



**INTERNATIONAL FEDERATION
OF
NURSE ANESTHETISTS**

**Standards of Education, Practice, Monitoring and
Code of Ethics**

Revised 25 May 2012

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INTERNATIONAL FEDERATION OF NURSE ANESTHETISTS'

Standards & Code of Ethics

Preamble

The purpose of the International Federation of Nurse Anesthetists' (IFNA) Standards and Code of Ethics is to acknowledge the profession's acceptance of the responsibility and trust conferred upon it by society and to recognize the international obligation inherent in that trust. The actual standards on education for preparing nurse anesthetists, standards of practice and monitoring as well as code of ethics are written to accommodate the major variance in the scope of nurse anesthesia practice worldwide. These standards have been defined according to IFNA's mission-statement to establish the minimal requirements for safe anesthesia care.

IFNA Mission-Statement

The International Federation of Nurse Anesthetists (IFNA) is an international organization representing nurse anesthetists serving the public and its members. The mission of the federation is dedicated to the precept that its members are committed to the advancement of educational standards and practices that will advance the art and science of anesthesiology and thereby support and enhance quality anesthesia worldwide. The IFNA strives to establish and maintains effective cooperation with institutions that have a professional interest in nurse anesthesia.

IFNA Vision-Statement

The International Federation of Nurse Anesthetists (IFNA) is the authoritative voice for nurse anesthetists and nurse anesthesia, supporting and enhancing quality anesthesia care worldwide. As professionals, nurse anesthetists are recognized for their significant contribution to global healthcare as nurses, practitioners, teachers, administrators, researchers, and consultants. The IFNA participates in the formulation and implementation of healthcare policy and the recognition of nurse anesthetists as essential and cost effective health care providers.

IFNA Objectives

The objectives of IFNA are to:

- promote cooperation between nurse anesthetists internationally.
- develop and promote educational standards in the field of nurse anesthesia.
- recognize eligible anesthesia education programs through an Anesthesia Program Approval Process
- develop and promote standards of practice in the field of nurse anesthesia
- provide opportunities for continuing education in anesthesia
- assist nurse anesthetists' associations to improve the standards of nurse anesthesia and the competence of nurse anesthetists
- promote the recognition of nurse anesthesia
- encourage research related to the profession of nurse anesthesia and promotion of patient safety
- establish and maintain effective cooperation between nurse anesthetists, anesthesiologists and other members of the medical profession, the nursing profession, hospitals and agencies representing the community of interest in nurse anesthesia (*).

An () indicates a definition can be found in the Glossary*

Educational Standards for Preparing Nurse Anesthetists

Purpose of Standards of Education

Nurse anesthetists are educated in many countries throughout the world to provide, or participate in the provision of advanced specialized nursing and anesthesia services to patients requiring anesthesia, respiratory care, cardiopulmonary resuscitation, and/or other emergency, life-sustaining services wherever required. IFNA's Educational Standards for advanced specialized nursing and anesthesia education incorporates the biological and behavioral sciences into the curriculum as they relate to patients and their families. Since nurse anesthetists often work in interdisciplinary teams, students learn good communication skills. They also learn they are obligated to adhere to ethical and legal principles, as well as keeping competent throughout their careers. Since nurse anesthetists have to fulfill several roles, the education of nurse anesthetists contains several areas of learning. The primary purpose of IFNA's Education Standards is to outline a course of study that prepares students to attain specific competencies at graduation. The conceptual framework is based on CanMeds Role Model¹ and is in compliance with IFNA's Standards of, Practice, Monitoring and Code of Ethics.

I. Standard – Prerequisites

Minimum prerequisites for applicants/candidates for nurse anesthesia programs are:

- A. Completion of a basic nursing education program of at least 36 months in length
- B. Nursing experience of at least one (1) year, preferably in an acute care setting

II. Standard – Selection process

- A. All candidates for nurse anesthesia educational programs must be evaluated on the basis of a qualifying procedure such as:
 - 1. Dossier or professional resume
 - 2. Examination
 - 3. Interview and review of candidates' knowledge base of anatomy, physiology, pathophysiology, chemistry, physics, biochemistry, pharmacology, ethics and patient care
- B. It is recommended that selection of candidates be performed by a committee of academic and clinical teachers. Nurse anesthetists shall be included on the committee

