



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
7700 ARLINGTON BOULEVARD  
FALLS CHURCH VA 22042

BUMEDINST 6550.7C  
BUMED-N01C  
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BUMED INSTRUCTION 6550.7C

From: Chief, Bureau of Medicine and Surgery

Subj: UTILIZATION GUIDELINES FOR NURSE ANESTHETISTS

Ref: (a) American Association of Nurse Anesthetists Scope of Nurse Anesthesia Practice  
February 2020  
(b) DHA Procedures Manual 6025.13, Volume 4 of 29 August 2019  
(c) BUMEDINST 6010.30  
(d) DHA Administrative Instruction 6025.07 of 8 November 2023  
(e) BUMEDINST 6010.17D  
(f) OPNAVINST 1120.7A  
(g) BUMEDINST 1001.2E  
(h) NAVPERS 15839I  
(i) NAVMED P-117  
(j) BUMEDINST 6010.13  
(k) DoD Instruction 6000.13 of 30 December 2015  
(l) 37 U.S.C.

1. Purpose. To clarify, expand, and reemphasize guidelines for the utilization of military nurse anesthetists within the Navy healthcare delivery system. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. BUMEDINST 6550.7B.

3. Scope and Applicability. This instruction applies to all Budget Submitting Office 18 activities, personnel, and operational activities having certified registered nurse anesthetists (CRNA) that are under the authority, direction, and control of the Surgeon General of the Navy, who also performs the duties of Chief, Bureau of Medicine and Surgery (BUMED).

4. 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), (b), (c), and (d). Nurse anesthetists working in Navy Medicine include both active and Reserve military personnel. The nurse anesthetist is a member of the Navy Medical Department medical staff as described in reference (e).

## 5. Definitions

a. CRNA is a registered professional nurse who has successfully completed a comprehensive didactic and clinical practice curriculum at a nurse anesthesia program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs and has passed the National Certification Examination.

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

c. Licensure and Certification. The nurse anesthetist must possess a valid, current, unrestricted state license to practice as a registered professional nurse per references (b), (c), and (f). Initial certification and recertification every 4 years by the National Board of Certification and Recertification for Nurse Anesthetists is required.

d. The GRNA (Active Component) is required to possess specialty certification within 12 months of completion of a graduate level anesthesia program.

e. 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 Nurse Corps personnel planner, Officer and Enlisted Strength Plans (BUMED-N132), by e-mail at [usn.ncr.bumedfchva.list.personnel-plans-nc@mail.mil](mailto:usn.ncr.bumedfchva.list.personnel-plans-nc@mail.mil).

f. CRNAs (Reserve Component) to include direct commission officers, career transition officers, and Navy veteran program will have their education, licensing, and certification verified by the Centralized Credentials and Privileging Directorate (CCPD) initially during recruiting and transition. Once a member is approved for transition, or taken an oath of office, they are directed to complete a full credentialing and privileging screen via CCPD. Re-designation boards for current Select Reserves must meet all credentialing and privileging requirements during the boarding process to be approved for transition. Once selected for re-designation, a full review by CCPD is completed in order to grant credentialing and privileging. CCPD communicates to the Nurse Corps Reserve Affairs officer, Navy Reserve officer incentives, and the member in writing when all credentialing and privileging requirements are satisfied. The Reserve Affairs officer updates the member's record in the Navy Standard Integrated Personnel System upon receipt of the approval letter. Reserve Component CRNAs, per reference (g), as credentialed and privileged providers, will have their record reviewed by CCPD every 24 months to ensure maintenance or professional requirements and qualifications.

6. Scope of Practice. CRNAs are authorized to function within the full scope of their granted privileges as delineated in references (a) through (d).

a. GRNAs will be assigned with a staff anesthesia practitioner who will monitor and endorse the GRNA's practice. This will be done until the GRNA has successfully attained CRNA certification, is designated a CRNA, and has completed all elements of the privileging process per reference (b).

b. Upon obtaining specialty certification, the CRNA must 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 clinical practice (especially those in either an Active or Reserve Component) must practice in a departmental environment that fosters skill maintenance, decision making, and professional growth. Navy Medicine Readiness and Training Command commanding officers or medical treatment facility directors will ensure this environment exists through normal medical staff monitoring.

d. Military (active and Reserve) CRNAs are assigned to the Navy Medicine Readiness and Training Command commanding officer in a subspecialty-coded billet per reference (h), Manual of Navy Officer Manpower Personnel Classifications, volume I, parts A through C. Collateral duties may be assigned or delegated by the appropriate chain of command.

e. 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.

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

7. 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 references (b).

8. Prescribing Medications. Medications will be prescribed as directed in reference (i), Manual of the Medical Department, chapter 21.

9. 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).

10. Special Pays. Military CRNAs are eligible for board certified pay in accordance with references (k) and incentive special pay per reference (l), section 302. Officers meeting the

requirements for these special pays must submit relevant documentation, via the chain of command to the program manager, Special Pays (BUMED-N133). A complete list of requirements may be found at <https://www.med.navy.mil/Special-Pays/>.

11. Continuing Education. The nurse anesthetist will comply with continuing education requirements necessary to maintain state professional nurse licensure, specialty recertification, and per reference (d) and (f) must participate in continuing education activities that relate, in part, to the privileges granted.

12. Records Management

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

13. Review and Effective Date. Per OPNAVINST 5215.17A, BUMED-N01C, will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.



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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the Navy Medicine Web site, <https://www.med.navy.mil/directives/>