Conclusion Statement

It is within the scope of practice of a Registered Nurse (RN), who can demonstrate the necessary competency, to practice as a registered nurse first assistant (RNFA). While not required by law or rule, the Nursing Commission advises certification in perioperative nursing (CNOR) and successful completion of an RNFA program that meets the Association of periOperative Registered Nurses AORN standards for RNFAs. ARNPs may function in the role of an RNFA up to their full scope of practice within their certification. The Commission suggests following current AORN Standards and Recommended Practices for Perioperative Nursing, AORN Competency Statements for RNFAs. The Commission recommends the facility in which the RNFA practices establish a process to grant clinical privileges to the RNFA. Practice standards prohibit the RNFA from concurrently functioning as scrub nurse. Because of the complex role of an RNFA, the Commission determines that it is not within the scope of practice for a licensed practical nurse (LPN) to be in the role as a first assistant.

Background and Analysis

The RNFA practices an expanded role in perioperative nursing to provide direct assistance to the surgeon in all phases of surgery. The increasing complexity of surgery gives the perioperative nurse, who has expanded perioperative nursing education, with the opportunity to practice in collaboration with, and at the direction, of the surgeon. The complexity of the surgery determines when a first assistant is necessary. The RNFA functions include preoperative patient management in collaboration with other health care providers, intraoperative performance of surgical first assistant techniques, and postoperative patient management in collaboration with other health care providers. Technical skills
may include handling tissue, providing exposure, using instruments, applying clamps, harvesting veins, dissecting, providing hemostasis, securing drains, tying knots, suturing skin and tissue associated with the surgical procedures being performed. The RNFA may need to perform cardiopulmonary resuscitation and advanced cardiac life support (adult, pediatric, neonatal depending on patient population) to stabilize the patient if the primary surgeon becomes incapacitated.

Employers or health care organizations may define job descriptions as more restrictive than lawful full scope of practice or require special certification or training. Factors influencing these decisions include accreditation standards, reimbursement, risk and liability. They may require RNFAs to go through the credentialing and privileging process. The Commission does not have authority about these issues.

**Conclusion**

RNs may function as an RNFA in the perioperative setting up to the fullest extent within their individual and legal scope of practice. ARNPs can function up to their full scope of practice in an RNFA role within their certification.

**References**