¹ Adapted from the CanMEDS Physician Competency Diagram with permission of the Royal College of Physicians and Surgeons of Canada. Copyright © 2009

III. Standard – Curriculum

Content of the program

As a minimum, the program curriculum will contain the following topics or courses as they relate to the practice of nurse anesthetists:

- A. Advanced Anatomy, Physiology and Pathophysiology.
- B. Advanced Pharmacology to include anesthesia agents, adjunctive and accessory drugs (*)
- C. Chemistry and Physics of Anesthesia.
- D. Principles of Nurse Anesthesia Practice
 - 1. Anesthesia and monitoring techniques.
 - 2. Anesthesia and related equipment
 - 3. Patient assessment (*)
 - 4. Anesthesia for different ages and categories of patients and for the full variety of surgical and medically related procedures wherein anesthesia is required.
 - 5. Resuscitation and other life sustaining procedures, such as intubation, ventilation, arterial and intravenous punctures, fluid and blood therapy, etc.
 - 6. Pain management
 - 7. Infection control and patient safety
 - 8. Recordkeeping / documentation
 - 9. Organization and planning
- E. Professional Aspects of Nurse Anesthesia Practice.
 - 1. Quality assurance and improvement
- F. Legal aspects of practice, ethical considerations in practice
- G. Interpersonal relationships, rights, responsibilities of health providers, patients, their families and significant others
- H. Principles of research and Evidence Based Practice are strongly recommended.
- I. Self - learning skills and methods to maintain competence throughout the professional career
- J. Clinical Practicum Requirements.
 - 1. The clinical practicum requirements shall be designed to provide the graduate with clinical experience inherent in the list of required competencies for nurse anesthetists for which she / he is being prepared
 - 2. It is recommended and strongly encouraged that at least 50% of the program be devoted to clinical learning experiences involving direct patient care

IV. Standards - Graduate Competencies

For providing competent, safe anesthesia care, to patients requiring such services, only those nurses who have completed a program of instruction in nurse anesthesia, or who are supervised nurse anesthesia students within such educational programs, should be allowed to perform or participate in the performance of anesthesia services. At graduation students should be prepared to do the following:

Nurse anesthetists as experts

- Perform and/or participate in the performance of a preanesthetic interview and physiological and psychological assessment (*)
- Evaluate and/or collect patient information from the patient's history, physical examination, laboratory, radiographic and other diagnostic data and identify relevant problems
- Prepare and/or implement (*) an appropriate anesthesia care plan
- Administer and/or participate in the administration of general and regional anesthesia to all ages and categories of patients for a variety of surgical and medically related procedures
- Use a broad variety of techniques, anesthesia agents (*), adjunctive and accessory drugs (*), and equipment in providing anesthesia care and pain management
- Interpret and utilize data obtained from the effective use of current invasive and noninvasive monitoring modalities
- Initiate and manage fluid and blood therapy within the plan of care
- Recognize and take appropriate actions with reference to complications occurring during anesthesia management
- Position or supervise positioning of patients to assure optimal physiologic function and patient safety
- Identify and take appropriate action related to anesthesia equipment problems
- Identify patient problems and take appropriate action in the immediate postoperative period
- Assess (*) patient responses for readiness to move to next level of care
- Serve as a resource person (*) in cardiopulmonary resuscitation, respiratory care, and for other acute care needs
- Utilize appropriate principles of basic and behavioral sciences in protecting patients from iatrogenic complications
- Document assessment and monitoring data and nursing and anesthesia care provided

Nurse anesthetists as communicators

- Provide a calm environment for patients
- Establish a rapport with patients
- Listen effectively and integrate information from more than one participant where necessary
- Communicate verbally and non – verbally
- Ensure patient confidentiality and discretion
- Assure patient understanding, respect, empathy and trust
- Engage in effective interpersonal and intraprofessional communication
- Communicate understandably, discuss information appropriately with parents, relatives and team members (e.g. negative prognoses, ethical dilemmas etc.)

