

1 21 NCAC 36 .0226 is proposed to be amended as follows:

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3 **21 NCAC 36 .0226 NURSE ANESTHESIA PRACTICE**

4 (a) To be eligible for recognition as a nurse anesthetist, a nurse shall:

- 5 (1) have an active unencumbered license to practice as a registered nurse in North Carolina or privilege
6 to practice pursuant to licensure in a compact state and, when applicable, an active unencumbered
7 recognition, approval, registration, or license as a nurse anesthetist in another state, territory, or
8 possession of the United States;
9 (2) submit a completed application for recognition, attesting under oath or affirmation that the information
10 on the application is true and complete and authorizing the release to the Board of all information
11 pertaining to the application. Application for Examination is posted on the Board's website at
12 www.ncbon.com;
13 (3) have successfully completed a nurse anesthetist education program accredited by the Council on
14 Accreditation of Nurse Anesthesia Educational Programs (CANAEP);
15 (4) be credentialed as a certified registered nurse anesthetist by the CANAEP; and,
16 (5) supply additional information necessary to evaluate the application as requested.

17 In the event any of the above required information indicates a concern about the applicant's qualifications, an applicant
18 may be required to appear in person for an interview with the Board if the Board determines in its discretion that more
19 information is needed to evaluate the application.

20 ~~(a)~~(b) Only a registered nurse who completes a program accredited by the Council on Accreditation of Nurse
21 Anesthesia Educational Programs, is credentialed as a certified registered nurse anesthetist by the ~~Council on~~
22 ~~Certification of Nurse Anesthetists, National Board of Certification and Recertification for Nurse Anesthetists~~
23 ~~(NBCRNA), and who maintains recertification through the Council on Certification of Nurse Anesthetists, NBCRNA,~~
24 shall perform nurse anesthesia activities in collaboration with a physician, dentist, podiatrist, or other lawfully
25 qualified health care provider. A certified registered nurse anesthetist shall not prescribe a medical treatment regimen
26 or make a medical ~~diagnosis except under the supervision of a licensed physician.~~ diagnosis.

27 ~~(b)~~(c) For the purpose of this Rule, collaboration means a process by which the certified registered nurse anesthetist
28 works with one or more qualified health care providers, each contributing his or her respective area of expertise
29 consistent with the appropriate occupational licensure laws of the State and according to the established policies,
30 procedures, practices, and channels of communication that lend support to nurse anesthesia services and that define
31 the roles and responsibilities of the ~~qualified~~ certified registered nurse anesthetist within the practice setting. The
32 individual certified registered nurse anesthetist shall be accountable for the outcome of his or her actions.

33 ~~(c)~~(d) Nurse Anesthesia activities and responsibilities that the ~~appropriately qualified~~ certified registered nurse
34 anesthetist may safely ~~accept~~ perform shall depend upon the individual's knowledge, skills, and other variables in each
35 practice setting as outlined in 21 NCAC 36 .0224(a), including:

- 36 (1) Preanesthesia preparation and evaluation of the client, including:
37 (A) performing a pre-operative health assessment;

1 (B) recommending, requesting, and evaluating pertinent diagnostic studies; and

2 (C) selecting and administering preanesthetic medications.

3 (2) Anesthesia induction, maintenance, and emergence of the client to include:

4 (A) securing, preparing, and providing safety checks on all equipment, monitors, supplies, and
5 pharmaceutical agents used for the administration of anesthesia;

6 (B) selecting, implementing, and managing general anesthesia; monitored anesthesia care; and
7 regional anesthesia modalities, including administering anesthetic and related
8 pharmaceutical agents, consistent with the client's needs and procedural requirements;

9 (C) performing tracheal intubation, extubation, and providing mechanical ventilation;

10 (D) providing perianesthetic invasive and non-invasive monitoring, recognizing abnormal
11 findings, implementing corrective action, and requesting consultation with appropriately
12 qualified health care providers as necessary;

13 (E) managing the client's fluid, blood, electrolyte, and acid-base balance; and

14 (F) evaluating the client's response during emergence from anesthesia and implementing
15 pharmaceutical and supportive treatment to ensure the adequacy of client recovery from
16 anesthesia.

17 (3) Postanesthesia Care of the client, including:

18 (A) providing postanesthesia follow-up care, including evaluating the client's response to
19 anesthesia, recognizing potential anesthetic complications, implementing corrective
20 actions, and requesting consultation with appropriately qualified health care professionals
21 as necessary;

22 (B) initiating and administering respiratory support to ensure adequate ventilation and
23 oxygenation in the immediate postanesthesia period;

24 (C) initiating and administering pharmacological or fluid support of the cardiovascular system
25 during the immediate postanesthesia period;

26 (D) documenting all aspects of nurse anesthesia care and reporting the client's status,
27 perianesthetic course, and anticipated problems to an appropriately qualified postanesthetic
28 health care provider who assumes the client's care following anesthesia, consistent with 21
29 NCAC 36 .0224(f); and

30 (E) releasing clients from the postanesthesia care or surgical setting in compliance with
31 established agency policy.

32 ~~(4)(c)~~ Other clinical activities for which the ~~qualified~~ certified registered nurse anesthetist may accept responsibility
33 shall include:

34 (1) inserting central vascular access catheters and epidural catheters;

35 (2) identifying, responding to, and managing emergency situations, including initiating and
36 participating in cardiopulmonary resuscitation;

- 1 (3) providing consultation related to respiratory and ventilatory care and implementing such care
2 according to established policies within the practice setting; and
3 (4) initiating and managing pain relief therapy using pharmaceutical agents, regional anesthetic
4 techniques, and other accepted pain relief modalities according to established policies and protocols
5 within the practice setting.
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7 *History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21; 90-171.23; 90-171.42(b);*
8 *Eff. July 1, 1993;*
9 *Temporary Amendment Eff. July 25, 1994 for a period of 180 days or until the permanent rule*
10 *becomes effective, whichever is sooner;*
11 *Amended Eff. December 1, 2010; December 1, 1994;*
12 *Readopted Eff. January 1, ~~2019~~ 2019;*
13 *Amended Eff. November 1, 2020.*