



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

**Critical Care Advanced Protocol Request to Train**

**CRNP or PA:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Certification Statements for Initial Requirements:** Collaborating/supervising physician should initial each area indicating understanding of the initial requirements.

\_\_\_\_ This nurse practitioner or physician assistant has been previously trained in the skills selected below through the Critical Care Protocol or has been previously trained, with Board approval, in central venous line insertion utilizing up to a 14.5F catheter.

\_\_\_\_ This nurse practitioner or physician assistant has worked in the Critical Care Setting for at least one year after successfully completing the training for the appropriate skills in the Basic Critical Care Protocol

**Skill Requirements:**

\_\_\_\_ NPs or PAs will be allowed to perform the following advanced skills **without direct physician supervision at the bedside and outside the operating theater after documentation of supervised practice has been completed, submitted, and approved.**

- 1) Central line insertion and removal (internal jugular, femoral and subclavian) for the purpose of venous access including dialysis, extracorporeal photopheresis (ECP) and extracorporeal membrane oxygenation (ECMO).
- 2) Insertion of chest tube.

\_\_\_\_ Collaborating, supervising, and covering physicians for these NPs or PAs must be appropriate medical and surgical intensivists, interventional radiologists, anesthesiologists, pulmonologists, and/or other physicians credentialed by the facility for the procedure(s).

\_\_\_\_ After approval of the supervised practice, an attending physician should be immediately available to respond to a CRNP/PA requiring assistance if needed and provide surgical intervention for complications.

I \_\_\_\_\_, the collaborating/supervising physician certify that I have read and understand the above requirements.

Printed Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Critical Care Advanced Protocol Training Record**

CRNP/PA Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Years of Critical Care experience as an NP or PA: \_\_\_\_\_

**Submit this form along with the supervised practice form:**

Skill	Training Requirement	Date and Instructor Signature
<b>Central Venous Line Insertion and Removal: (Dialysis, ECP, ECMO) (Total of 3 hours)</b>	3 hours didactic instruction on proper technique and insertion	
<b>Observation Requirement</b>	Direct Observation of 3 procedures	

Skill	Training Requirement	Date and Instructor Signature
<b>Insertion of Chest Tube (Total of 3 hours)</b>	3 hours didactic instruction on proper technique and insertion	
<b>Observation Requirement</b>	Direct Observation of 3 Procedures	

**Collaborating or Supervising Physician must certify that the Training Requirements set forth in the Critical Care Advanced Protocol have been completed.**

Collaborating/Supervising Physician Name: \_\_\_\_\_

Signature: \_\_\_\_\_ License # \_\_\_\_\_



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**Critical Care Advanced Protocol Request to Train  
Central Line Insertion and Removal**

CRNP or PA: \_\_\_\_\_ Lic. # \_\_\_\_\_

Central line insertion and removal:

This includes the anatomic areas of internal jugular, femoral, and subclavian, (Vas Cath, ECP, ECMO).

\_\_\_\_\_ A total of three hours (3) of didactic instruction in proper technique and insertion is required.

\_\_\_\_\_ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

\_\_\_\_\_ Perform 20 CVL Insertions under the direction/observation of the collaborating/supervising or covering physician.

\_\_\_\_\_ Five (5) annual maintenance procedures may be performed in the simulation lab.

\_\_\_\_\_ The CRNP/PA must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

\_\_\_\_\_ **QUALITY ASSURANCE MONITORING REQUIRED:** Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events. Advanced critical care skills/procedures must be included and documented in the quality assurance plan. Any adverse outcomes will be recorded and included in quality monitoring reviews.

Physician initials and signature indicate having read and understand the protocol for training the nurse practitioner or physician assistant named above to perform this skill.

Collaborating/ Supervising Physician: \_\_\_\_\_

Signature: \_\_\_\_\_ Lic. # \_\_\_\_\_



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**Critical Care Advanced Protocol Request to Train  
Chest Tube Insertion**

CRNP or PA: \_\_\_\_\_ Lic. # \_\_\_\_\_

Chest tube insertion:

\_\_\_\_\_ A total of three hours (3) of didactic instruction on proper technique and insertion of chest tubes is required.

\_\_\_\_\_ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

\_\_\_\_\_ 10 procedures performed under direct supervision of the collaborating/supervising or covering physician.

\_\_\_\_\_ Five (5) annual maintenance procedures may be performed in the simulation lab.

\_\_\_\_\_ The CRNP/PA must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

**QUALITY ASSURANCE MONITORING REQUIRED:** Documented evaluation of the clinical practice (high risk/problem prone skill) against defined quality outcome measures, using a meaningful selected sample of patient records and a review of all adverse events. Advanced critical care skills/procedures must be included and documented in the quality assurance plan. Any adverse outcomes will be recorded and included in quality monitoring reviews.

Physician initials and signature indicate having read and understand the protocol for training the nurse practitioner or physician assistant named above to perform this skill.

Collaborating/ Supervising Physician: \_\_\_\_\_

Signature: \_\_\_\_\_ Lic. #: \_\_\_\_\_