Nurse anesthetists as collaborators

- Respect roles and competencies of other team members
- Decide together with team members in the interest of the patients
- Constructively discuss team strengths and weaknesses
- Listen to questions and concerns of others
- Give feedback and accept feedback from other team members
- Ensure consistent information flow to patients and colleagues.
- Seek consultation as appropriate
- Recognize personal and professional attributes; demonstrate ability to interact with personnel on a professional level
- Function within appropriate legal requirements as a professional nurse, accepting responsibility and accountability for his/her own practice

Nurse anesthetists as scholars

- Develop and implement a strategy for life long learning
- Search available data e.g. internet, databases and literature
- Evaluate literature critically
- Practice evidence - based (*) health care
- Spread knowledge to promote the health and well being of human beings and to develop the profession

Nurse anesthetists as managers

- Use existing resources effectively and economically
- Be concerned about ecological issues
- Utilise appropriate decision-making skills
- Anticipate situations and prepare in advance for challenges (discuss procedures and possible complications in advance)
- Maintain appropriate time management

Nurse anesthetists as professionals

- Accept responsibilities and correctly delegate responsibilities to other team members
- Be reliable and give and take feedback with colleagues and other health care professionals
- Know and accept the limitations of self and of others
- Accept responsibility for own errors
- Apply practices of quality assurance and improvement
- Provide accurate documentation
- Contribute to an agreeable working environment
- Assess and correct own actions using reflective practice
- Apply error management
- Report critical incidents to the central critical incidents reporting system (CIRS)
- Criticise constructively and accept criticism
- Act according to ethical principles
- Know and adhere to medicolegal constraints
- Recognize personal and professional attributes
- Act considering cultural, gender, race, religious and other possible difference
- Practice adequate stress – and self management.

Nurse anesthetists as health care advocates

- Promote individual health care
- Consider various influences on patients' health status (e.g., biological, psychological, social, environmental and cultural influences)
- Detect health related and anesthetic risk factors; address behavioural change: e.g., instruction of smoking cessation during pre - anaesthetic assessment
- Participate in the education of patients and other members of the community of interest (*)

V. Standard – Location

Ideally these programs should be conducted in the university setting or its equivalent, while assuring adequate access to clinical resources for the clinical practicum.

VI. Standard – Length of the program

The length of the program shall be based on the actual competencies for which the nurse anesthetist is prepared. To fulfill optimal competencies (such as, to perform, rather than participate in the performance) may require 24 or more months. A program of 18-24 months is strongly endorsed by the IFNA Education Committee.

VII. Standard – Faculty /Teaching Personnel Requirements

- A. The nurse anesthesia component of the educational program for preparing nurse anesthetists shall be directed by a nurse anesthetist (program leader*)
- B. Other faculty / teachers may include other nurse anesthetists, physicians, physiologists, pharmacologists, and other professionals.
- C. Clinical education of nurse anesthesia students shall be provided by nurse anesthetists, anesthesiologists, and other qualified specialists.

VIII. Standard - Evaluation

Regular evaluation of the student's academic and clinical progress is required in order to make adaptation and changes. Aspects of evaluation should contain:

- A. Meeting of the learning objectives
- B. Appropriateness of the program's content
- C. Course administration and venues
- D. Learning support (theory)
- E. Adequate clinical practice opportunities
- F. Learning support (clinical practice)
- G. Support provided by faculty / teachers
- H. Meeting the graduate competencies

IX. Standard – Graduation

Upon graduation, based on a final theoretical and clinical evaluation, the graduate will be provided a certificate, diploma, or degree appropriate to the education designating the graduate as qualified to provide nurse anesthesia services.

Standards of Practice

Purpose of Standards of Practice

While nurse anesthetists' services are utilized in many countries throughout the world, anesthesia practice may vary from one country to another or from one geographic location to another within a country because of requirements or limitations imposed by local law or institutional characteristics. Additionally, the practice of the nurse anesthetist is governed by policies, rules and regulations established by the health care institution in which the anesthesia care is being provided. The standards are descriptive, providing a basis for evaluation of the practice and reflecting the rights of those receiving anesthesia cares.

The intent is to:

1. Provide a common base for nurse anesthetists to coordinate care and unify efforts in the development of quality of practice internationally.
2. Assist the professional in evaluating the quality of care provided.
3. Assist employers to understand what to expect from the nurse anesthetist.

I. Standard

The patient shall receive a thorough and complete pre-anesthetic assessment.

Interpretation:

The nurse anesthetist will perform and/or participate in the performance of a pre-anesthetic and physiological and psychological assessment. Assessment includes reviewing a patient's health history and current health problems and physical status as a basis for determination of care needed during the intraoperative period. For the nurse anesthetist, patient assessment is a required function before, during, and after the provision of an anesthetic.

