



American Association of  
**NURSE ANESTHESIOLOGY**

## **Standards for Nurse Anesthesia Practice**

The American Association of Nurse Anesthesiology (AANA) *Standards for Nurse Anesthesia Practice* provide a foundation for Certified Registered Nurse Anesthetists (CRNAs) in all practice settings. These standards are intended to support the delivery of patient-centered, consistent, high-quality, and safe anesthesia care and assist the public in understanding the CRNA's role in anesthesia care. These standards may be exceeded at any time at the discretion of the CRNA and/or healthcare organization.

These standards apply where anesthesia services are provided including, but not limited to, the operating room, nonoperating room anesthetizing areas, ambulatory surgical centers, and office-based practices. The standards are applicable to anesthesia services provided for procedures, including, but not limited to surgical, obstetrical anesthesia, diagnostic, therapeutic, and pain management.

In addition to general anesthesia for surgery and procedures, CRNAs provide anesthesia and analgesia care that does not require the extent of monitoring as delineated in standard 9 (e.g., obstetrical analgesia, chronic pain management, regional anesthesia). The AANA also provides guidance for these practice areas: [\*Analgesia and Anesthesia for the Obstetric Patient, Guidelines\*](#), [\*Chronic Pain Management Guidelines\*](#), and [\*Regional Anesthesia and Analgesia Techniques - An Element of Multimodal Pain Management, Practice Considerations\*](#).

Although the standards are intended to promote high-quality patient care, they cannot ensure specific outcomes. There may be patient-specific circumstances (e.g., informed consent for emergency cases that may be difficult to obtain, mass casualty incident) that require modification of a standard. The CRNA must document modifications to these standards in the patient's healthcare record, along with the reason for the modification. When integrating new technologies or skills into practice, the CRNA will obtain any necessary education and evidence competency.

### **Standard 1: Patient's Rights**

*Respect the patient's autonomy, dignity, and privacy, and support the patient's needs and safety.*

- Supporting AANA document: [\*Code of Ethics for the Certified Registered Nurse Anesthetist\*](#).

### **Standard 2: Preanesthesia Patient Assessment and Evaluation**

*Perform and document or verify documentation of a preanesthesia evaluation of the patient's general health, allergies, medication history, preexisting conditions, anesthesia history, and any relevant diagnostic tests. Perform and document or verify documentation of an anesthesia-focused physical assessment to form the anesthesia plan of care.*

- Supporting AANA document: [\*Documenting Anesthesia Care, Practice and Policy Considerations\*](#).

### **Standard 3: Plan for Anesthesia Care**

*After the patient has had the opportunity to consider anesthesia care options and address his or her concerns, formulate a patient-specific plan for anesthesia care. When indicated, the anesthesia care plan can be formulated with members of the healthcare team and the patient's legal representative (e.g., healthcare proxy, surrogate).*

- Supporting AANA documents: [Documenting Anesthesia Care, Practice and Policy Considerations](#) and [Informed Consent for Anesthesia Care, Policy and Practice Considerations](#).

### **Standard 4: Informed Consent for Anesthesia Care and Related Services**

*Obtain and document or verify documentation that the patient or legal representative (e.g., healthcare proxy, surrogate) has given informed consent for planned anesthesia care or related services in accordance with law, accreditation standards, and institutional policy.*

- Supporting AANA documents: [Code of Ethics for the Certified Registered Nurse Anesthetist](#), [Informed Consent for Anesthesia Care, Policy and Practice Considerations](#), and [Reconsideration of Advanced Directives, Practice Guidelines and Policy Considerations](#).

### **Standard 5: Documentation**

*Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient's healthcare record.*

- Supporting AANA document: [Documenting Anesthesia Care, Practice and Policy Considerations](#).

### **Standard 6: Equipment**

*Adhere to manufacturer's operating instructions and other safety precautions to complete a daily anesthesia equipment check. Verify function of anesthesia equipment prior to each anesthetic. Operate equipment to minimize the risk of fire, explosion, electrical shock, and equipment malfunction.*

- Supporting AANA document: [Documenting Anesthesia Care, Practice and Policy Considerations](#).

