Statement on the Utilization of Nurse Anesthetists During the COVID-19 Pandemic
Last Updated: April 28, 2020

Staffing flexibility and appropriate staffing transitions are key strategies to addressing the public’s enhanced need for experienced health care professionals to treat COVID-19 patients in procedural and critical care settings during the current pandemic. Patients are best served when traditional care team modes of practice are fully utilized both during this public health crisis and upon the resumption of elective and non-emergent surgeries and other procedures.

U.S. hospitals have suspended nonessential surgeries creating increased availability of physician anesthesiologists, anesthesiologist assistants, and nurse anesthetists. Many anesthesiologists have transitioned to providing critical care physician services. In some parts of the country the prohibition on nonessential surgeries has created a growing number of nurse anesthetists furloughed from their normal duties thus creating the opportunity for nurse anesthetists to transition to provide critical care nursing and other services.

During the COVID-19 pandemic, the role of the well-established Anesthesia Care Team (ACT)\(^1\) should be expanded to provide services to patients in the critical care setting. With the ACT team as a successful model of safe, efficient, and high-quality care, nurse anesthetists may be called upon to serve in the following roles:

- As a member of a physician anesthesiologist-led critical care management team.
- As a member of a physician anesthesiologist-led ventilator management team.
- As a member of a physician anesthesiologist-led intubation team.
- In other roles and responsibilities as appropriate to the nurse anesthetist’s education and training in nursing.
- As in normal times, as a member of a physician anesthesiologist-led procedural and operating room ACT.

Transitioning Nurse Anesthetists to ICU Nursing Roles
Nurse anesthetists’ prior experience as intensive care unit (ICU) nurses provides hospitals across the country access to a necessary member of every intensive care team – ICU nurses. To address critical care staffing needs and in the interest of public health, states and health systems should utilize the intensive care nursing background nurse anesthetists possess by shifting their responsibilities to needed team roles as ICU nurses throughout the pandemic.

To address patients’ and hospitals’ increasing need for ICU nurses, and to utilize nurse anesthetists’ previous employment experience, it is appropriate for state governments and health systems to temporarily transition nurse anesthetists’ clinical responsibilities during the pandemic to ICU nursing roles where they can continue to best help patients. Nurse anesthetist programs require applicants to possess a minimum of one year’s experience in a critical care setting as a registered nurse.\(^2\) Nurse anesthetists frequently and appropriately reference their ICU nursing experience. Effectively the ICU nurses of the operating room, nurse anesthetists should be considered for these needed ICU nursing roles. Whether in an ICU or operating room, nurse anesthetists are accustomed to working in physician-led team settings.

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\(^1\) Most anesthesia care in the U.S. is either provided personally by a physician anesthesiologist or by a non-physician anesthesia practitioner directed by a physician anesthesiologist within the Anesthesia Care Team model. The Care Team involves the delegation of monitoring and appropriate tasks by the physician to non-physician anesthetists, such as nurse anesthetists and anesthesiologist assistants. See ASA Statement on the Anesthesia Care Team. Available at: https://www.asahq.org/standards-and-guidelines/statement-on-the-anesthesia-care-team

\(^2\) Council on Accreditation of Nurse Anesthesia Educational Programs: Standards for Accreditation of Nurse Anesthesia Programs. Revised October 2019.
Critical Care Medicine
ICU patients are critically ill complex patients requiring a unique category of services led by or personally performed by a physician intensivist. Physician intensivists are residency-trained medical specialists that additionally complete a separate fellowship in critical care medicine.⁴ Intensivists are attending physicians that develop and oversee the implementation of care plans carried out by ICU team members such as ICU nurses. Nonphysicians are not educationally prepared to safely serve in the role of an intensive care physician.

Physician anesthesiologists’ training includes approximately 6 months of critical care/ICU rotations in a physician role developing and issuing medical plans for critically ill patients, working with ICU team members to carry out those plans, and leading emergency response in the ICU and throughout the hospital.

Anesthesiology is the practice of medicine including, but not limited to, patient care before, during, and after surgery and other diagnostic and therapeutic procedures, and the management of systems and personnel that support these activities. Physician anesthesiologists are experts at maintaining safety in unpredictable medical and surgical situations, managing critically ill patients, establishing and maintaining mechanical ventilation, converting anesthesia gas machines into ICU ventilators, performing regional and neuraxial anesthesia techniques to prevent spread of COVID through aerosolization during intubation, and in organizing and leading the response in our hospitals and other facilities. Critical care medicine is a recognized subspecialty of anesthesiology.

Nurse Anesthetist ACT Nursing Roles
When elective surgeries are reauthorized, patients are best served by nurse anesthetists as part of a physician anesthesiologist-led procedural and operating room ACT. A limited number of states’ initial responses to COVID-19 included temporary directives waiving some supervision requirements for nurse anesthetists along with other nonphysician providers. Such staffing modifications were ill-advised and untargeted efforts to create a temporary staffing approach to combat an expected extraordinary need. When elective surgeries are reauthorized, members of the public should enjoy the full protection of their state’s patient safety laws, especially those laws governing the safe practice of anesthesia. Anesthesia is the practice of medicine. Despite advances in science and patient safety, surgery and anesthesia are inherently dangerous. The myriad of medical complications that can arise before, during, and after surgery necessitates physician supervision.

Conclusion
Nurse anesthetists are valued members of the ACT. Due to the national cessation of nonessential surgeries, there is increased availability of nurse anesthetists to serve in non-traditional nursing roles including temporary reinstatement in their previous roles as ICU nurses. This is a skillset in high demand by many health systems and states to aid in the response to COVID-19. This temporary transition would be well received by physician intensivists, hospital administrators, and many other physicians, nurses, and allied team members fighting for patients and an end to the pandemic.

In addition, after careful planning and transition, nurse anesthetists should be considered for service on physician-anesthesiologist-led critical care, ventilator management, and intubation teams as appropriate to their training and education as nurses. When elective surgeries are again authorized, nurse anesthetists should serve in their roles within a physician anesthesiologist-led procedural and operating room ACT. Any states that temporarily waived physician supervision requirements to address the pandemic should reinstate the full range of critical safety standards patients depend upon, including the requirement for physician supervision of nurse anesthetists.

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³ See ASA’s “The Principles of Critical Care Medicine” to learn more about intensivist services. Available at: https://www.asahq.org/standards-and-guidelines/the-principles-of-critical-care-medicine