Anesthesia & the Nurse Anesthetist: The Silent Force Behind the Drape

Certified Registered Nurse Anesthetist



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Silent Force Behind the Drape

Society lacks awareness

THE FORCE BE

WITH YOU

- Patients typically do not remember their anesthesia provider
 - Patients do not choose their provider
- Anesthesia providers administer continuous medical care prior, during, and after surgery
 - Allows surgeons to perform surgery
- Many responsibilities
 - Lessen the patient's anxiety
 - The anesthesia
 - Medical management during surgery
 - Uphold patient safety
 - Keep the surgeon calm





Anesthesiology

- Discipline that specializes in the
 - painful stimuli and stress of surgery
 - Protection of life functions and vital organs
 - Management of pain
 - Management of heart and lung functions
 - Management of critically ill patients

Medical management of patients who become unconscious and/or insensible to



Anesthesia

- Temporary loss of sensation and/or awareness so patients do not feel pain during medical procedures
- Analgesia (pain control)
- Reduce movement in response to painful stimuli
- Minimize the body's responses to surgical stimuli



Anesthesia Providers

- Practice clinical pharmacology, medical physics, and physiology
- Advanced airway experts
- Problem solvers
- Multitaskers in a highly complex, technical environment
- Critical thinkers
- Team players
- Patient centered providers!





Anesthesia Medications





- procedures
- In 1525 inhaled ether anesthetic on animals
- In 1659, intravenous injections was pioneered through goose quill into a dog's vein
- Around 1771, emergence of nitrous oxide (still used today)
- Hospital— The news of pain free surgery spread throughout the world
- 1850s, hollow hypodermic needles were invented, chloroform used in obstetrics •
- 1880s, local/numbing anesthetics introduced
- 1898- the first spinal anesthetic
- 1914, the first comprehensive textbook of Anesthesia was published
- From 1900 on, new anesthesia medications discovered and safety protocols adopted

History

• Dating back to primitive times—herb mixtures were used to sedate and attempt pain prevention during surgical

1846 William Morton demonstrated the use of ether anesthetic for surgery at Massachusetts General





Anesthesia Safety

- Anesthesia has greatly improved in safety
 - Blood Pressure 1905
 - Cuffed Endotracheal tube 1913
 - 1930-1950s more anesthetic drugs emerge
 - Pulse oximetry 1983
 - ETCarbon Dioxide 1986
 - Shorter acting inhalation and induction agents
 - Propofol was discovered in **1977** and approved for use in the United States in 1989
 - Transesophageal Echocardiography
 - Fiberoptic intubation
 - Pulmonary artery catheters
 - Ultrasound
 - Enhanced recovery after anesthesia protocols





Types of Anesthesia: General Anesthesia

- **General Anesthesia** •
 - Most common
 - Used for major operations
 - Anesthesia medications
 - Unconsciousness and unaware
 - Intubation
 - Monitoring of vital signs and management of any changes
 - Reverse medications and return to consciousness
 - Manage immediate postoperative care











Intubation









Types of Anesthesia: MAC Anesthesia

- Intravenous/Monitored Anesthesia Care (twilight sedation)
 - Minor surgeries/procedures—biopsies, colonoscopies
 - Sedation ranges from minimal to deep
 - Patients breath on their own
 - Normal to hear things and respond or very sleepy and have no recollection
 - Drowsy
 - Safe sedation, pain control, anxiety control



Types of Anesthesia: Spinal & Epidural

- Injecting an local anesthetic agent/numbing medication into a space in the spine
- Numbs the abdomen and legs to block or relieve pain
- Epidural anesthesia—medication in a thin catheter
- Spinal is a single injection with a very fine needle
- Pain-free surgery
- Surgeries below the navel —knee and hip surgery, child birth







Types of Anesthesia: Peripheral Nerve Blocks

- Ultrasound greatly improved safety and efficiency
- Highly technical technique
- Great patient satisfaction— immediate diminished feeling and relief of pain
- Can last for hours after surgery





•Local anesthesia medication is injected near specific nerves to numb only the area of the body that requires surgery









