



# BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS



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KATHERINE A. THOMAS, MN, RN  
EXECUTIVE DIRECTOR

November 30, 1995

Billy E. Haggerty, Jr., CRNA  
President-Elect  
Texas Association of Nurse Anesthetists  
4836 Rustic Trail  
Midland, Texas 79707

Dear Mr. Haggerty:

This is in response to your letter of October 25th concerning whether Nurse Anesthetists are required to have protocols to administer anesthesia.

In 1995, Senate Bill 673, the Omnibus Health Care Bill, was passed into law. Although portions of this law apply to limited prescriptive authority for advanced practice nurses, a separate section addresses the practice of nurse anesthetists. Limited prescriptive authority refers to the writing of prescriptions.

This bill amended the Medical Practice Act (Article 4495b, Vernon's Texas Civil Statutes), Section 50, subdivision (d), Section 3.06) to read as follows:

(I) (i) In a licensed hospital or ambulatory surgical center a physician may delegate to a certified registered nurse anesthetist the ordering of drugs and devices necessary for a certified registered nurse anesthetist to administer an anesthetic or an anesthesia-related service ordered by the physician. The physician's order for anesthesia or anesthesia-related service does not have to be drug-specific, dose-specific, or administration-technique-specific. Pursuant to the order and in accordance with facility policies or medical staff bylaws, the nurse anesthetist may select, obtain, and administer those drugs and apply the appropriate medical devices necessary to accomplish the order and maintain the patient within a sound physiological status.

(ii) This paragraph shall be liberally construed to permit the full use of safe and effective medication orders to utilize the skills and services of certified registered nurse anesthetists.

(K) A physician shall not be liable for the act or acts of an advanced nurse practitioner solely on the basis of having signed an order...

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Mr. Haggerty

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Paragraph one codifies the current practice of Nurse Anesthetists administering anesthesia and anesthesia-related services under a general order of a surgeon or other physician. It clarifies that the Nurse Anesthetist may select, obtain and administer drugs and devices. These functions are appropriate for the Nurse Anesthetist based on the educational preparation of these providers. The physician evaluates the patient, determines that an anesthesia is necessary for a given patient and authorizes the Nurse Anesthetist to administer the anesthesia through a written order.

This practice does not require the writing of prescriptions; orders are written on surgical order forms. The Nurse Anesthetist functions under medical staff policies or bylaws which authorize him/her to perform certain anesthesia and anesthesia-related services within the facility. Protocols are not required for this practice. The physician is not required to submit a designation of prescriptive delegation to the Board of Medical Examiners since there is no delegation of prescriptions in this case.

The second paragraph specifies that paragraph one must be liberally interpreted to allow the Nurse Anesthetist to function within their full scope of practice.

The third paragraph of the law clarifies that the surgeon or other physician is not liable for the Nurse Anesthetist's practice solely based upon signing the order to administer an anesthetic.

I hope this clarifies that Nurse Anesthetists are not required to function under protocol. Please feel free to contact me should you have further questions.

Sincerely,

A handwritten signature in cursive script that reads "Katherine A. Thomas".

Katherine A. Thomas, MN, RN  
Executive Director

KT/ief