



BOARD OF REGISTERED NURSING

107 SOUTH BROADWAY, SUITE 8026
LOS ANGELES, CALIFORNIA 90012-4640
TELEPHONE: (213) 620-4643



April 14, 1986

Timothy J. Wolf, C.R.N.A.
220 West 21st Street
Upland, California 91786

Dear Mr. Wolf:

This responds to your letter of April 7, 1986 regarding the authority of the CRNA to perform various functions in connection with the nurse anesthetist role. Your questions with answers reflecting the position of the California Board of Registered Nursing appear below. Sections of the law referred to are in the Business and Professions Code, Chapter 6.

1. May a CRNA perform the preanesthetic evaluation required by JCAH and record such evaluation on the patient's chart? If so, is the countersignature of a physician required?

The nurse anesthetist may perform the preanesthetic evaluation, and record the evaluation on the patient record. Such evaluation may be performed independently by the nurse anesthetist. A standardized procedure is not required in order to perform the evaluation and the CRNA's record of the evaluation does not require the countersignature of the physician.

The preanesthetic evaluation includes review of the patient's medical and nursing records to determine results of laboratory tests, x-rays, previous anesthesia experiences, and the physician's physical examination and history; the performance of a physical examination and assessment, including the heart and lungs; assessment of the patient's emotional status, and the choice of anesthesia.

Performance of the preanesthetic evaluation of the patient is a common function of the nurse anesthetist in California. Section 2725 states that the Legislature intended to provide clear legal authority for functions which have common acceptance and usage and to recognize the existence of overlapping functions between physicians and registered nurses.

Additionally Section 2725 (d) authorizes:

- o observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition;
- o determination of whether such signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics;
- o implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures.

The education of the CRNA as required by Section 2826 (b) includes instruction to perform the preanesthetic evaluation of the patient, and also successful performance of such evaluation by the student nurse anesthetist.

The inclusion of Preanesthetic Evaluation in the educational requirements for the nurse anesthetist indicates the intent of the Legislature that the nurse anesthetist be prepared to perform this function.

2. May the nurse anesthetist evaluate a patient who has received an anesthetic to determine if such patient is sufficiently recovered from the anesthetic to be released from the recovery area, and may the nurse anesthetist authorize such release from the recovery area?

Post-anesthetic evaluation of the patient is common practice for the nurse anesthetist in California. Authority to observe the patient to determine whether or not the observed signs, symptoms, reactions, behavior or general appearance exhibit abnormal characteristics is provided by Section 2725 as explained in response to question # 1. .

When it is determined by the nurse anesthetist that the patient does not exhibit abnormal characteristics the nurse anesthetist may authorize the patient's release from the recovery area. A release of this type does not require a Standardized Procedure or the countersignature of the physician.

In the event the patient does exhibit abnormal characteristics the CRNA is authorized by Section 2725 (d) to implement appropriate reporting, or referral, or standardized procedures, or to initiate emergency procedures. This means that the CRNA, in addition to having independent authority to implement emergency procedures and to report findings to the physician, is authorized to act in accord with a protocol previously developed among physicians, RN's and the administrator within the agency. The protocol would outline any additional procedures to be carried out prior to the release of the patient by the CRNA and the circumstances under which the physician is to be consulted. The record of implementation of the standardized procedure would not require the cosignature of the physician.

Additionally, the education of the nurse anesthetist includes both evaluation of the patient during recovery from anesthesia and post-anesthetic evaluation.

3. May the nurse anesthetist evaluate the patient's post-anesthetic condition and authorize the discharge of the patient from an outpatient facility?

The answer to this question is the same as to question number 2.

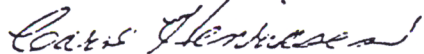
4. May the registered nurse accept the order of the nurse anesthetist and proceed with the release of the patient from the recovery area or the discharge of the patient from the outpatient facility?

The registered nurse and other nursing personnel within the agency may accept the orders of the nurse anesthetist for those functions authorized by Section 2725 of the Business and Professions Code.

If you have additional questions, please do not hesitate to contact me.

Sincerely,

BOARD OF REGISTERED NURSING



Carol Henriksen, R.N.
Supervising Nursing Education Consultant

CH:jaz