CRNA Shadowing Documentation

Shadowing experience with a Certified Registered Nurse Anesthetist (CRNA) prior to applying to the UT Health San Antonio School of Nursing BSN-DNP Nurse Anesthesia program. Please print this form and fill out during your shadowing experience. Complete a separate form for each individual shadowing experience. The completed form(S) will need to be uploaded along with your other application materials to NursingCAS.

Name __________________________________________________________

Date ________________________ Length of Time _____________________

CRNA Name ____________________________________________________

CRNA Signature _________________________________________________

Check all that apply, not all are required as each shadowing experience is unique.

- Observed anesthesia working environment and preparation for case
- Observed preoperative interview and preparation of patient
- Observed induction of general anesthesia
- Observed emergence from general anesthesia
- Observed PACU report
- Observed ICU report
- Observed invasive line technique
- Observed reginal anesthesia technique
- Discussed a typical day for a CRNA in the practice setting you are observing
- Discussed the roles and responsibilities of the CRNA you are shadowing

Reflect on your experience as it relates to your overall understanding of the role of the CRNA:

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