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), also referred to as nurse anesthetists or nurse anesthesiologists, in all practice settings.[1] 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.

CRNAs exercise independent professional judgment in applying these standards, prioritizing patient safety. These standards may be exceeded at any time at the discretion of the CRNA and/or healthcare organization, and in accordance with applicable federal and state law, facility policies and procedures, and facility accreditation standards.

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

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

Standard 1: Patient's Rights
Respect the patient's autonomy, dignity, and privacy, and support the patient's needs and safety.

Standard 2: Preanesthesia Patient Assessment and Evaluation
Perform and document, or verify the documentation of, a preanesthesia evaluation that includes review of the patient's health history, allergies, medications, preexisting conditions, anesthesia history, relevant diagnostic tests, and any consultations. Perform and document, or verify the documentation of, an anesthesia-focused physical assessment to inform the anesthesia plan of care.

Standard 3: Plan for Anesthesia Care
After the patient has had the opportunity to consider anesthesia care options and address his or her concerns, develop and document a patient-specific plan for anesthesia care based on the preanesthesia assessment, procedural requirements, and available resources. The anesthesia care plan is developed in collaboration with the patient and, when indicated, other members of the healthcare team and the patient's legal representative (e.g., healthcare proxy, surrogate).

Standard 4: Informed Consent for Anesthesia Care and Related Services
Obtain and document, or verify the documentation of, informed consent from the patient or the patient's legal representative (e.g., healthcare proxy, surrogate) for the planned anesthesia care

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10275 West Higgins Road, Suite 500 | Rosemont, IL 60018
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or related services in accordance with applicable federal and state law, facility accreditation requirements, and institutional policy. Where applicable, verify, review, or document any advance directives and consent for blood and blood products, including the patient's or legal representative's preferences regarding their application or modification during anesthesia and the perioperative period.

Standard 5: Equipment
Adhere to manufacturer's operating instructions, institutional policy, and other safety precautions when performing a daily anesthesia equipment check. Verify the function of anesthesia equipment prior to each anesthetic. Operate equipment in a manner that minimizes the risk of fire, explosion, electrical shock, and equipment malfunction.

Standard 6: Implementation and Management of the Pre- and Intra-Operative/Procedural Anesthesia Care Plan
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.

Standard 7: Patient Positioning
Collaborate with the intraoperative team to position the patient using safe positioning practices including applying appropriate positioning devices and padding and implement measures to optimize perfusion and prevent injury (e.g., nerve injury, pressure injury, and patient movement). Confirm safe patient positioning with the intraoperative team to minimize risks to the patient. Assess, maintain, and document proper physiologic alignment.

Standard 8: Monitoring and Alarms
Monitor, evaluate, and document the patient's physiological condition appropriate to the procedure and anesthetic technique. When a physiological monitoring device is used, variable pitch and threshold alarms are turned on and audible. Monitor oxygenation, ventilation, cardiovascular, thermoregulation, and neuromuscular status as outlined:

a. **Oxygenation**
Continuously monitor oxygenation by clinical observation and pulse oximetry. During the administration of general anesthesia with an anesthesia machine, measure the oxygen concentration in the patient breathing system using an oxygen analyzer with an active low oxygen concentration alarm. The surgical or procedure team communicates and collaborates to mitigate the risk of fire.

b. **Ventilation**
Evaluate ventilation continually for every patient receiving anesthesia care. Continuously monitor ventilation by clinical observation and confirmation of expired carbon dioxide during moderate sedation, deep sedation, or general anesthesia (e.g., expired carbon dioxide, qualitative clinical indicators include chest excursion, observation of the reservoir breathing bag, and auscultation of breath sounds). Use of continuous quantitative monitoring of expired carbon dioxide is recommended (e.g., waveform capnography). Quantitative inspired/expired gas (e.g., Fi/Fe) monitoring is recommended.

Verify intubation of the trachea or placement of other artificial airway devices by auscultation, chest excursion, and detection of expired carbon dioxide.

