Alabama Board of Nursing
Critical Care Advanced

The Critical Care Advanced Protocol for Collaborative Practice Nursing lists the skills/procedures below that are approved to apply for through an application process. The application and instructions are available on the ABN website at Critical Care Specialty-Advanced Protocol Application.

Practice Settings: State of Alabama designated Level I or Level II Trauma Centers

Population Foci: Adult Acute Care, Adult Health, Pediatric Acute Care, Adult Care, Family, Adult Gerontology Acute Care, and Pediatric

Initial Requirements:

1. Trauma Level Designation: Facility is designated as a Level I or Level II Trauma Center by the Alabama Department of Public Health (ADPH).

2. Experience: CRNP has worked in the Critical Care Setting for no less than one year following completion of training for the appropriate skill in the Critical Care Specialty Protocol and/or has been exempted from the Critical Care Specialty Protocol and obtained approval of CVL insertion up to 13 French insertion.

Skill Requirements

CRNPs in Level I or Level II trauma centers will be allowed to perform the following advanced skills **without direct physician supervision at the bedside** and **outside the operating theater** after documentation of supervised practice has been completed, submitted, and approved.

Advanced skills/procedures

1. Central line insertion and removal (internal jugular, femoral, and subclavian) for the purpose of venous access, including dialysis, extracorporal photopheresis (ECP), and extracorporal membrane oxygenation (ECMO).
2. Insertion of chest tube.
3. Thoracentesis, both diagnostic and therapeutic, including the placement and use of small indwelling catheters.

- The collaborating and supervising physicians for CRNPs must be appropriate medical and surgical intensivists, interventional radiologists, anesthesiologists, and/or pulmonologists.
- A physician should be available (per Alabama Trauma Center Designation Criteria, ADPH, Office of Emergency Medical Services, pages. 9-10) at all times, to provide appropriate diagnostic consultation prior to the performance of the advanced skill and to respond to a mid-level requiring assistance and to provide surgical intervention for complications. (This supervision could be provided by the acute care or trauma surgeon).
- Trauma Centers seeking such privileges for CRNPs will submit training protocols, as well as the identified surgical supervising physicians who will provide prior procedure

consultation and surgical coverage for complications. The training protocol submitted must consist of the following minimal requirements, but may exceed them, as local institutional policy.

Central line insertion and removal:

This includes the anatomic areas of internal jugular, femoral, and subclavian (Vas Cath, ECP, ECMO). A total of three hours of didactic instruction in proper technique and insertion; two hours with the use of ultrasound guidance; and one hour of practical instruction on sterile technique and table set up, including unit-specific equipment and catheter removal.

1. The CRNP must directly observe no fewer than three (3) procedures by a fully trained physician.
2. Perform 20 CVL insertions, with no fewer than 10 under direct supervision by a physician. The remaining 10 procedures may either be supervised by a previously certified CRNP or Physician Assistant (PA).
3. CVL removal may not be performed in a simulation laboratory.
4. All procedures performed during the training protocol, as well as those independently performed (once certified), should be recorded in electronic health record, for tracking of frequency of the procedure performance and for complication occurrence.
5. Ongoing proficiency should be demonstrated and documented every six months with the requirement of 10 procedures performed. The six months' documentation should be kept on file at your facility.

Chest tube insertion:

A total of three hours of didactic instruction on proper technique and insertion of chest tubes; two hours with the associated use of ultrasound guidance; and one hour of practical instruction on sterile technique and table set up, including unit-specific equipment.

1. The CRNP must directly observe no fewer than three procedures by a fully trained physician.
2. Perform 20 procedures, with no fewer than 10 under direct supervision by a physician. The remaining 10 procedures may either be supervised by a previously certified CRNP or PA or performed in a simulation laboratory.
3. All procedures performed during the training protocol as well, as those independently performed (once certified), should be recorded in electronic health record, for tracking of frequency of the procedure performance and for complication occurrence.
4. Ongoing proficiency should be demonstrated and documented every six months with the requirement of 10 procedures performed, half of which may be performed in a simulation laboratory. The six months' documentation should be kept on file at your facility.

Thoracentesis:

Thoracentesis may include diagnostic and therapeutic thoracentesis, to include the placement and

use of small indwelling catheters. A total of three (3) hours of didactic instruction on proper technique of thoracentesis in the insertion of small indwelling catheters; and one hour of practical instruction on sterile technique and table set up, including unit-specific equipment.

1. The CRNP must directly observe no fewer than three (3) procedures by a fully trained physician.
2. Perform 20 procedures, with no fewer than 10 under direct supervision by a physician. The remaining 10 procedures may be supervised by a previously certified CRNP or PA.
3. All procedures performed during the training protocol, as well as those independently performed (once certified), should be recorded in electronic health record, for tracking of frequency of the procedure performance and for complication occurrence.
4. Ongoing proficiency should be demonstrated and documented every six months with the requirement of 10 procedures performed. The six months' documentation should be kept on file at your facility.

Facility Quality Assurance

Level I and Level II Trauma Centers utilizing this protocol and allowing CRNPs to perform these advanced skills will establish a database and Quality Assurance Program that reports monthly within the institution for appropriate oversight and review and will provide that data twice annually (every six months) to the *Alabama Board of Medical Examiners.* Data submitted to the ABME will be provided to the Joint Committee on Advanced Practice Nursing for review. The Joint Committee will report at least annually to the respective Boards.