



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 CVL: **Initial Internal Jugular and Femoral and 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 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 as below. Keep a copy at your practice location. **Supervised Practice must be submitted within 1 year of approval to train.**

| Skill   | Total number required for certification* | 50% allowed to be in Simulation Lab | Annual Maintenance Requirement |
|---|--|-------------------------------------|--------------------------------|
| Central Venous Lines: Internal Jugular  | 10                                       | 5                                   | 5                              |
| Central Venous Lines: Femoral   | 10                                       | 5                                   | 5                              |
| Central Venous Line: Subclavian ( <b>physician must be present</b> )  | 50                                       | N/A                                 | 25                             |
| Central Venous Line, Remove and Replace over Guide Wire ( <b>Only for practitioners who have previously been approved or are requesting CVL placement, IJ and Femoral</b> ) | 5  | N/A                                 | 5                              |
| Removal of percutaneous Central Venous Line   | 10                                       | 0                                   | 5                              |
| Removal of Tunneled Central Venous Lines- <b>Insertion of Tunneled catheters is NOT approved</b>  | 10                                       | 0                                   | 5                              |
| Arterial Line Insertion: Femoral  | 10                                       | 5                                   | 5                              |
| Intra-Aortic Balloon insertion  | 20                                       | N/A                                 | 10                             |
| Radial Artery Harvest ( <b>Cardiac Surgery Only</b> )   | 20                                       | N/A                                 | 10                             |
| Sternal Closure ( <b>Cardiac Surgery Only</b> )   | 50                                       | N/A                                 | 25                             |
| Primary Sternotomy ( <b>Cardiac Surgery Only</b> )  | 50                                       | N/A                                 | 25                             |
| Primary Thoracotomy ( <b>Cardiac Surgery Only</b> )   | 50                                       | N/A                                 | 25                             |

|   |  |     |    |
|---|--|-----|----|
| Thoracostomy tube insertion<br><b>(Intra-operative only)</b>    | 30   | N/A | 15 |
| Thoracentesis   | 30   | 15  | 15 |
| Paracentesis (Only under<br>ultrasound guidance)                | 30<br><i>* Or any # greater<br/>than 30 to reach<br/>competency as<br/>determined by<br/>supervising<br/>physician</i> | 15  | 15 |
| Removal of Pacing Wires <b>(CRNP<br/>Only)</b>                  | 30   | N/A | 15 |
| Removal of Left Atrial Catheter                                 | 30   | N/A | 15 |
| Removal of Mediastinal Chest<br>Tubes                           | 15   | N/A | 8  |
| Removal of Pulmonary Artery<br>Catheter<br>(Swan-Ganz catheter) | 30   | N/A | 15 |
| Removal of Intra-Aortic Balloon<br>Pump                         | 10   | N/A | 5  |

Standard 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. **A non-cuffed catheter no larger than 9 French may be used. Insertion of tunneled catheters is not approved.**