



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*	Allowed 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 (physician must be present)	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	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

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.**