



Scope of Nurse Anesthesia Practice

Professional Role

Certified Registered Nurse Anesthetists (CRNAs), also referred to as nurse anesthesiologists or nurse anesthetists¹, are advanced practice registered nurses (APRNs) licensed as independent practitioners who plan and deliver anesthesia, pain management, and related care to patients of all health complexities across the lifespan. As autonomous healthcare professionals, CRNAs collaborate with patients and a variety of healthcare professionals in order to provide safe patient-centered high-quality, holistic, evidence-based and cost-effective care.

CRNAs provide the full spectrum of anesthesia, pain management, and related care across diverse healthcare settings, including hospitals, non-operating room anesthetizing locations, ambulatory surgical centers, office-based practices, and community health facilities. CRNAs deliver anesthesia services for surgical, diagnostic, therapeutic, and interventional procedures. CRNAs provide anesthesia for all specialties, including but not limited to, general surgery, obstetrics, trauma, cardiovascular, orthopedic, gastrointestinal, dental, plastic, pediatric, and neurosurgical surgeries and procedures. Their practice encompasses, but is not limited to, the entire perioperative continuum, including preoperative assessment and optimization, development of individualized anesthetic plans, administration and management of anesthesia, physiologic monitoring and stabilization, acute and chronic pain management, and post-anesthesia recovery care.

CRNAs practice across urban, suburban, and rural healthcare settings in the United States, ensuring access to safe anesthesia care and playing a key role in managing both acute and chronic conditions. They are vital in rural and medically underserved areas, where they are often the sole anesthesia providers. CRNAs also serve a vital role in the US military, Veterans Health Administration, and public health systems, supporting routine surgical care and complex trauma and emergency response operations.

CRNAs as Leaders, Educators, and Advocates

In addition to clinical practice, CRNAs contribute to healthcare through a broad range of roles that extend across healthcare systems, education, research, advocacy, mentorship, and innovation.

CRNAs are leaders in healthcare administration, perioperative services, patient safety, and quality improvement, serving in roles such as CEO, administrator, anesthesia services director, chief CRNA, board member, and practice owner, with the ability to supervise and manage anesthesia staff and assistants. Many are actively engaged in research, clinical scholarship, and implementation science aimed at improving anesthesia outcomes, perioperative care, and population health. CRNAs serve as educators and faculty in nurse anesthesia educational programs and other graduate healthcare programs, shaping the future workforce through teaching, mentorship, and curriculum development.

CRNAs contribute to healthcare innovation, health policy, and interdisciplinary collaboration. They participate in healthcare technology development, simulation-based education, global health initiatives, humanitarian missions, and disaster response. Some CRNAs work in consulting, healthcare entrepreneurship, informatics, telehealth, and medical device development.

As demand for expert healthcare and anesthesia services accelerates, advocacy activities



continue to support the full scope of nurse anesthesia practice. CRNAs engage in healthcare advocacy and policymaking at the facility, local, state, national, and international level. CRNAs advocate for policies that promote safe staffing, healthy work environments, psychological safety, and sustainable workforce practices to support long-term access to high-quality anesthesia care. They participate in professional associations focusing on patient safety, clinical quality, and access to care.

CRNAs serve as patient advocates by safeguarding patient safety, promoting evidence-based practice, and providing each patient with vigilant, compassionate, and high-quality anesthesia and pain management care.

Through these diverse roles, CRNAs help advance evidence-based practice, expand access to safe anesthesia care, and drive improvements in patient safety, healthcare delivery, and health system performance.

Education, Licensure, Certification, and Accountability

Before entering graduate nurse anesthesia education, CRNAs must be licensed registered nurses with critical care nursing experience. Building on this critical care foundation, CRNAs successfully complete a comprehensive didactic and clinical practice curriculum at a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.² As of 2025, all nurse anesthesia educational program graduates receive a doctoral degree. Graduates are certified as CRNAs following successful completion of the National Certification Examination.³ CRNAs are accountable to the public for professional excellence through lifelong learning and practice, continued certification, continuous engagement in quality improvement and professional development, and compliance with the [Standards for Nurse Anesthesia Practice](#) and [Code of Ethics for the Certified Registered Nurse Anesthetist](#).

CRNAs exercise independent, professional judgment within their scope of practice. They are accountable for their services and actions and for maintaining individual clinical competence. The scope of an individual CRNA's practice is determined by education, experience, local, state and federal law, and organization policy.

Clinical Anesthesia Practice

The practice of anesthesiology is a recognized nursing and medical specialty unified by the same standards of care. Nurse anesthesia practice may include, but is not limited to, the services in Table 1.

