

History of Nurse Anesthesia Practice

In the 1840s the anesthetic qualities of drugs such as nitrous oxide, ether, and chloroform were first demonstrated in the United States and paved the way for modern surgical procedures. Florence Nightingale's work as a nurse in the Crimean War during the 1850s ushered in the advent of professional nursing, and women began to choose nursing as a vocation. Soon after, nurses first gave anesthesia while caring for wounded soldiers on the battlefields of the Civil War. It is from these beginnings that the specialty of nurse anesthesia was formed.

Nurses were the first professional group to provide anesthesia services in the United States, and nurse anesthesia has since become recognized as the first clinical nursing specialty. The discipline of nurse anesthesia developed in response to surgeons seeking a solution to the high morbidity and mortality attributed to anesthesia at that time. Surgeons saw nurses as a cadre of professionals who gave their undivided attention to patient care during surgical procedures, unlike medical residents who often were more interested in observing the surgery. Serving as pioneers in anesthesia, nurse anesthetists became involved in the full range of specialty surgical procedures, as well as in the refinement of anesthesia techniques and equipment.

Early Nurse Anesthetists

The earliest existing records documenting the anesthetic care of patients by nurses were those of Sister Mary Bernard, who assumed her duties at St. Vincent's Hospital in Erie, Pennsylvania, in 1887. The most well-known nurse anesthetist of the nineteenth century, Alice Magaw, worked at St. Mary's Hospital (later the Mayo Clinic) in Rochester, Minnesota. Dr. Charles Mayo conferred upon Magaw the title "Mother of Anesthesia" for her many achievements, particularly her mastery of the open-drop inhalation technique of anesthesia using ether and chloroform. Magaw subsequently published her findings between 1899 and 1906, in one article documenting more than 14,000 anesthetics without a single complication attributable to anesthesia. Together Mayo and Magaw were instrumental in establishing a showcase of professional excellence in anesthesia and surgery. Hundreds of physicians and nurses from the United States and throughout the world came to observe and learn their anesthesia techniques.

In Cleveland in 1908, surgeon George Crile asked nurse Agatha Hodgins to become his anesthetist. Hodgins soon became adept at administering anesthesia and began to teach nurses, doctors, and dentists on an informal basis. In 1914, Crile and Hodgins went to France with the American Ambulance group to assist in planning for the establishment of hospitals that would provide care to sick and wounded members of the Allied Forces. While there, Hodgins taught both physicians and nurses from England and France how to administer nitrous oxide-oxygen anesthesia. Upon her return to Cleveland, she formally established the Lakeside Hospital School of Anesthesia, and her graduates spread across the country providing quality anesthesia care.

In 1931 Hodgins called her alumnae back to Cleveland to found the National Association of Nurse Anesthetists, which was renamed the American Association of Nurse Anesthetists (AANA) in 1939.

Education

In 1909 Agnes McGee established the first formal educational program at St. Vincent's Hospital in Portland, Oregon. World War I increased the demand for nurse anesthetists, and subsequently more training programs were established. Notable early programs included Barnes Hospital in St. Louis; St.

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John's Hospital in Springfield, Illinois; Johns Hopkins in Baltimore; Charity Hospital in New Orleans; and University Hospital at the University of Michigan. In 1922 Alice Hunt was appointed instructor in anesthesia with university rank at the Yale Medical School, where she taught until 1948.

Catholic nuns played an important role in the history of nurse anesthesia. Many early hospitals in the United States were established by religious orders, and in the process of providing patient care the sisters were often trained in the administration of anesthesia. They also set up nurse anesthesia programs at their hospitals, training religious sisters and lay nurses.

The education of nurse anesthetists has been a priority since the founding of the AANA. Although not implemented until 1952, accreditation of nurse anesthesia educational programs was discussed as early as 1934. The AANA's certification exam was first administered in 1945, a voluntary continuing education program was approved in 1969, and mandatory continuing education became effective in 1978. In 1986, a bachelor's degree in nursing or a related degree was required for admission to nurse anesthesia programs, and by 1998 all programs were required to be at the graduate level, awarding at least a master's degree. In 2007, the AANA adopted a position statement supporting doctoral education for entry into practice by 2025.

Military Service

Military nurse anesthetists have been honored and decorated by the United States and foreign governments for outstanding achievements, dedication to duty, and competence in treating the seriously wounded.

Since World War I, nurse anesthetists have been the principal anesthesia providers in combat areas of every war in which the United States has been engaged, including the current conflicts in Afghanistan and Iraq. Nurse anesthetists have been held as prisoners of war, suffered combat wounds during wartime service, and have lost their lives serving their country. The names of two CRNAs killed during the Vietnam War are engraved on the Vietnam Memorial Wall in Washington, DC. Three nurse anesthetists have served as chief of the Army Nurse Corps: COL Mildred Irene Clark, 1963-1967; BRIG GEN William Bester, 2000-2004; and MAJ GEN Gail Pollock, 2004-2008.

References

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