



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

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CRNP/PA Critical Care Skill Requirements

PHYSICIAN REQUIREMENTS:

The collaborating/supervising or covering physicians for CRNPs/PAs performing critical care skills/procedures must be appropriate medical and surgical intensivists, interventional radiologists, anesthesiologists, pulmonologists, and/or other physicians credentialed by the facility for the procedure(s).

POPULATION FOCI:

The APN holds appropriate specialty certification (attach certificate) – Adult Acute, Adult Care, Family, Adult-Gerontological Acute Care, Adult-Gerontological Primary Care, Gerontology, Pediatric, Pediatric Acute Care

LIMITATIONS:

- Critical Care procedures, Basic and Advanced, are limited to the following practice settings: 1) Hospitals, 2) Critical/Intensive Care, 3) Emergency Departments, and 4) Cardiovascular Surgery.
- 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.

EDUCATION/COURSE REQUIREMENTS:

- The CRNP/PA and collaborating physician will participate in ongoing education and training to maintain or increase their competency in critical care procedures.
- The CRNP/PA must maintain on file readily retrievable documentation of procedures performed annually, including the documented training, education, and competency validation.

Training Requirements for Basic Skill(s) or Procedures(s)

- The collaborating, supervising, or covering physician must be physically present on site with the CRNP/PA during training.
- The collaborating, supervising, or covering physicians must be actively engaged in the practice of non-tunneled central venous line (CVL) insertion and, therefore, perform non-tunneled CVL insertion on a routine basis. If applicable, the collaborating, supervising, or covering physician(s) must be hospital credentialed in the use of non-tunneled CVL insertion.

Note: The training should be representative of the appropriately sized catheter that is anticipated to be used by the CRNP/PA.

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 or the modified Seldinger method is recommended, which refers to the use of a guidewire placed into a vessel to provide a conduit for intravascular catheter placement.

After approval of the supervised practice and demonstrating competency, the CRNP/PA may insert, remove, and, if clinically necessary, replace over Guidewire, non-tunneled central venous catheters with a diameter of 14.5F and below.

Supervised practice must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.

****Insertion of tunneled catheters is not approved.**

Skill	Total number required for Certification	Allowed in Simulation Lab	Annual Maintenance Requirement
*After approval to train is granted, training is required under the direction/ observation of the collaborating/supervising or covering physician.			
Central Venous Line (non-tunneled with a diameter of 14.5 and below):	20	10	10
Internal Jugular and Femoral	Internal Jugular (10) Femoral (10)	Internal Jugular (5) Femoral (5)	Five (5) of the internal jugular annual maintenance procedures may be performed in sim lab.
*U/S Guidance required			5 Five (5) of the femoral annual maintenance procedures may be performed in the sim lab
Central Venous Line: Subclavian	15	N/A	10
No larger than 9F			Five (5) may be performed in sim lab
Physician approval required			*Physician approval must be documented for subclavian.
Physician must be immediately available			
*U/S Guidance required			
Intra-Aortic Balloon insertion	10	N/A	5
Removal of Intra-Aortic Balloon Pump	5	N/A	5
Radial Artery Harvest (Cardiac Surgery Only)	5	N/A	5
Sternal Closure (Cardiac Surgery Only)	30	N/A	15
Primary Sternotomy (Cardiac Surgery Only)	30	N/A	15

Primary Thoracotomy (Cardiac Surgery Only)	30	N/A	15
Thoracostomy tube insertion (Intra-operative only)	15	N/A	8
Thoracentesis (only under ultrasound guidance) (Diagnostic and therapeutic)	15	8	8
Paracentesis (Only under ultrasound guidance)	10	5	5
Removal of Left Atrial Catheter	10	N/A	10

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.

Training Requirements for Advanced Skill(s) or Procedure(s)

- May perform Advanced plus Basic skill(s)/ procedures(s) if the CRNP/PA has worked in the Critical Care setting for no less than one (1) year as a CRNP/PA and successfully completed the training for the appropriate skills in the Basic Critical Care Protocol.
- The collaborating/supervising or covering physician must be physically present on site with the CRNP/PA during training.
- Prior to the CRNP/PA performing the Advanced procedure(s):
 1. The CRNP/PA will receive a total of three hours of didactic instruction in proper technique and insertion/removal.
 2. The collaborating physician will demonstrate how to perform the procedure, and the CRNP/PA will directly observe no fewer than three (3) procedures.

Supervised practice must be submitted to the Board within one (1) year of approval to train, or the approval to train will lapse.

Advanced Critical Care Skills/Procedures	Observations (if indicated)	Number Required for Initial Note: After approval to train is granted, training is required under the direction/ observation of the collaborating or covering physician	Number Allowed in Simulation Lab (50% of Initial)	Annual Maintenance Requirements
Non-Tunneled Central Venous Line Insertion/ Removal: Internal Jugular, Femoral, and Subclavian Central line insertion and removal (internal jugular, femoral, and subclavian) for the	Observe 3 procedures	20 supervised procedures	N/A	10 Five (5) annual maintenance procedures may be performed in the simulation lab.

purpose of venous access, including dialysis, extracorporeal photopheresis (ECP), and extracorporeal membrane oxygenation (ECMO). *U/S guidance is required				
Chest Tube Insertion *U/S guidance is required	Observe 3 procedures	10 supervised procedures	N/A	10 Five (5) annual maintenance procedures may be performed in the simulation lab.

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.

Notes:

- 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.
- Training may not begin until the CRNP receives written approval from the Alabama Board of Nursing, and the collaborating physician must receive written approval from the Alabama Board of Medical Examiners.
- Training may not begin until the PA, and the supervising physician, receive written approval from the Alabama Board of Medical Examiners.