

Nurse Anesthesia Shadowing Log

Observer Name: _____

Thanks you for taking the time to share your CRNA profession with a potential future nurse anesthetist. Please complete the information below and return at your convenience.

I observed the following (check if applicable):

- A typical day for a CRNA in the practice setting
- The roles and responsibilities of the CRNA shadowed
- The preoperative interview and preparation of patient
- Induction of general anesthesia
- Invasive line placement
- Regional anesthesia
- Emergence from general anesthesia
- Postoperative assessment
- Other unique experiences:

I verify that the above named observer has completed ____ hours of shadowing in the OR. They have been given the opportunity to observe and ask questions regarding the Nurse Anesthesia profession.

Facility/ Hospital Name: _____

CRNA/MDA Name (please print): _____

CRNA/MDA Signature: _____ Date: _____

Email: _____ Shadowing date(s): _____