### **Standard 7: Anesthesia Plan Implementation and Management**

*Implement and, if needed, modify the anesthesia plan of care by continuously assessing the patient's response to the anesthetic and surgical or procedural intervention. The CRNA provides anesthesia care until the responsibility has been accepted by another anesthesia professional.*

- Supporting AANA document: [Documenting Anesthesia Care, Practice and Policy Considerations](#).

### **Standard 8: Patient Positioning**

*Collaborate with the surgical or procedure team to position, assess, and monitor proper body alignment. Use protective measures to maintain perfusion and protect pressure points and nerve plexus.*

### **Standard 9: Monitoring, Alarms**

*Monitor, evaluate, and document the patient's physiologic condition as appropriate for the procedure and anesthetic technique. When a physiological monitoring device is used, variable pitch and threshold alarms are turned on and audible. Document blood pressure, heart rate, and respiration at least every five minutes for all anesthetics.*

**a. Oxygenation**

Continuously monitor oxygenation by clinical observation and pulse oximetry. The surgical or procedure team communicates and collaborates to mitigate the risk of fire.

**b. Ventilation**

Continuously monitor ventilation by clinical observation and confirmation of continuous expired carbon dioxide during moderate sedation, deep sedation or general anesthesia. Verify intubation of the trachea or placement of other artificial airway device by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory monitors as indicated.

**c. Cardiovascular**

Monitor and evaluate circulation to maintain patient's hemodynamic status. Continuously monitor heart rate and cardiovascular status. Use invasive monitoring as appropriate.

**d. Thermoregulation**

When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature. Use active measures to facilitate normothermia. When malignant hyperthermia (MH) triggering agents are used, monitor temperature and recognize signs and symptoms to immediately initiate appropriate treatment and management of MH.

- Supporting AANA document: [Malignant Hyperthermia Crisis Preparedness and Treatment, Position Statement](#).

**e. Neuromuscular**

When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.

### **Standard 10: Infection Control and Prevention**

*Verify and adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to patients, the CRNA, and other healthcare providers.*

- Supporting AANA documents: [Infection Prevention and Control Guidelines for Anesthesia Care](#) and [Safe Injection Guidelines for Needle and Syringe Use](#).

### **Standard 11: Transfer of Care**

*Evaluate the patient's status and determine when it is appropriate to transfer the responsibility of care to another qualified healthcare provider. Communicate the patient's condition and essential information for continuity of care.*

- Supporting AANA document: [Patient-Centered Perianesthesia Communication, Practice Considerations.](#)

### **Standard 12: Quality Improvement Process**

*Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness to improve outcomes.*

### **Standard 13: Wellness**

*Is physically and mentally able to perform duties of the role.*

- Supporting AANA documents: [Professional Attributes of the Nurse Anesthetist, Practice Considerations, Patient Safety: Fatigue, Sleep, and Work Schedule Effects, Practice and Policy Considerations, Promoting a Culture of Safety and Healthy Work Environment, Practice Considerations,](#) and [Addressing Substance Use Disorder for Anesthesia Professionals, Position Statement and Policy Considerations.](#)

### **Standard 14: A Culture of Safety**

*Foster a collaborative and cooperative patient care environment through interdisciplinary engagement, open communication, a culture of safety, and supportive leadership.*

- Supporting AANA documents: [Code of Ethics for the Certified Registered Nurse Anesthetist, Patient-Driven Interdisciplinary Practice, Position Statement, Professional Attributes of the Nurse Anesthetist, Practice Considerations,](#) and [Patient-Centered Perianesthesia Communication, Practice Considerations.](#)

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In 1974, the Standards for Nurse Anesthesia Practice were adopted. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the American Association of Nurse Anesthesiology Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently has had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and Standards for Nurse Anesthesia Practice was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents: the Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. Revised by the AANA Board of Directors in February 2019.

The Standards for Office Based Anesthesia Practice were adopted by the AANA Board of Directors in 1999 and revised in 2001, 2002, November 2005, and January 2013. Upon the February 2019 revision of the Standards of Nurse Anesthesia Practice, the Standards for Office Based Anesthesia Practice were archived, as they are subsumed within the Standards for Nurse Anesthesia Practice. The supplemental resources from the Standards for Office Based Anesthesia Practice were transitioned to resource documents on the AANA website.