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CRNFA Task and Knowledge Statements

Table 1. Domain: Preoperative Patient Assessment Tasks
Verify identity of patient, surgeon, procedure, correct site, and/or laterality (e.g., universal protocol, briefing, site marking)
Verify consents are obtained and accurate
Confirm necessary personnel, equipment, supplies, and medication are available and operational (e.g., implants, grafts, instruments)
Anticipate and communicate any potential issues or needs that may impact the surgical procedure to the perioperative team
Review patient health history (e.g., allergies, prescription medications, over-the-counter medications, herbal and dietary supplements, surgery, MDRO)
Review consultation and diagnostic reports (e.g., imaging studies, laboratory values, invasive/noninvasive studies)
Review patient social history (e.g., nicotine, alcohol, drugs, abuse) and family health history (e.g., MH, diabetes, cardiovascular disease)
Perform a physical assessment and assess current health status with focus on proposed procedure (e.g., transmission-based precautions, BMI, physical disabilities, skin integrity, nutrition)
Manage preoperative medications (e.g., order, administer, discontinue)
Develop, implement, and manage individualized perioperative plan of care to support desired patient outcomes
Collaborate with interdisciplinary team members (e.g., obtain consults, ICU disposition, obtain additional diagnostics)
Evaluate pain perception and management strategies (e.g., pain score, treatment modalities)
Incorporate social, cultural, age-specific, religious, and other diversity considerations into assessment
Assess learning needs and health literacy of patient, family, or support system
Evaluate discharge disposition needs (e.g., transportation, home care)
Formulate nursing diagnoses based on patient assessment

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Table 2. Domain: Preoperative Patient Assessment Knowledge Statements
Surgical procedures
Anatomy and physiology
Pre-procedure verification protocols (e.g., Universal Protocol)
Laboratory values
Hemodynamic monitoring (e.g., fluid and electrolyte status)
Pathophysiology
Diagnostic procedures (e.g., imaging studies, Invasive non-invasive)
Nursing assessment skills
Medical diagnoses
Pharmacology
History and physical examination
Age specific care
BMI and implications
Indicators for laboratory studies
Indicators for diagnostic procedures
Pain assessment and management
Interviewing techniques
Microbiology
Chemistry
Nursing process
Cultural, religious, and other diversity care considerations
Discharge planning
Nutrition assessments and implications
Psychology
Sociology

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Table 3. Domain: Intraoperative Patient Care Interventions Tasks
Adhere to principles of sterile technique
Verify identity of patient, surgeon, procedure, and correct site and/or laterality (e.g., universal protocol, time out, site marking)
Position the patient in collaboration with the perioperative team to facilitate optimal site exposure and safe patient outcome(s)
Provide exposure of the operative site (e.g., retraction, suction)
Provide and maintain hemostasis
Use surgical instrumentation and equipment to assist the surgeon and facilitate the surgical intervention and apply principles of safe tissue handling
Ensure correct application and function of patient care equipment (e.g., SCDs , positioning, warming, patient transfer, ESU)
Use surgical devices and equipment following manufacturer instructions for use (e.g., tissue staplers, hemostatic devices)
Recognize, report, and respond to signs and symptoms of intraoperative complications, surgical hazards, and/or drug reaction(s)
Collaborate with anesthesia professionals (e.g., intubation, extubation, cricoid pressure, line placements, regional)
Drape the patient and equipment in collaboration with the perioperative team utilizing sterile technique
Anticipate needs and communicate changes that may occur during the surgical procedure (e.g., instrumentation, sutures, hemostatic agents, radiology)
Differentiate between normal and abnormal anatomy and its impact on procedure
Perform patient specific wound closure
Confirm correct specimen handling and disposition
Apply patient specific wound dressings including drains and immobilization devices
Manage malfunctioning surgical instruments and equipment
Plan and perform safe transfer and transport of the patient in collaboration with the perioperative team
Manage medications (e.g., administration, transfer, monitor)
Participate in perioperative team debriefing
Implement preemptive pain management

