



EXXAT CRNA Case Log Quick Guide

Use the information below to help guide entry on your Clinical Case Experience Log. For more information, please consult the NBCRNA guidelines for counting cases. Note, please use your Event Log to document procedures that are not connected to your patients, such as IV starts.

- Complete Date of Service and the start and end time of the surgery. The system will calculate your total time. Put all relevant information to provide the context for your procedure.

SESSION NAME	SITE NAME	PLACEMENT DATE	SETTING
MOCK SESSION1	ZZ SITE 1	10/9/2017 12:00:00 AM - 12/8/2017 12:00:00 AM	BURN UNIT (BU)

Save Complete

Case Information

Case No.	CCE-XXXX	Date of Service:	12/02/2018
Total hours of Anesthesia time:			
Start Time:	11:15		
End Time:	14:15		
Total:	3		
Procedure: Type all relevant information to provide the context for your procedure.			

- Complete the rest of the form, as applicable. **Use "1" for each relevant item.** Each item you mark will be added into your total cases of that type.
- Patient Physical Status: only one class type should be marked for each patient.

Patient Physical Status

A. Class I	<input type="text"/>
B. Class II	1
C. Class III	<input type="text"/>
D. Class IV	<input type="text"/>
E. Class V	<input type="text"/>
F. Class VI	<input type="text"/>





- Special Cases, as relevant, with examples:

Special Cases

A. Geriatric	<input type="text"/>
B. Pediatric	
i. Pediatric 2-12 years	<input type="text"/>
ii. Pediatric under 2 years	<input type="text"/>
iii. Neonate (less than 4 weeks)	<input type="text"/>
C. Trauma/Emergency <small>ex. trauma, acute disease requiring surgery, burns, other</small>	<input type="text"/>
D. Obstetrical Management	
a. Caesarean Delivery <small>ex. elective, urgent, emergency, other</small>	<input type="text"/>
b. Analgesia for Labor <small>ex. vaginal delivery</small>	<input type="text"/>
E. Pain Management Encounters	<input type="text"/>





- Anatomical Categories, as relevant, with examples:

Anatomical Categories

A. Intra-abdominal ex. gall bladder, liver, pancreas, spleen, stomach, renal, diaphragm, laparoscopy, small intestine, large intestine, bladder, abdominal hysterectomy/LAVH, prostatectomy, node biopsies, transplants, adrenal, appendectomy, tubal ligation, abdominal GYN, herniorrhaphy (inguinal, ventral, umbilical), kidney, laparotomy, other

B. Intracranial

a. Open ex. awake craniotomy, cranial decompression, tumor

b. Closed ex. decompression (burr holes), space occupying lesion, vascular, vascular-interventional, transnasal approach, transorbital approach, transsphenoidal hypophysectomy, ventriculoperitoneal shut, other

C. Oropharyngeal ex. esophagoscopy, bronchoscopy, fractures, odontectomy, reconstructive, T&A, orthodontic procedures, pharynx, dental, micro DL, vocal chords, other

D. Intrathoracic

1. Heart

a. Open Heart

i. With Bypass

ii. Without Bypass

b. Closed Heart ex. interventional aortic valve, interventional mitral valve, interventional tricuspid valve, pacemaker, AICD, electrophysiology lab, other

2. Lung ex. thoracoscopy, thoracotomy, pneumonectomy, lung transplant, mediastinoscopy/open lung biopsy, other

3. Other ex. diaphragm, esophagus, thoraco-abdominal, heart-lung transplant

E. Neck ex. larynx, parathyroid, thyroid, tracheostomy, radical neck, cervical spine (anterior approach), node biopsies, neck tumor/cysts, plastic procedures, other

F. Neuroskeletal ex. laminectomy, fusions, spinal cord procedures, other

G. Vascular ex. carotid, thoracic, abdominal, upper extremity, aortic aneurysm, venous access device, thoraco-abdominal, endovascular procedure, vena cava filter, other

- Methods of Anesthesia, as relevant, with examples:





Methods of Anesthesia

A. General Anesthesia

i. General Anesthesia

ii. MAC or Regional Converted to General Anesthesia

B. Inhalation Induction

C. Mask Management

D. Supraglottic Airway Devices

a. Laryngeal Mask Airway

b. Other

E. Tracheal Intubation

a. Oral **ex. double lumen tube, awake, asleep, rapid sequence, fiberoptic, other**

b. Nasal **ex. awake, asleep, fiberoptic, blind, other**

F. Alternative Tracheal Intubation

a. Endoscopic Techniques

i. Actual Placement

ii. Simulated Placement

iii. Airway Assessment

b. Other Techniques **ex. lightwand, fast-track LMA, other**

G. Emergence from Anesthesia





H. Regional Techniques

1. Actual Administration

a. Spinal

i. Anesthesia

ii. Pain Management

b. Epidural

i. Anesthesia

ii. Pain Management

c. Peripheral

1. Anesthesia

i. Upper

ii. Lower

2. Pain management

i. Upper

ii. Lower

d. Other

i. Anesthesia

ii. Pain Management

2. Management

i. Anesthesia

ii. Pain Management

I. Moderate/Deep Sedation

- Arterial Technique, as relevant:

Arterial Technique	
i. Arterial Puncture/Catheter Insertion	<input type="text"/>
ii. Intra-Arterial BP Monitoring	<input type="text"/>





- Central Venous Pressure Catheter, as relevant:

Central Venous Pressure Catheter	
A. Placement – Non-PICC	
i. Placement – Actual	<input type="text"/>
ii. Placement – Simulated	<input type="text"/>
B. Placement – PICC	
i. Placement – Actual	<input type="text"/>
ii. Placement – Simulated	<input type="text"/>
C. Monitoring	<input type="text"/>

- Pulmonary Artery Catheter, as relevant:

Pulmonary Artery Catheter	
i. Placement	<input type="text"/>
ii. Monitoring	<input type="text"/>

- Other, as relevant:

Other	
A. Ultrasound Guided Techniques	
i. Ultrasound Guided Techniques – Regional	<input type="text"/>
ii. Ultrasound Guided Techniques – Vascular	<input type="text"/>
B. Intravenous Catheter Placement	<input type="text"/>
C. Advanced Noninvasive Hemodynamic Monitoring	<input type="text"/>

