EDITORIAL

Ignoring “Stay at Home!” …the Life and Times of the Frontline CRNA During a Pandemic

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The plea to all to “socially distance” and “remain at home” are the mantras we hear daily in the current climate. Yet, that is hardly an option for most CRNAs, who not only find themselves at the literal “sharp end” of healthcare delivery, but also very much in harm’s way. It is likely that only the military CRNA who has served (or is currently serving) in a conflict arena experiences such potential malice to their very being.

Although increasingly cliché in nature—and why consult a text of synonyms when the adjective is so appropriate—the CRNA today does indeed live and work in an absolutely unprecedented time.

Although I served in the military myself, many years ago, I am seeing images the likes of which I have never seen before. Emergency rooms, clinics, converted industrial complexes, and sports venues are crowded with patients cared for by personnel adorned in PPE (an acronym now common parlance even among first graders) akin to that worn in spaceflight. Pop-up intensive care units are now seen in what were operating rooms, patient ward rooms, other transitioned locations, and even MASH-like tents set up in parking lots. Anesthesia machine ventilators re-engineered in such a way that two patients receive its gaseous sustenance at the same time. We are seeing death common enough that fatalities now surpass those who died in the Vietnam war. We witness photos of cavernous domestic flights whose only passengers are healthcare workers (increasingly CRNAs)—spaced apart (mind that 6-foot rule)—who are headed to pandemic epicenters to render expertise. We are witnessing CRNAs who are manning ventilators 24/7 and stepping into harm’s way as leaders in providing airway access to those most in need.

Amidst all this I would like to pause momentarily to sincerely thank you. Caring for patients whose bodies are systemically ravaged, directly or indirectly by the virus (we still don’t know the full pathophysiology). Consider that it was anesthesia providers who brought to the attention of hospital officials and critical care clinicians that every modern anesthesia machine has a functioning ventilator, that with minor modifications, can be repurposed anywhere to serve those needing respiratory support. Consider the knowledge, experience, and skill to manage the overall care of those with widespread systems insult. And who better than the nurse anesthetist to craft innovative, out-of-the-box approaches to manage intubation and extubation procedures that ensure patient safety while minimizing the risk to all personnel present. The courage, dedication and sense of mission in the face of this silent enemy is remarkable. Thank you for what you are doing.

Viewing these images of our comrades in the field; hearing of the manifest challenges they encounter in the face of a silent enemy; learning of the skill and innovativeness of their actions, often in the setting of scant resources: all conjure up images of a chaotic battlefield littered with the wounded and the dead. It does seem like a battlefield.

We are at war, but please bear in mind that you are not alone.

There are resources to help. Our professional association has organized an array of resources for the CRNA relevant to the novel coronavirus, COVID-19. These can be accessed at the AANA portal: https://www.aana.com/aana-covid-19-resources.

AANA leadership and staff is working hard to be fluid, dynamic, and supportive of frontline CRNAs. The AANA has urged Congress to provide frontline healthcare workers proper compensation during the pandemic and has lobbied hard to pave the way for state governors to issue executive orders to remove physician supervision of nurse anesthetists.

From the AANA website: “CRNAs can play an important role in providing life-saving critical care management for patients impacted by the COVID-19 virus in their APRN role. CRNAs are prepared to practice autonomously and are qualified to make independent judgments based on their education, licensure, and certification. Elective surgical cases are getting canceled around the country due to the COVID-19 pandemic. In their role as APRNs, CRNAs can function in various areas of the hospital, including emergency room and critical care units.”
care units. CRNAs can be leveraged for their expertise in rapid systems assessment, airway management, ventilatory support, vascular volume resuscitation, triage, emergency preparedness, and resource management to support their facilities.”

As a CRNA for nearly four decades, I have never been more proud of who we are and what we do. More to the point: I am proud of what we are capable of doing when given the challenge and the opportunity. In this issue of AANA Journal, along with our usual diverse and relevant content targeting our ever-expanding practice landscape, we have included a number of COVID-19-related innovations by CRNAs; documentation of their provided care; a Journal cover depicting a few of the many who are working daily under extreme conditions; and a challenge and critique in the form of a letter by non-anesthesia, internationally known authorities of recent WHO guidance regarding transmission vectors. All are also available digitally on the Journal’s website and on our new Journal app.

Please download the Journal app free at the Apple Store and Google Play for important, forthcoming COVID-19 updates.

In closing, it bears repeating: thank you for all that you are doing. We are together in this fight and the AANA is committed to providing you with the assistance you need. I am proud to be a CRNA and as CRNAs we rise to this challenge, as we have risen to other challenges we have faced before—while providing exceptional care to our patients whose safety is always our primary concern.

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