

Critical Care - Middle Level Specialty Practice Protocol for Nurse Practitioners

Practice Settings: Hospitals, Critical/Intensive Care, Emergency Department and Cardiovascular Surgery.

Requests for these skills are limited to the following CRNP certifications: Adult Acute Care, Pediatric Acute Care, Adult Care, Family, Adult Gerontology Acute Care and Pediatric.

Note: Radial Arterial Line Insertion and Removal of Pleural Chest Tube have been moved to the Standard Protocol for these specialties. June 2015.

Middle Level Procedures

After authorization by the Alabama Board of Nursing (ABN) and the Alabama Board of Medical Examiners (ABME), the CRNP may begin supervised procedures and accumulate documentation to complete the initial approval process.

As with all aspects of nursing practice, the CRNP who lacks **current proficiency** is responsible and accountable for obtaining sufficient guidance, education or supervision as necessary for safe practice prior to independently performing a procedure authorized by the Specialty Protocol.

1. Documentation of procedures for Initial Approval shall be submitted to the ABN and ABME for review. All documentation must identify the anatomical site and whether performed on a live patient or in the simulation lab.
2. The CRNP and collaborating physician must maintain documentation of procedures performed annually and provide the documentation upon the request of either Board.
3. Simulation may account for no more than 50% of documented procedures at each anatomical site for initial certification and for annual maintenance.
4. A CRNP who performs placement of only one or two (1 or 2) of three vascular access procedures is required to perform ten (10) documented procedures at each site for initial certification and ten (10) documented procedures for annual competency validation. At least five (5) procedures at each requested site must be on live patients for initial certification and for annual competency validation.
5. **Simultaneous training for all three (3) vascular access procedures** allows a cumulative total of twenty-five (25) documented procedures. Each of the three procedures must be performed a minimum of five (5) times with a minimum of (3) live procedures per site.
6. The requirements for the remaining Middle Level Critical Care procedures are listed in the table following vascular access.

NOTE: The CRNP must achieve the required cases for initial approval on six Middle Level procedures prior to progression to the Advanced Level Protocol request.

MID-LEVEL Vascular Access Procedures

Middle Level Skill/Procedures	Initial Certification	Allowed in Simulation Lab: No more than 50% of each site	Annual Maintenance 50% or more on live patients
Central Venous Lines: Internal Jugular	10	5	10
Central Venous Lines: Femoral	10	5	10
Femoral Arterial Line Insertion	10	5	10
Combined simultaneous training: Central Venous Lines: Internal Jugular and Femoral; Femoral Arterial Line Insertion	25 total procedures. At least 5 procedures for each site.	No more than 50% of each site	25 total procedures At least 5 procedures for each site.

MID-LEVEL Remaining Procedures

Middle Level Skill/Procedures	Cases Required for Approval: Initially and Annually
Removal of pacing wires	30
Removal of left atrial catheter	30
Intra-aortic balloon insertion	20
<i>Radial artery harvest (cardiac surgery)</i>	20
<i>Sternal closure (cardiac surgery)</i>	50

Parameters for Central Venous Lines:

Central line placement is approved as follows:

- (a) inserted for general venous access, including jugular,
- (b) intended duration of use is no longer than one month,
- (c) non-cuffed catheter no greater than 9 French in diameter,
- (d) percutaneous insertion without tunneling or burying a portion of the catheter in the subcutaneous tissue between the external insertion site and
- (e) the insertion into the venous lumen, inserted no farther than the superior vena cava at the innominate veins. (Amended by ABME 7/16/2014).