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Table 4. Domain: Intraoperative Patient Care Interventions Knowledge Statements
Sterile technique (e.g. surgical conscience)
Surgical procedures
Safe patient positioning (e.g., alignment, devices, equipment)
Universal Protocol
Sharps safety
Tissue-handling and dissection techniques
Wound closure techniques, suture selection, suturing and knot-tying techniques
Principles of hemostasis (e.g., mechanical, manual, chemical)
Wound exposure techniques
Surgical equipment, devices, supplies, implants, and instrumentation
Medication safety
Specimen management
Wound dressings, drains, tubes, and immobilization devices
Instrument handling (e.g., identification, selection, use)
Draping for specific procedures
Body temperature regulation (e.g., normo/hyper/hypothermia)
Hemodynamic monitoring (e.g., fluid and electrolyte management)
Principles of anesthesia care
Transfer transport techniques
Pain assessment and management

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Table 5. Domain: Emergency Situations Tasks
Perform nursing interventions for cardiac arrest
Perform nursing interventions for hemorrhage
Perform nursing interventions for malignant hyperthermia (MH)
Perform nursing interventions for airway compromise (e.g., larynogospasm)
Respond to emergency situations as a member of the interdisciplinary healthcare team
Perform nursing interventions for anaphylaxis
Perform nursing interventions for trauma
Perform nursing interventions for local anesthetic systemic toxicity (LAST)
Safeguard patients and members of the healthcare team from environmental hazards and during disasters (e.g., fire, toxic fumes, natural disasters, terrorism)

Table 6. Domain: Emergency Situations Knowledge Statements
Management of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage, airway compromise, and LAST
Pathophysiology of malignant hyperthermia (MH), anaphylaxis, perioperative cardiac arrest, trauma, hemorrhage, airway compromise, and LAST
Fire safety and environmental hazards, and response protocols
Disaster response protocols
Terrorism response protocols

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Table 7. Domain: Postoperative Patient Care Interventions Tasks
Communicate pertinent information to postoperative care personnel (e.g., procedure, plan of care, expected outcomes, complications)
Conduct a postoperative assessment specific to patient and procedure (e.g., skin integrity, neurological, vascular, visual disturbance)
Assess and manage pain
Collaborate with interdisciplinary team members (e.g., obtain consults, ICU disposition, obtain additional diagnostics)
Educate, consult, and act as a resource to patient, family or support system and health care professionals during recovery period and discharge planning

Table 8. Domain: Postoperative Patient Care Interventions Knowledge Statements
Postoperative assessments (e.g., neurological, vascular, skin, visual)
Handoffs (e.g., SBAR, IPASSBATON)
Indications and postoperative management of surgical complications
Pain assessment and management
Postoperative continuum of care (e.g., rounding, discharge planning, post-discharge care)
Psychosocial issues (e.g., support systems, risks for harm, resources)

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Table 9. Domain: Infection Prevention Tasks
Adhere to hand hygiene guidelines
Adhere to principles of and manage breaks in sterile technique
Adhere to infection prevention and standard and transmission-based precautions
Verify sterilization indicators and packaging of reusable and single-use items and instruments
Verify surgical skin antisepsis
Wear Personal Protective Equipment PPE
Ensure safe handling and disposition of biohazardous materials (e.g., blood, prions)
Verify infection prevention protocols related to antibiotic administration
Adhere to professional guidelines regarding surgical attire based on restricted, semi-restricted, or nonrestricted areas
Verify environmental cleaning (e.g., room turnover, terminal cleaning)
Differentiate between critical, semi-critical, and noncritical items
Classify wounds in collaboration with the surgeon
Differentiate between restricted, semi-restricted, and nonrestricted areas
Document Immediate-Use Steam Sterilization (IUSS)
Transport and store instruments and reusable and single-use items

Table 10. Domain: Infection Prevention Knowledge Statements
Sterile technique
Hand hygiene techniques
Patient skin antisepsis
Personal Protective Equipment (PPE)
Standard and transmission-based precautions (e.g., PPE, hand hygiene, airborne, enhanced, contact, droplet)
Antibiotic management (e.g., administration, selection, timing)
Cleaning, packaging, and processing of instruments and reusable items
Surgical attire guidelines
Methods for handling and disposition of biohazard materials (e.g., blood, prions)
Environmental cleaning (e.g., spills, room turnover, terminal cleaning)
Regulatory requirements (e.g., OSHA), professional guidelines (e.g., AORN, CDC, APIC, AAMI), and accreditation standards (e.g., Joint Commission, DNV)
Wound classifications
Transportation and storage of instruments, reusable and single use items
Restricted, semi-restricted, and nonrestricted areas
IUSS protocols
Spaulding classification system

