



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6550.7A  
BUMED-OONC  
4 May 2001

BUMED INSTRUCTION 6550.7A

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Medical Department Personnel  
Subj: UTILIZATION GUIDELINES FOR NURSE ANESTHETISTS

Ref: (a) American Association of Nurse Anesthetists (AANA), Certified Registered Nurse Anesthetists (CRNAs) Scope of Practice of 6 Mar 01  
(b) BUMEDINST 6320.66C  
(c) BUMEDINST 6010.17A  
(d) SECNAVINST 6401.2A  
(e) BUMEDINST 1001.2A  
(f) Manual of Navy Officer Manpower and Personnel Classifications, Volume 1, NAVPERS 15839I of Oct 00  
(g) Position Classification Standard for Nurse Series, GS-610  
(h) BUMEDINST 12430.4  
(i) MANMED, Chapter 21  
(j) BUMEDINST 6010.13  
(k) ASD(HA) Policy memo 96-047 of 30 May 96  
(l) ASD(HA) Policy memo 97-026 of 24 Jan 97  
(m) Title 37, United States Code, Section 302e

1. Purpose. To clarify, expand, and reemphasize guidelines for the utilization of military and civilian nurse anesthetists within the Navy health care delivery system. This is a complete revision and must be read in its entirety.

2. Cancellation. BUMEDINST 6550.7.

3. Background. Nurse anesthetists function in an expanded and specialized area of nursing and possess the knowledge and clinical skills required to accept and provide services to patients requiring anesthesia care management as described in references (a) and (b). Nurse anesthetists working in Navy Medicine include military personnel (active and Reserve components) and civilian health care practitioners. The nurse anesthetist is a member of the Navy Medical Department medical staff as described in reference (c).

4. Definitions

a. Certified Registered Nurse Anesthetist (CRNA). A CRNA is a registered professional nurse who has successfully completed a graduate educational program approved by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools and has passed the certification examination of the Council on Certification of Nurse Anesthesia (CCNA).

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b. Graduate Registered Nurse Anesthetist (GRNA). A GRNA has successfully completed a nurse anesthesia graduate education program and all other prerequisites to sit for the certification examination.

5. Licensure and Certification. The nurse anesthetist must possess a valid, current, unrestricted state license to practice as a registered professional nurse per reference (d). Initial certification by the CCNA and recertification every 2 years by the Council on Recertification of Nurse Anesthetists is required.

a. The GRNA is required to possess specialty certification within 12 months of completion of a graduate level anesthesia program.

b. Military CRNAs (active component) who meet educational and certification requirements may request a change of subspecialty codes by submitting evidence of graduate education and national professional certification via the chain of command to the Bureau of Medicine and Surgery, Nurse Corps Career Plans Officer, (MED-OONCB3), 2300 E Street NW, Washington, DC 20372-5300. CRNAs (Reserve component) shall submit the same evidence for Navy officer billet classification and subspecialty code assignment per reference (e) to BUMED (MED-75) at the above address.

6. Scope of Practice. CRNAs are authorized to function within the full scope of their granted privileges as delineated in references (b) and (c).

a. GRNAs will be assigned with a staff anesthesia practitioner who will monitor their practice and co-sign the Medical Record-Anesthesia, OF 517 (7-95), including postoperative orders. This will be done until the GRNA has successfully attained CCNA certification, is designated a CRNA, and has completed all elements of the privileging process per reference (b).

b. Upon obtaining specialty certification, the CRNA shall request a professional staff appointment to include core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility to support the privileges requested.

c. The mission of Navy Medicine requires the utilization of the CRNA in operational and isolated settings not found in the civilian sector. The CRNA must be able to function without hesitation in that environment at a moment's notice. Therefore, to support this role, all CRNAs assigned to a medical treatment facility (especially those in either an active or Reserve component) must practice in a departmental environment that fosters skill maintenance, decision making, and professional growth. Commanding officers will ensure this environment exists through normal medical staff monitoring.

7. Utilization. Certain utilization policies have been established regarding nurse anesthetists.

a. Military (active duty and Reserve) CRNAs are assigned to the commanding officer in a subspecialty-coded billet following reference (f). Civilian CRNAs are assigned to the medical

activity and their position descriptions and performance standards are developed following guidance contained in references (g) and (h). Collateral duties may be assigned by the commanding officer.

b. The nurse anesthetist works in a collaborative role with other members of the medical staff. The nurse anesthetist may serve as a specialty resource for other services when requested.

c. The nurse anesthetist will stand watches equitable among anesthesia providers.

8. Medical Records. Legibility and accuracy of their entries on medical records are the responsibility of the nurse anesthetist. Orders written on inpatient medical records by nurse anesthetists do not require cosignatory, unless the nurse anesthetist is under a plan of supervision per reference (b).

9. Prescribing Medications. Medications will be prescribed as directed in reference (i).

10. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by CRNAs must comply with the facility quality assurance instruction and conform with guidelines in reference (j). Input from these activities must be incorporated into the privileging process as directed in reference (b).

11. Special Pays. Certain military CRNAs are eligible for board-certified pay as outlined in references (k) and (l) and incentive special pay per reference (m). Officers meeting the requirements for these special pays must submit relevant documentation, via the chain of command to BUMED (MED-527). A complete list of requirements may be found at: <http://navymedicine.med.navy.mil/med52/med-525/ncspcpay.htm>.

12. Continuing Education. The nurse anesthetist will comply with continuing education requirements necessary to maintain State professional nurse licensure, specialty recertification, and per reference (c) must participate in continuing education activities that relate, in part, to the privileges granted. They will be afforded the opportunity to attend at least one professional meeting each year. Commands must maintain records on all continuing education obtained by the nurse anesthetist.

13. Form. Medical Record-Anesthesia, OF 517 (7-95), is authorized for local reproduction and is available on the General Services Administration Web site at: <http://hydra.gsa.gov/forms/gsaalpha.htm>.

  
D. C. ARTHUR  
Deputy

Available at: <http://navymedicine.med.navy.mil/instructions/external/external.htm>