II. Standard

An anesthetic care plan is formulated based on current knowledge, concepts, available evidence and nursing principles.

Interpretation:

The plan of care is developed in a systematic manner based on information from the patient's psychological, social, and medical history, physical examination, laboratory, radiographic and other diagnostic data. The plan is also based upon the anticipated procedure, essential equipment, and coordinated with appropriate health care providers.

III. Standard

Anesthetic management includes the continuous presence of the nurse anesthetist administering and/or participating in the administration of general or regional anesthesia and adjunctive therapeutic agents to all ages and categories of patients with a variety of surgical and medically related procedures.

Interpretation:



The nurse anesthetist is competent in using a variety of anesthetic techniques, anesthetic agents, adjunctive, accessory drugs, equipment and in managing their adverse effects. The nurse anesthetist understands the effects and adverse effects of drugs and uses equipment in a competent, responsible manner.

IV. Standard

The nurse anesthetist will monitor physiological and psychological responses, interpret and utilize data obtained from the use of invasive and noninvasive monitoring modalities and take corrective action to maintain or stabilize the patient's condition, and provide resuscitative care.

Interpretation:

Nurse anesthetists closely monitor vital signs and are prepared to avoid adverse events. The nurse anesthetist will monitor, record and report the patient's physiological and psychological signs and provide resuscitative steps when necessary. Resuscitative care during anesthesia includes fluid therapy, drug therapy, improving cardiovascular stability and maintenance of airway and provision of assisted or controlled ventilation.

V. Standard

The nurse anesthetist is responsible for the prompt, complete and accurate recording of pertinent (*) information on the patient's record.

Interpretation:

Accurate recording facilitates comprehensive patient care, provides information for retrospective review and research data, and establishes a medical-legal record.

VI. Standard

The nurse anesthetist shall terminate or participate in the termination of anesthesia, determine adequacy of the patient's physiological and psychological status and report pertinent (*) data to appropriate personnel.

Interpretation:

The nurse anesthetist terminates or participates in the termination of anesthesia, identifies patient problems and takes appropriate action in the immediate postoperative period. The nurse anesthetist accurately reports on the condition of the patient to persons in need of such information and remains with the patient until it is safe to transfer responsibility for care to appropriate personnel.

VII. Standard

The patient shall receive immediate post-anesthesia care by appropriate personnel.

Interpretation:

The nurse anesthetist remains with the patient as long as necessary to stabilize the patient's condition and reports all essential data regarding the perioperative period (*) to personnel in charge of the next level of care.

VIII. Standard

Appropriate safety precautions shall be taken to insure the safe administration of anesthesia care.

Interpretation:

Safety precautions and controls, as established within the institution, shall be strictly adhered to, so as to minimize the hazards (*) of electrical, fire and explosion in areas where anesthesia care is provided. Anesthetic equipment shall be inspected and tested according to standard operating procedures by the nurse anesthetist before use.

The nurse anesthetist shall check the readiness, availability, cleanliness, and working conditions of all equipment and shall identify and take appropriate action related to anesthesia equipment problems. Additionally the nurse anesthetist shall utilize appropriate principles of basic and behavioral sciences to protect patients from iatrogenic complications and other hazards.

IX. Standard

The nurse anesthetist shall strive to reduce health care associated infections through practices such as proper hand hygiene and cleansing or sterilization of equipment.

Interpretation:

As a professional with expertise in anesthesia, the nurse anesthetist prevents nosocomial infections. Additionally, the nurse anesthetist shall adhere to institutional policies to protect the patient and health care workers from infectious diseases.

X. Standard

Nurse anesthetist practice shall be reviewed and evaluated to assure quality care.

Interpretation:

The nurse anesthetist shall participate in the periodic review and evaluation of the quality and appropriateness of the anesthesia care. Review and evaluation shall be performed in conformity with the institution's quality assurance program.

XI. Standard

The nurse anesthetist shall maintain anesthesia practice based on a continuous process of review and be familiar with evidence-based practice and internationally accepted guidelines and standards.

Interpretation:

The nurse anesthetist's clinical performance incorporates evidence based techniques and knowledge as well as international guidelines and standards. The nurse anesthetist can be involved in research as investigator, care provider to research subjects, or user of research results for the advancement of the profession. The nurse anesthetist protects the rights of the patients or animals involved in research projects and conducts the projects according to ethical research and reporting standards.