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Table 11. Domain: Perioperative Workplace Safety Tasks
Wear Personal Protective Equipment PPE
Use safe patient handling and movement techniques
Ensure safe handling and disposition of hazardous materials (e.g., disinfectants, chemo drugs, radioactive materials, formalin) and biohazardous materials (e.g., blood, prions)
Adhere to regulatory requirements (e.g., OSHA) to promote a safe perioperative work environment
Establish and maintain a safe perioperative environment including the prevention of slips, trips, and falls and other hazards (e.g., radiation, surgical plume, toxic fumes)
Collaborate with the OR manager, director, facility risk manager, physicians, and OR staff to identify potentially unsafe behaviors
Manage incidents of violence, abuse, and other disruptive behaviors

Table 12. Domain: Perioperative Workplace Safety Knowledge Statements
Personal Protective Equipment (PPE)
Perioperative environmental safety (e.g., fire, surgical plume, toxic fumes)
Radiation safety
Handling and disposition of hazardous materials (e.g., disinfectants, chemo-drugs, radioactive materials, formalin, chemicals) and biohazardous materials, (e.g., blood, prions)
Body mechanics and ergonomic safety
Workplace safety regulations (e.g., OSHA) and guidelines

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Table 13. Domain: Professional Practice Tasks
Uphold ethical and professional standards
Maintain professional behaviors based on the scope of practice according to individual's state Nurse Practice Act
Maintain professional behaviors based on federal regulations (e.g., HIPA), professional guidelines (ANA, AORN), and institutional policies
Collaborate with the perioperative team
Maintain a professional working environment
Facilitate an environment of effective communication and teamwork
Seek assistance for recognized personal practice limitations
Report impaired/disruptive behavior in interdisciplinary healthcare team
Alert the leadership team to incidents of violence, abuse, and other disruptive behaviors
Educate, mentor, consult, and act as a resource to promote patient safety and improve patient outcomes
Collaborate with OR manager, director, facility risk manager, physicians, and OR staff to identify potentially risk-inducing behaviors and promote a safe work environment
Promote and maintain professional development activities (certification, recertification, continuous professional development, personal growth, professional growth, mentoring)
Advocate for patients, families , and support systems
Apply evidence-based practice and the research process to improve RNFA practice
Document patient care and nursing activities according to professional guidelines and institutional policies
Apply technology (e.g., robotics, EMRs, informatics, artificial intelligence, hybrid surgery)
Collaborate with the credentialing board of the institution to define, establish, or maintain the role and function of the RNFA
Secure and maintain individual liability insurance without lapse in coverage
Advocate for public policy development in support of the RNFA role
Manage resources for cost containment and sustainability
Participate in professional activities and remain as active member of professional organizations
Participate in interdisciplinary teams (e.g., share governance activities, staff, education, committees)
Participate in quality improvement activities (e.g., research, evidence-based practice, performance improvement)
Negotiate individual RNFA contracts (e.g., credentialing reimbursement)
Serve as a community resource to educate the public and promote quality patient care

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Table 14. Domain: Professional Practice Knowledge Statements
Patient advocacy and rights
Team communication and collaborative practice
Professional accountability and ethics
Regulatory requirements (e.g., Nurse Practice Act, HIPAA), professional guidelines (e.g., ANA, AORN, ANA) Code of Ethics for Nurses with Explications for Perioperative Nurses, and institutional policies
Technology (e.g., artificial intelligence, robotics, hybrid suites, electronic medical records, informatics)
Nursing documentation
Credentialing and privileging processes
Risk management, liability, and malpractice issues
Impaired and disruptive behaviors
Professional self-assessment (e.g., reflection, competence)
Evidence-based practice and research evaluation
Principles of leadership and mentoring
Professional advocacy and public policy development
Resource management (e.g., cost containment, sustainability)
Negotiation techniques
Shared governance (e.g., committees)

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