



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

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CRNP/PA Critical Care Skill Requirements

The training requirement for the skills you have requested and for which you have been approved is noted in the table below. **50% of the Initial CVL, Internal Jugular and Femoral, and Initial Arterial Line, Radial and Femoral, may be done in the simulation lab.**

Documentation of supervised practice upon completion should be submitted to the Board of Medical Examiners (PA and CRNP) and to the Board of Nursing (CRNP) for approval and all documentation must identify the anatomical site, and whether the procedures were performed on a live patient or in the simulation lab.

Documentation of Supervised Procedures for Annual Maintenance is required as stated below. Keep a copy at your practice location. **Supervised Practice must be submitted within 1 year of approval to train.**

Standard Protocol for Approval of Central Venous Lines: Adult central venous access obtained through a percutaneous method by way of the internal jugular vein or femoral vein. The Seldinger method is recommended, which refers to the use of a guidewire placed into a vessel to provide a conduit for intravascular catheter placement.

If approved for central venous line insertion, internal jugular and femoral (up to 9F), a total of 10 procedures for annual maintenance is required. A minimum of 5 procedures, out of the 10 required, must be internal jugular.

Insertion of tunneled catheters is not approved.

Skill	Total number required for certification*	Allowed in Simulation Lab	Annual Maintenance Requirement
Central Venous Lines: Internal Jugular- 9F *Non-cuffed catheters no larger than 9F may be used.	10	5	5
Central Venous Lines: Femoral- 9F *Non-cuffed catheters no larger than 9F may be used.	10	5	5
Central Venous Line: Subclavian (physician must be present) *Non-cuffed catheters no larger than 9F may be used.	50	N/A	25

Central Venous Line, Remove and Replace over Guide Wire <i>(Only for practitioners who have previously been approved or are requesting CVL placement, IJ and Femoral)</i>	5	N/A	5
Central Venous Line Insertion Less than 14F: Internal Jugular	25	10	15
Central Venous Line Insertion Less than 14F: Femoral	5	2	5
Removal of percutaneous Central Venous Line (CRNP Only)	10	0	5
Removal of Tunneled Central Venous Lines- Insertion of Tunneled catheters is NOT approved	10	0	5
Arterial Line Insertion: Femoral	10	5	5
Intra-Aortic Balloon insertion	20	N/A	10
Radial Artery Harvest (Cardiac Surgery Only)	20	N/A	10
Sternal Closure (Cardiac Surgery Only)	50	N/A	25
Primary Sternotomy (Cardiac Surgery Only)	50	N/A	25
Primary Thoracotomy (Cardiac Surgery Only)	50	N/A	25
Thoracostomy tube insertion (Intra-operative only)	30	N/A	15
Thoracentesis	30	15	15
Paracentesis (Only under ultrasound guidance)	30 <i>* Or any # greater than 30 to reach competency as determined by supervising physician</i>	15	15
Removal of Pacing Wires (CRNP Only)	30	N/A	15
Removal of Left Atrial Catheter	30	N/A	15
Removal of Mediastinal Chest Tubes	15	N/A	8
Removal of Pulmonary Artery Catheter (Swan-Ganz catheter)	30	N/A	15
Removal of Intra-Aortic Balloon Pump	10	N/A	5