XII. Standard

The nurse anesthetist supports and preserves the basic rights of patients for privacy by

protecting information of a confidential nature from those who do not need such information for patient care. In addition, the nurse anesthetist supports the rights of patients for independence of expression, decision, and action.

Interpretation:

The nurse anesthetist respects the confidentiality of information about patients learned in clinical relationships and overall respects and maintains the basic rights of patients demonstrating concern for personal dignity and human relationships.

XIII. Standard

The nurse anesthetist participates in the education of patients, other members of the health team and members of the community before, during and after the operative period. The nurse anesthetist is a resource person as well as a participant in cardiopulmonary resuscitation and is also involved in pain management.

Interpretation:

As a professional with expertise in anesthesia, the nurse anesthetist educates others.

XIV. Standard

The nurse anesthetist provides safe and patient-centered care based on available evidence. The nurse anesthetist recognizes the responsibility of professional practice and maintains a high level of quality in knowledge, judgment, technological skills, and professional values prerequisite to deliver patient-centered care.

Interpretation:

The nurse anesthetist accepts responsibility and accountability for practice, engages in life-long professional education activities and participates in quality assurance mechanisms as a basis for assessing quality of care and practice.

Monitoring Standards

Purpose of Monitoring Standards

Included in the International Federation of Nurse Anesthetists Standards of Practice is a standard (IV) that addresses monitoring.

Patient monitoring standards are intended to assist the nurse anesthetist in providing consistent, safe anesthesia care. While these standards are intended to apply to patients undergoing general, regional or monitored anesthesia care, they do not apply to epidural analgesia or labor or pain management. These standards may be exceeded in any or all respects at any time at the discretion of the anesthetist. In extenuating circumstances, the nurse anesthetist must use clinical judgment in prioritizing and implementing these standards. If there is reason to omit a monitored parameter, the reason for the omission should be documented on the record.

I. Ventilation

Purpose:

To assess adequate ventilation of the patient.

Guideline:

Sufficient ventilation shall be monitored by either clinical assessment or observation of parameters that includes at least respiratory volume, capnography and alarm for low inspiratory oxygen concentration. Clinical assessment includes observation of the ventilation bag or continuous assessment with a precordial or esophageal stethoscope. Correct placement of an endotracheal tube/ supraglottic device must be verified by auscultation and chest excursion. When available, anesthesia patient monitors should be used. When a patient is ventilated by mechanical ventilator, the integrity of the breathing circuit must be monitored by a device that is capable of detecting disconnection.

II. Oxygenation

Purpose:

To assess adequate oxygenation of the patient.

Guideline:

Adequacy of oxygenation shall be continuously monitored by pulse oximetry, observation of skin color, color of the blood in the surgical field and arterial blood gas analysis as indicated. During general anesthesia, the oxygen concentration delivered by the anesthesia machine shall be continuously monitored with an oxygen analyzer with a low oxygen concentration limit alarm. An oxygen supply failure alarm system shall be used to warn of low oxygen pressure in the anesthesia machine.

III. Circulation

Purpose:

To assess adequacy of the patient's cardiovascular system.

Guideline:

Circulation shall be assessed by at least three of the following measures: skin color, capillary refill, palpation of pulse, auscultation of heart sounds, blood pressure, pulse oximetry and continuous intra-arterial pressure monitoring as needed. Blood pressure and heart rate shall be determined and recorded at least every 5 minutes. Continuous monitoring by electrocardiogram (EKG) during anesthesia care is highly encouraged.

IV. Body Temperature

Purpose:

To assess changes in body temperature.

Guideline:

During every general and regional anesthetic, a means of temperature should be available and should be used continuously where clinically indicated such as in prolonged complex procedures and in children.

V. Neuromuscular Function

Purpose:

To assess neuromuscular function.

Guideline:

Assessment of neuromuscular function by a neuro muscular monitor is strongly recommended when neuromuscular agents are being used. Neuromuscular function shall also be assessed by hand grip, sustained head or leg lift.

VI. Anesthesia Equipment

Anesthesia equipment should be selected to ensure safe delivery of anesthetics and continuous monitoring of vital functions. Equipment including suction equipment should be checked according to standard operating procedures and documented before each anesthetic.

VII. Clinical assessment & vigilance

Continuous clinical observation and vigilance are the cornerstones for anesthesia safety. Clinical assessment to determine adequate depth of anesthesia is mandatory in patients undergoing general anesthesia. The nurse anesthetist shall be in constant attendance of the patient until care is transferred to another qualified healthcare professional.

