

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

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

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

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

- (1) Preanesthesia preparation and evaluation of the client, including:
  - (A) performing a pre-operative health assessment;
  - (B) recommending, requesting, and evaluating pertinent diagnostic studies; and
  - (C) selecting and administering preanesthetic medications.
- (2) Anesthesia induction, maintenance, and emergence of the client to include:
  - (A) securing, preparing, and providing safety checks on all equipment, monitors, supplies, and pharmaceutical agents used for the administration of anesthesia;
  - (B) selecting, implementing, and managing general anesthesia; monitored anesthesia care; and regional anesthesia modalities, including administering anesthetic and related pharmaceutical agents, consistent with the client's needs and procedural requirements;
  - (C) performing tracheal intubation, extubation, and providing mechanical ventilation;
  - (D) providing perianesthetic invasive and non-invasive monitoring, recognizing abnormal findings, implementing corrective action, and requesting consultation with appropriately qualified health care providers as necessary;
  - (E) managing the client's fluid, blood, electrolyte, and acid-base balance; and
  - (F) evaluating the client's response during emergence from anesthesia and implementing pharmaceutical and supportive treatment to ensure the adequacy of client recovery from anesthesia.
- (3) Postanesthesia Care of the client, including:
  - (A) providing postanesthesia follow-up care, including evaluating the client's response to anesthesia, recognizing potential anesthetic complications, implementing corrective actions, and requesting consultation with appropriately qualified health care professionals as necessary;
  - (B) initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the immediate postanesthesia period;
  - (C) initiating and administering pharmacological or fluid support of the cardiovascular system during the immediate postanesthesia period;
  - (D) documenting all aspects of nurse anesthesia care and reporting the client's status, perianesthetic course, and anticipated problems to an appropriately qualified postanesthetic health care provider who assumes the client's care following anesthesia, consistent with 21 NCAC 36 .0224(f); and
  - (E) releasing clients from the postanesthesia care or surgical setting in compliance with established agency policy.

(d) Other clinical activities for which the qualified registered nurse anesthetist may accept responsibility shall include:

- (1) inserting central vascular access catheters and epidural catheters;
- (2) identifying, responding to, and managing emergency situations, including initiating and participating in cardiopulmonary resuscitation;
- (3) providing consultation related to respiratory and ventilatory care and implementing such care according to established policies within the practice setting; and

- (4) initiating and managing pain relief therapy using pharmaceutical agents, regional anesthetic techniques, and other accepted pain relief modalities according to established policies and protocols within the practice setting.

*History Note: Authority G.S. 90-171.20(4); 90-171.20(7); 90-171.21; 90-171.23; 90-171.42(b);  
Eff. July 1, 1993;  
Temporary Amendment Eff. July 25, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;  
Amended Eff. December 1, 2010; December 1, 1994;  
Readopted Eff. January 1, 2019.*