



## Critical Care Advanced Protocol Request to Train

**Skill Request:** CRNP \_\_\_\_\_ or PA: \_\_\_\_\_ License # \_\_\_\_\_

Central line insertion and removal:

This includes the anatomic areas of internal jugular, femoral, and subclavian, (Vas Cath, ECP, ECMO).

\_\_\_\_\_ A total of three hours (3) of didactic instruction in proper technique and insertion, two hours (2) with the use of ultrasound guidance, as well as practical instruction one hour (1) on sterile technique, table set up including unit specific-equipment and catheter removal.

\_\_\_\_\_ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

\_\_\_\_\_ Perform 20 CVL Insertions with no less than 10 under direct supervision by a physician. The remaining 10 procedures may either be supervised by a previously certified NP or PA.

\_\_\_\_\_ CVL removal may not be performed in a simulation laboratory.

\_\_\_\_\_ All procedures performed during the training protocol as well as those independently performed (once certified) should be recorded in electronic health record for tracking of frequency of the procedure performance and for complication occurrence.

\_\_\_\_\_ Ongoing proficiency should be demonstrated and documented every 6 months with the requirement of 10 procedures performed. The 6 months documentation should be kept on file at your facility.

\_\_\_\_\_ Level I and level II Trauma Centers utilizing this protocol and allowing mid-levels to perform these advanced skills will establish a database and Quality Assurance Program that reports monthly within the institution for appropriate oversight and review and will provide that data twice annually (every six months) to the *Alabama Board of Medical Examiners*. Data submitted to the ALBME will be provided to both the Joint Committee of Advanced Practice Nursing and the PA Advisory Committee for review. The Joint Committee and PA Advisory Committee will report at least annually to the respective Boards.

***Physician initials and signature indicate having read and understand the protocol for training the Advance Practice Provider named above to perform this skill.***

**Collaborating Physician:** \_\_\_\_\_ **License #** \_\_\_\_\_

**Signature:** \_\_\_\_\_