Anesthesia Process

- THE INTERVIEW!
 - Patient evaluation—History, physical exam, lab and tests, optimization
- Prep Work!
 - Explanation of anesthesia, discussion and decision of anesthesia plan
 - Preparing medications, set-up equipment and supplies
- Preanesthetic medication
- Induction and Intubation
- Maintenance and monitoring
- Emergence and Recovery















Anesthesia Environments

- Operating Rooms
- Intensive Care Units
- Labor and Delivery Suites
- Pain Clinics
- Radiology Suites
- Gastroenterology Suites
- Cardiology procedural labs
- Ambulatory Surgery Centers
- Dental Offices



Anesthesia Specialities

- Critical Care
- Cardiac Anesthesia
- Pain and palliative care
- Neuro-anesthesia
- Obstetrics
- Pediatrics
- Neonatal



SO Many Career Choices...



What is a Certified Registered Nurse Anesthetist? CRNA

- A nurse anesthetist is an advanced practice registered nurse who specializes in giving anesthesia to patients in every setting in which anesthesia is delivered
- CRNAs are highly trained anesthesia experts administering safe anesthesia care
- Professionals that have been around for 150 years
- Safely administer more than 50 million anesthetics to patients each year in the US
- Main anesthesia providers in most rural hospitals and in the U.S. Armed Forces

Certified Registered Nurse Anesthetists

- Qualified to make independent judgments regarding all aspects of anesthesia care
- Provide anesthesia in collaboration with many qualified healthcare professionals





CRNA Career

- High job satisfaction rate
- Teamwork
- Collaboration
- Life-long learning
- Respect and recognition as "one of the best" in your field
- Latest technology
- Opportunities all over
- Income potential



CRNA

- The position comes with great responsibilities, some great benefits and also high liabilities
- Schooling is extremely difficult
- Specialized nursing care
- Critical-thinking skills
- Science, math, and pharmacology
- Team player with a common goal: the patient's well-being!





Education and Training

- Minimum of 7 to 8.5 years of education and experience to prepare a CRNA
 - A baccalaureate or graduate degree in nursing
 - An unencumbered license as a registered professional nurse and/or APRN
 - A minimum of one year of full-time work experience as a registered nurse in a critical care/ICU setting
 - The average experience of RNs entering nurse anesthesia educational programs is 4.5 years





Education and training

- Master's and doctorate prepared advanced practice nurses
- A nurse anesthetist becomes "certified" by passing a national exam after completing a rigorous graduate degree program
- Graduates of nurse anesthesia programs have an average of 9,369 hours of clinical experience
- Opportunity for fellowships in chronic pain management, pediatrics, and other specialties



Nurse Anesthetists Schools

- As of September 2020, there were 124 accredited nurse anesthesia programs in the United States and Puerto Rico
- Nurse anesthesia programs range from 36-51 months
- All CRNA schools will be doctorate level by 2025





Education Requirements

- 3.2 Grade Point Average/GPA (on a 4.0 scale)-average is 3.6-3.7
- Science GPA minimum 3.0-average is 3.5
- Minimum 1-year critical care nursing experience
- High scores on graduate tests (GRE, MAT)
- Evaluations from supervisors, former nursing school faculty, and peers



Education Requirements

Nurse anesthesia educational programs have intense admission requirements

EXAMPLES:

1. Requirements to Apply:

Conferred BSN degree with GPA of 3.2 or higher
Cumulative science GPA 3.0 or higher

•Prerequisite Coursework

•Statistics

•Assessment

•Nursing Research •At least 1-year of critical care (ICU) work experience

2. *Requirements to Apply:* Conferred BSN degree with GPA of 3.2 or higher
Cumulative science GPA 3.2 or higher •Prerequisite Coursework

•Statistics

•Assessment

•Nursing Research

•At least 2 years of critical care (ICU) work experience •3 Letters of Recommendation (including one from the candidate's direct supervisor). 2 essays. Invited interview. GRE for GPAs below 3.2. BLS, ACLS required. Current RN license required. CCRN preferred.



CRNA Career Information



- For more information on how to become a
- **Certified Registered Nurse Anesthetist visit**
- The American Association of Nurse Anesthesiology at www.aana.com











STAY HUMBLE. **BE KIND**. WORK HARD.



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