Table 1. Nurse Anesthesia Scope of Practice*

Preoperative / Preprocedure	Intraoperative / Intraprocedure	Postoperative / Postprocedure	Pain Management	Other Services
• Provide patient education and counseling • Perform a comprehensive history and physical (H&P) examination, assessment and evaluation • Conduct a preanesthesia assessment and evaluation • Develop a comprehensive patient-specific plan for anesthesia, analgesia, multimodal pain management, and recovery • Obtain informed consent for anesthesia and pain management • Select, order, prescribe and administer preanesthetic medications, including controlled substances	• Implement a patient-specific plan of care, which may involve anesthetic techniques, such as general, regional and local anesthesia, sedation, and multimodal pain management, while continuously monitoring and maintaining vital signs and level of consciousness throughout the intraoperative period • Select, order, prescribe and administer anesthetic medications, including controlled substances, adjuvant drugs, accessory drugs, fluids, and blood products • Select and insert invasive and noninvasive monitoring modalities (e.g. central venous access, arterial lines, cerebral oximetry, processed EEG, transesophageal echocardiogram [TEE])	• Facilitate emergence and recovery from anesthesia • Select, order, prescribe and administer postanesthetic medications, including controlled substances • Conduct postanesthesia evaluation • Educate the patient related to recovery, regional analgesia and continued multimodal pain management • Discharge from the postanesthesia care area or facility	• Provide comprehensive patient-centered pain management to optimize recovery • Provide acute pain services, including multimodal pain management and opioid-sparing techniques, supporting both surgical anesthesia and postoperative pain management • Provide anesthesia and analgesia using regional techniques for obstetric and other acute pain management • Provide advanced pain management, including acute, chronic, and interventional pain management; for more information on chronic pain management, please see the AANA Chronic Pain Management Guidelines.	• Prescribe medications, including controlled substances (e.g., pain management, medication-assisted treatment, adjuvants to psychotherapy) • Provide emergency, critical care, and resuscitation services • Perform advanced airway management • Perform point-of-care testing • Order, evaluate, and interpret diagnostic laboratory and radiological studies (e.g., chest x-ray, 12-lead EKG) • Perform, evaluate, and interpret focused, goal-directed ultrasound examinations to guide procedures and support immediate clinical decisions. (e.g., point-of-care ultrasound [POCUS], TEE). • Use and supervise the use of ultrasound, fluoroscopy, and other technologies for diagnosis and care delivery • Order consults, treatments or services related to the patient's care (e.g., physical and occupational therapy)

**These services are listed in table format for ease of reference. The table is not intended to be all inclusive or limit the services to specified phases of patient care. CRNA scope of practice is dynamic and evolving. CRNA clinical privileges should reflect the full scope of CRNA practice evidenced by individual credentials and performance.*



The Future of Nurse Anesthesia Practice

The CRNA scope of practice evolves to meet the demands of the ever-changing healthcare environment and increasing patient and procedure complexity. As their record of safe, high-quality, cost-effective care demonstrates, CRNAs will continue to lead in the delivery of patient-centered compassionate anesthesia and pain management care.

Supporting Resources

- [AANA Professional Practice Manual for the CRNA](#)
- [Clinical Privileges and Other Responsibilities of Certified Registered Nurse Anesthetists](#)
- [Adding New Activities and Specialty Clinical Practice to Individual CRNA Scope of Practice](#)
- [AANA Publications and Research](#)

References

1. American Association of Nurse Anesthesiology. *Certified Registered Nurse Anesthetists, Advanced Practice Registered Nurses, Position Statement*. Published May 2019. https://issuu.com/aanapublishing/docs/4_-_certified_registered_nurse_anesthetists_advan?fr=sYzhiZjU2NDxMjU. Access Mar 19, 2026.
2. Council on Accreditation of Nurse Anesthesia Educational Programs. *Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate*, effective January 2026. <https://www.coacrna.org/wp-content/uploads/2025/08/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-May-2025-Effective-Date-January-2026-1.pdf>. Accessed Mar 19, 2026.
3. National Board of Certification and Recertification for Nurse Anesthetists. *National Certification Examination (NCE) Resources*. <https://www.nbcna.com/students/nce-resources>. Accessed Mar 19, 2026.

In 1980, the "Scope of Practice" statement was first published as part of the American Association of Nurse Anesthesiology Guidelines for the Practice of the Certified Registered Nurse Anesthetist. 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 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 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. The AANA Board of Directors approved revisions to the Scope of Nurse Anesthesia Practice in June 2013, February 2020, and April 2026.

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