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**Standards for Nurse Anesthesia Practice**

The American Association of Nurse Anesthetists (AANA) Standards for Nurse Anesthesia Practice provide a foundation for Certified Registered Nurse Anesthetists (CRNAs) and healthcare organizations for safe, high-quality, patient-centered anesthesia care.

**Standards for Nurse Anesthesia Practice**

These standards are intended to:

1. Support and preserve the basic rights of the patient.
2. Provide a shared foundation for anesthesia practice.
3. Assist the public in understanding what to expect from the practitioner.
4. Support the delivery of consistent, high-quality and safe anesthesia care to patients.
5. Promote patient-centered, interprofessional and coordinated care.

These standards apply to all healthcare facilities where anesthesia services are provided and clinical practice areas including, but not limited to, surgical, obstetrical, nonoperating room anesthetizing areas, diagnostic, therapeutic, and pain management, and may be exceeded at any time at the discretion of the CRNA and/or healthcare organization. The CRNA is responsible to comply with applicable federal, state, and local law, accreditation standards, and facility policies.



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32 Although the standards are intended to promote high-quality patient care, they cannot assure  
33 specific outcomes. The CRNA should consider integrating new technologies into current  
34 anesthesia practice.

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36 There may be patient-specific circumstances (e.g., informed consent for emergency cases that  
37 may be difficult to obtain, mass casualty) that require modification to a standard. The CRNA  
38 documents modifications to these standards in the patient's healthcare record, along with the  
39 reason for the modification.

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#### 41 **Standard I: Patient's Rights**

42 *Respect the patient's autonomy, dignity and privacy, and support the patient's interests and*  
43 *safety.*

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#### 45 **Standard II: Preanesthesia Patient Assessment and Evaluation**

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

50

#### 51 **Standard III: Plan for Anesthesia Care**

52 *After the patient had the opportunity to consider anesthesia care options and address concerns,*  
53 *formulate a patient-specific plan for anesthesia care, and when indicated, with members of the*  
54 *healthcare team and the legal representative (e.g., healthcare proxy, surrogate).*

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57 **Standard IV: Informed Consent for Anesthesia Care and Related Services**

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

61

62 **Standard V: Documentation**

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

65

66 **Standard VI: Equipment**

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

71

72 **Standard VII: Anesthesia Plan Implementation and Management**

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

76

77 **Standard VIII: Patient Positioning**

78 **Version 1.** *Collaborate with the surgical or procedure team to position, assess and monitor*  
79 *proper body alignment.*

80

81

82 **Version 2.** Collaborate with the surgical or procedure team to position, assess and monitor  
83 proper body alignment. Use protective measures to maintain perfusion and protect pressure  
84 points and nerve plexus.

85

## 86 **Standard IX: Monitoring, Alarms**

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

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### 92 a. **Oxygenation**

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

### 95 b. **Ventilation**

96 Continuously monitor ventilation by clinical observation and confirmation of continuous  
97 expired carbon dioxide during moderate sedation, deep sedation or general anesthesia.

98 Verify intubation of the trachea or placement of other artificial airway devices by  
99 auscultation, chest excursion, and confirmation of expired carbon dioxide. Use  
100 ventilatory monitors as indicated.

### 101 c. **Cardiovascular**

102 Monitor and evaluate circulation to maintain patient's hemodynamic status.

103 Continuously monitor heart rate and cardiovascular status. Use invasive monitoring as  
104 appropriate.

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107 **d. Thermoregulation**

108 When clinically significant changes in body temperature are intended, anticipated, or  
109 suspected, monitor body temperature. Use active measures to facilitate normothermia.

110 When malignant hyperthermia (MH) triggering agents are used, monitor temperature and  
111 recognize signs and symptoms to immediately initiate appropriate treatment and  
112 management of MH.

113 **e. Neuromuscular**

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

116

117 **Standard X: Infection Control and Prevention**

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

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121 **Standard XI: Transfer of Care**

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

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126 **Standard XII: Quality Improvement Process**

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

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**132 Standard XIII: Wellness**

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

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**135 Standard XIV: A Culture of Safety**

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

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152 In 1974, the Standards for Nurse Anesthesia Practice were adopted. In 1983, the “Standards for Nurse Anesthesia  
153 Practice” and the “Scope of Practice” statement were included together in the American Association of Nurse  
154 Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently  
155 has had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for  
156 Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and  
157 Standards for Nurse Anesthesia Practice was most recently revised in January 2013. In February 2013, the AANA  
158 Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents:  
159 the Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. Revised by the AANA  
160 Board of Directors in TBD.

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