Alabama Board of Nursing
Critical Care Protocol

CRITICAL CARE PROTOCOL: The CRNP's scope of practice includes the appropriateness of treatment, developing a treatment plan including ordering appropriate critical care skills/procedures (basic or advanced) according to the treatment plan, following up to evaluate treatment effectiveness with intervention as needed to correct adverse reactions, and adjusting the individual treatment plan, as needed, in accordance with established guidelines/standards developed within the collaborative practice.

PHYSICIAN REQUIREMENTS:

- The collaborating physician or covering physicians for CRNPs performing Advanced 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).

APPLICATION LINK: Critical Care Protocol Application

POPULATION FOCI EXCLUSIONS: Neonatal, Psychiatric-Mental Health, and Women's Health Care CRNPs, and Certified Nurse-Midwives

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 requiring assistance if needed and provide surgical intervention for complications.

EDUCATION/ COURSE REQUIREMENTS:

- The CRNP and collaborating physician will participate in ongoing education and training to maintain or increase their competency in critical care procedures.
- The CRNP 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 Procedure(s)

- The collaborating or covering physician must be physically present on site with the CRNP during training.
- The collaborating 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 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.
- After approval of the supervised practice and demonstrating competency, the CRNP 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.

Basic Critical Care Skills/Procedures **Note**: The Seldinger Method or the Modified Seldinger Technique is recommended, which refers to the use of a guidewire placed into a vessel to provide a conduit for intravascular catheter placement. The adult central venous access is obtained through a percutaneous method by way of the internal jugular or femoral vein.	**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 Requirement**
Central Venous Line (non-tunneled with a diameter of **14.5F** and below): Internal Jugular and Femoral, * Ultrasound guidance is required	N/A	20 Internal Jugular (**10**) and Femoral (**10**)	10 Internal Jugular (**5**) and Femoral (**5**)	10 **Five (5)** of the **Internal Jugular** annual maintenance procedures may be performed in the simulation lab.
				5 **Five (5)** of the **Femoral** annual maintenance procedures may be performed in the simulation lab.
Subclavian No Larger than **9F** (Physician must be immediately available) (Physician approval required for Subclavian)	N/A	15	N/A	10 **Five (5)** of the annual maintenance procedures may be performed in the simulation lab. Physician approval must be documented for **Subclavian**.
Intra-Aortic Balloon Insertion	N/A	10	N/A	5
Removal of Intra-Aortic Balloon Pump	N/A	5	N/A	5
Radial Artery Harvest (Cardiac Surgery Only)	N/A	5	N/A	5
Sternal Closure (Cardiac Surgery Only)	N/A	30	N/A	15
Primary Sternotomy (Cardiac Surgery Only)	N/A	30	N/A	15

Primary Thoracotomy (Cardiac Surgery Only)	N/A	30	N/A	15
Thoracostomy Tube Insertion (Intra-operative only)	N/A	15	N/A	8
Paracentesis (only under ultrasound guidance)	N/A	10	5	5
Thoracentesis (diagnostic and therapeutic) * Ultrasound guidance is required	N/A	15	8	8
Removal of Left Atrial Catheter	N/A	10	N/A	10

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

- May perform Advanced plus Basic skill(s)/ procedures(s) if the CRNP has worked in the Critical Care setting for no less than one (1) year as a CRNP and successfully completed the Basic Critical Care Skills training for the appropriate skills.
- The collaborating or covering physician must be physically present on site with the CRNP during training.
- Prior to the CRNP performing the Advanced procedure(s):
    1. The CRNP 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 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 Requirement**
Non-Tunneled Central Venous Line Insertion/ Removal: Internal Jugular, Femoral, and Subclavian Central line insertion and removal (internal jugular, femoral, and subclavian) for the purpose of venous access, including dialysis, extracorporeal photopheresis (ECP), and extracorporeal membrane oxygenation (ECMO). * Ultrasound guidance is required	Observe **3** procedures	20 supervised procedures	N/A	10 **Five (5)** annual maintenance procedures may be performed in the simulation lab.
Chest tube insertion * Ultrasound 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 [ABN Administrative Code § 610-X-5-.01(13)].

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.