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c. **Cardiovascular**
Monitor and evaluate circulation to maintain the patient's hemodynamic status. Every patient receiving anesthesia shall have continuous monitoring of the electrocardiogram (ECG), heart rate, and pulse oximetry (as an indicator of circulation) throughout the anesthetic. Blood pressure shall be monitored using the method best suited to the patient's clinical condition and procedural risk. Intermittent noninvasive oscillometric blood pressure monitoring (NIBP) is acceptable when reliable and should be measured at intervals no greater than 5 minutes. More frequent blood pressure assessment or continuous blood pressure monitoring is recommended when clinically indicated based on patient condition, procedural risk, or anticipated hemodynamic instability. When intermittent NIBP is unreliable or insufficient for clinical decision-making, continuous arterial pressure monitoring using an invasive arterial catheter or a validated continuous noninvasive arterial pressure monitoring device is recommended. For patients at increased risk of hemodynamic instability, establishing continuous blood pressure monitoring before induction is strongly encouraged whenever feasible.

d. **Thermoregulation**
Monitor body temperature for all patients receiving anesthesia when clinically indicated and, at a minimum, whenever clinically significant changes in body temperature are intended, anticipated, or suspected. Use active warming or other appropriate measures to maintain normothermia unless clinically contraindicated.

e. **Neuromuscular**
When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery. When available, quantitative monitoring is recommended.

Standard 9: Documentation
Communicate anesthesia care data and activities through legible, timely, accurate, and complete documentation in the patient's healthcare record. Document blood pressure, heart rate, ventilation, oxygenation, and respiration at least every five minutes for all anesthetics.

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.

Standard 11: Postoperative/Postprocedure 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. Document the transfer of care and communicate the patient's condition and essential information using a structured format to optimize patient safety and care continuity.

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
Has the physical and mental capacity required to perform the duties of the role.

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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.

Standard 15: Integration of Technology
Integrate new technologies and decision-support tools as adjuncts to clinical decision-making and judgment when appropriate and in the patient's best interest. As technology evolves, prioritize patient safety in the evaluation, adoption, and use of these tools, ensuring they support safe, effective, and evidence-based care through the exercise of independent clinical judgment.

Supporting AANA Documents
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 8 (e.g., obstetrical analgesia, chronic pain management, regional anesthesia). The AANA provides guidance for these practice areas:

- *Analgesia and Anesthesia for the Obstetric Patient, Guidelines*
- *Chronic Pain Management Guidelines*
- *Regional Anesthesia and Analgesia Techniques - An Element of Multimodal Pain Management, Practice Considerations*

Other supplemental documents include:

- *Code of Ethics for the Certified Registered Nurse Anesthetist*
- *Patient-Driven Interdisciplinary Practice, Position Statement*
- *Professional Attributes of the Nurse Anesthetist, Practice Considerations*
- *Patient-Centered Perianesthesia Communication, 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*
- *Addressing Substance Use Disorder for Anesthesia Professionals, Position Statement and Policy Considerations*
- *Infection Prevention and Control Guidelines for Anesthesia Care*
- *Safe Injection Guidelines for Needle and Syringe Use*
- *Documenting Anesthesia Care, Practice and Policy Considerations*
- *Informed Consent for Anesthesia Care, Policy and Practice Considerations*
- *Reconsideration of Advanced Directives, Practice Guidelines and Policy Considerations*
- *Malignant Hyperthermia Crisis Preparedness and Treatment*

Definitions
Continuously: To do something without interruption, gaps, or pausing. Describes an unbroken, ongoing process or action.

Continually: To do something repeatedly, at frequent intervals, or in a constantly recurring manner over a period of time.

Reference
1. American Association of Nurse Anesthesiology. *Certified Registered Nurse Anesthetists, Advanced Practice Registered Nurses*, *Position Statement*. Published May 2019.

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https://issuu.com/aanapublishing/docs/4_-_certified_registered_nurse_anesthetists_advan?fr=sYzhiZjU2NDAxMjU. Accessed Aug 5, 2026.

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 and 2026.

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.

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