Code of Ethics

Purpose of Code of Ethics

The purpose of a code of ethics is to acknowledge a profession's acceptance of the responsibility and trust conferred upon it by society and to recognize the international obligations inherent in that trust. The International Federation of Nurse Anesthetist's Code of Ethics is devised from the premise that as health care professionals, nurse anesthetists must strive, both on an individual and collective basis, to pursue the highest possible ethical standards.

Ethical Concepts

I. Nurse Anesthetist and Individuals

- A. The nurse anesthetist's primary responsibility is to those patients who require anesthesia nursing care. In providing care, the nurse anesthetist promotes an environment in which the values, customs and spiritual beliefs of the individual are respected.
- B. The nurse anesthetist defends the patient's right to privacy by protecting information of a confidential nature from those who do not need such information for patient care.
- C. A nurse anesthetist maintains personal integrity, acts to safeguard patients from the unethical or illegal actions of any person and strives to establish his or her freedom of conscious as it pertains to patients and all members of the health care team.

II. Nurse Anesthetist and Practice

- A. The nurse anesthetist provides services with respect for human dignity and the uniqueness of the patient, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
- B. The nurse anesthetist continually demonstrates a high level of competence. Competence is a composite of the individual's professional knowledge, judgment, values, and technological and interpersonal skills.
- C. The nurse anesthetist is responsible and accountable for individual professional judgments and actions and is an advocate for the patient's rights.

III. Nurse Anesthetist and Society

- A. The nurse anesthetist has a two-fold obligation to society: as a professional, licensed to render selected health care services, and as a responsible member of society and the community in which he or she lives.
- B. The nurse anesthetist participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of the profession.
- C. The nurse anesthetist collaborates with other members of the health care team and other citizens in promoting community and national efforts to meet the health needs of the public.

IV. Nurse Anesthetist and Co-Workers

- A. The nurse anesthetist sustains cooperative relationships between nurse anesthetists, physician anesthetists, and other members of the medical profession, the nursing profession, hospitals, and agencies representing a community of interest (*) in nurse anesthesia.
- B. The nurse anesthetist treats all associates and co-workers with fairness, consistency, reliability, trustworthiness, honesty, dependability and sincerity.

V. Nurse Anesthetist and the Profession

- A. The nurse anesthetist plays a major role in determining and implementing standards of nurse anesthesia practice and education.
- B. The nurse anesthetist participates in activities that contribute to the ongoing development of the profession's body of knowledge.
- C. The nurse anesthetist protects the rights of patients or animals in research projects and conducts projects according to accepted ethical research and reporting standards.
- D. The nurse anesthetist participates in the profession's effort to establish and maintain conditions of employment conducive to high quality nurse anesthesia care.

Suggestions for Application of Concepts of Code of Ethics

The Code of Ethics is a guide for action based on values and needs of society. It will have meaning only if it becomes a living document applied to the realities of human behavior in a changing society.

In order to achieve its purpose the code must be understood, internalized and applied by nurse anesthetists in all aspects of their work. It must be put before and be continuously available to students and practitioners throughout their study and work lives.

Glossary

Anesthesia, Adjunctive and Accessory Drugs: Three categories of drugs which are utilized in anesthesia practice and included as required content within the advanced pharmacology courses provided as a part of the nurse anesthetist educational program.

1. **Anesthesia Drugs.** Those drugs having an anesthesia or analgesic, hypnotic, sedative effect which are used for that purpose in the administration of an anesthetic.
2. **Adjunctive Drugs.** Those drugs needed to provide other anesthesia and/or surgical conditions as a part of the anesthetic. These include such drugs as muscle relaxants used for intubation or skeletal muscle relaxation or hypotensive agents in the event that intentional hypotension is utilized to minimize bleeding.
3. **Accessory Drugs.** Those drugs which patients require and take as a part of their current physical or psychological condition which may have an effect upon the choice of anesthesia and/or adjunctive drugs. Also, those drugs which patients may require during an anesthetic to maintain physiologic balance within normal limits, or to correct a complication.

Assessment: The initial component of the nursing process. (Assessment, Problem Identification, Planning nursing care, Implementing the nursing care, and Evaluating nursing care); The nursing equivalent to medical examination: reviewing a patient's health history and current health problems and physical status as a basis for determination of the care needed that the nurse will provide or within which she / he will participate. For the nurse anesthetist, patient assessment is a required function before, during, and after the provision of an anesthetic.

