- Documenting the preanesthetic evaluation.
- Developing and documenting the plan of anesthesia care.
- Obtaining a comprehensive informed consent for anesthesia and related services.
- Performing and initiating pain management multimodal strategies.

Intraoperative Care

- Obtaining, preparing, and using all equipment, monitors, supplies, and medications for the administration of general and regional anesthesia and sedation techniques; performing anesthesia equipment safety checks.
- Selecting, obtaining, and administering the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to induce, maintain, and manage the anesthetic.
- Performing all aspects of airway management, including, but not limited to, fiberoptic intubation.
- Performing and managing regional anesthetic techniques including, but not limited to, subarachnoid, epidural, and caudal blocks; plexus and peripheral nerve blocks; intravenous regional anesthesia; transtracheal, topical, and local infiltration blocks; intracapsular, intercostal, and ocular blocks.
- Providing appropriate invasive and noninvasive monitoring modalities.
- Recognizing, evaluating, and managing the patient's physiological response and complications during the provision of anesthesia services; selecting and implementing corrective action, and requesting consultation as necessary.
- Evaluating patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to ensure patient stability during transfer.

Postanesthesia Care

- Evaluating and managing the patient's response to anesthesia and the procedure, addressing any issues, and requesting consultation as needed.
- Initiating and administering respiratory support to provide adequate ventilation and oxygenation.
- Selecting, obtaining, ordering, and administering post-anesthetic medications and volume management.
- Continuing multimodal analgesia plan of care.
- Discharging patients from the postanesthesia care unit (PACU) and the facility according to organization policy.

Clinical Support Functions

- Inserting nasopharyngeal, nasogastric, or bougie tubes.
- Inserting, managing, and removing arterial catheters and performing arterial puncture to obtain arterial blood samples.
- Inserting peripheral and central venous access.
- Inserting pulmonary artery catheter.

- Inserting a transesophageal echocardiogram (TEE).
- Ordering, analysis of, and acquisition of samples necessary for diagnostic studies.
- Inserting and removing peripheral venous catheters, epidural catheters, and perineural catheters.
- Performing an epidural blood patch.
- Performing a diagnostic lumbar puncture (spinal tap).
- Providing resuscitation services, including stabilization and initiating, leading, and participating in cardiopulmonary resuscitation.
- Implementing and managing critical care, respiratory and ventilatory care.
- Managing acute and advanced pain therapy, using multimodal pain management and desensitization techniques to include local infiltration, field block, capsular injection, and regional anesthetic techniques, or other nonpharmacologic treatment modalities.
- Selecting, obtaining, ordering, and administering medications or treatments related to the care of the patient, using consultation when appropriate.

Recommended Special Clinical Privileges

Special Privileges

- Performing a comprehensive history and physical examination and required updates.
- Diagnostic and therapeutic injections with or without fluoroscopic guidance including epidural, caudal, spinal, facet joint, selective nerve, and sympathetic blocks.
- Monitoring a transesophageal echocardiogram (TEE).
- Interpreting a transesophageal echocardiogram (TEE) study.
- Performing, reading, and interpreting advanced diagnostic tests (e.g., 12 lead electrocardiogram [EKG], radiographic studies, echocardiogram, and ultrasound imaging).
- Additional responsibilities that are within the expertise of the individual CRNA and appropriate to the practice setting.

Nonclinical Responsibilities

CRNAs serve as clinicians, researchers, educators, mentors, advocates, and administrators. The following provides a nonexhaustive list of responsibilities CRNAs assume in addition to clinical practice.

Leadership and Management

- Chief Executive Officer, Director of Anesthesia Services, Chief CRNA, team leader, or other leadership role within the organization.
- Supervision and management of staff and students rotating within the anesthesia service.
- Scheduling of staff and collaborative management of surgical and procedural area schedules.
- Medical staff officer.
- Chair or member of medical staff or organization/system committees or Board.
- Quality improvement activities and education.

- Human resource management to include staff wellness.
- Budget development and management.
- Materials and supply management.
- Peer review, performance evaluations, and competency assessments.
- Development of department and facility policies and procedures.
- Preventative maintenance compliance.
- Billing and data management.

Clinical and Administrative Oversight of Other Departments and Service Units

- Clinical or administrative oversight of departments or service units, which may include respiratory therapy, PACU, surgical services, surgery intensive care units, pain clinics, etc.

Quality Assessment and Improvement

- Lead self and team reporting of near miss, adverse event and critical incident.
- Lead and participate in collaborative, non-punitive interdisciplinary process for documentation, data analysis, reporting of action plan, mentoring for improvement, and education.
- Participation in quality-related committee meetings.
- Initiating and leading problem-focused and quality improvement studies and interventions.

Educational

- Clinical and didactic teaching of skills for non-nurse anesthesia students and professionals (e.g., emergency medical technician, respiratory therapist).
- Didactic and clinical education of student registered nurse anesthetists.
- Basic and advanced life support instruction.
- In-service education.
- Facility continuing education.

Research

- Conducting and/or participating in departmental, hospital, system-wide, or university research projects.

Interdepartmental Liaison

- Interface and collaborate with other departments throughout the healthcare organization or health system.

Supplemental AANA Resources

- [Scope of Nurse Anesthesia Practice](#)
- [Standards for Nurse Anesthesia Practice](#)
- [Considerations for Adding New Activities to Individual CRNA Scope of Practice](#)
- [Documenting Anesthesia Care, Practice and Policy Considerations](#)

Predecessors of this document were respectively titled: *The American Association of Nurse Anesthesiology Guidelines for the Practice of the Certified Registered Nurse Anesthetist* (1980, 1983), *Guidelines for Nurse Anesthesia Practice* (1989), *Guidelines and Standards for Nurse Anesthesia Practice* (1992), *Guidelines for Clinical Privileges* (1996), and *Guidelines for Core Clinical Privileges* (Nov 2005). Revised as *Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists, Policy Considerations* by the AANA Board of Directors February 2019.