



Job Description
Certified Registered Nurse Anesthetist

Title

Certified Registered Nurse Anesthetist

Description

A qualified anesthesia professional involved in the administration of anesthesia and related services as delineated by the clinical and nonclinical responsibilities described herein.

Qualifications

1. Holds current state licensure as a registered nurse in the state of WV, and complies with any applicable state statutory or regulatory requirements concerning advanced practice registered nursing.
2. Graduate of a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.
3. Complies with one of the following requirements regarding certification eligibility, initial certification, or recertification:
 - A: Meets criteria 1 and 2 above, and is awaiting initial certification (some states limit this period of time); or
 - B: Is currently certified by the Council on Certification of Nurses Anesthetists or its predecessor; or
 - C: Is currently recertified by the Council on Recertification of Nurse Anesthetists.
4. Insurable by an appropriate medical malpractice insurer for the limits required by this institution or state.
5. Demonstrates current competency in the clinical responsibilities for which the candidate is applying.

Clinical Responsibilities

The following list of anesthesia and related services should be used to delineate the clinical responsibilities of the individual anesthetist by placing a checkmark next to the clinical services in which the anesthetist can demonstrate new or continued competency. The clinical responsibility portion of this position description should be reviewed at least every two years and

changes made as required. More clinical responsibilities may be added as additional education and experience is obtained by the individual practitioner.

- Preanesthesia assessment
- Requesting laboratory/diagnostic studies
- Preanesthetic medication
- General anesthesia and adjuvant drugs
- Regional anesthesia techniques
 - Subarachnoid
 - Epidural
 - Upper extremity
 - Lower extremity
 - Local infiltration
 - Topical
 - Transtracheal
 - Intracapsular
 - Other _____
- Sedation techniques
- Cardiopulmonary resuscitation management
- Invasive and noninvasive monitoring
- Airway management techniques
- Mechanical ventilation/oxygen therapy
- Fluid, electrolyte, acid-base management
- Blood, blood products, plasma expanders
- Peripheral intravenous/arterial catheter placement
- Central venous catheter placement
- Pulmonary artery catheter placement
- Acute and chronic pain therapy
- Post anesthesia discharge
- Other _____

This is to verify that I am physically and mentally capable of providing the services indicated on the above list. Procedures describing the process for assignment, suspension or revocation of these clinical responsibilities have been given to me. I have also been provided with a copy of this individualized professional position description and a copy of the anesthesia department's guidelines.

Signature: _____

Date: _____