Care Plan: Documentation of nurse anesthesia process inclusive of assessment, planning, implementation and evaluation.

Community of Interests: Those groups of people who have significant interest in a particular endeavor. In the case of anesthesia, the community of interests may be the patient, family, surgeon, anesthesia providers (physician and nurse), other nurses who will care for the patient before, during, and after the anesthesia and surgery, and hospital administration.

In the case of nurse anesthetist education, the community of interests will be the profession, students, faculty, employers, and the public as potential patients who would be beneficiaries of the services provided by the graduates of these programs.

In the case of clinical practice this community of interest may even extend to pharmaceutical companies and medical equipment manufacturers depending upon the particular circumstances. In the case of nurse anesthetist education, the community of interests will be the profession, students, faculty, employers, and the public as potential patients who would be beneficiaries of the services provided by the graduates of these programs.

Evidence Based Practice: Integration of clinical expertise, patient values and the best research evidence into the decision making process for patient care.

Hazards: A situation of risk or potential harm to the health care worker or patient which includes but is not limited to pollution, lasers or x-ray exposure.

Implement: To initiate and provide a plan of care which has been defined by the nurse or by a physician who has referred the plan to the nurse anesthetist. In some instances the care plan may have been collaboratively developed. Regardless of who or how the plan was determined, the nurse anesthetist, by accepting the plan of care to initiate and/or provide becomes responsible and accountable for the care she/he provided. Example: the nurse

anesthetist initiates, provides, and/or participates in the provision of a plan of anesthetic management for individual patients.

Nurse Anesthetist: This is a general title for nurses working in anesthesia with a specific education.

Perioperative: Around the operative period: preoperative, intraoperative, and postoperative.

Pertinent: Highly significant or relevant.

Program Director/Leader: It is a Nurse Anesthetist responsible for directing a program including involvement in student selection, curriculum development, student and faculty evaluations.

Quality: An attribute or characteristic of a product or service, denoting a grade of excellence. When applied to anesthesia practice, it depicts the provision of an anesthesia service(s) which can be categorized as beyond that level of assuring safety and being compliant with standards for practice, but rather exceeds those standards, and sets the stage, barring unforeseeable events, for achieving the best potential outcome from the care provided.

Resource Person: An individual, who by education and experience has acquired a level of expertise in a field of endeavor, and is capable of assisting, advising, consulting with, or supervising other personnel in the provision of a service falling within the area of their expertise.

Example: The nurse anesthetist, as an expert in airway management and ventilation, may serve as a resource person to other health providers in correcting an airway or ventilation problem of a patient, or because of her /his expertise in resuscitation techniques may serve as a leader or member of a resuscitation team in the event of cardiopulmonary failure or severe trauma. The nurse anesthetist may also serve as a teacher to assist others to learn the techniques for correcting airway problems or resuscitating patients in cardiopulmonary failure and in so doing is a resource person for teaching.

Scope of Nurse Anesthesia Practice: The range of competencies for which a nurse anesthetist is legally authorized to perform, and for which one has been educationally prepared through a formalized and continuing education process.

Resources

Dedicated to patient safety from a global perspective, IFNA’s recommendations are in line with the International Council of Nursing, the World Health Organization and the World Federation of Societies of Anesthesiologists. As anesthesia care is globally provided by various healthcare providers, IFNA endorses the five core competencies in health professions²:

- Delivering patient-centered care
- Working as part of interdisciplinary teams
- Practicing evidence-based medicine
- Focusing on quality improvement and
- Using information technology

The current Standards and Codes have been revised as following:

	Revised	Reviewed by
Educational Standards for Preparing Nurse Anesthetists	May 25 th , 2012	Education Committee, Practice Committee, Council of National Representatives, IFNA Officers
Standards of Practice	May 25 th , 2012	Practice Committee, Education Committee, Council of National Representatives, IFNA Officers
Monitoring Standards	May 25 th , 2012	Practice Committee, Education Committee, Council of National Representatives, IFNA Officers
Code of Ethics	May 25 th , 2012	Practice Committee, Education Committee, Council of National Representatives, IFNA Officers

² Reference: Institute of Medicine, Health Profession Education, a Bridge to Equality, 2003

