



Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and or decrease risk.

OPINION: ANALGESIA:
INTRASPINAL (EPIDURAL AND/OR
INTRATHECAL) MEDICATION
APPROVED: 1/90
REVISED DATE: 6/99, 11/04, 3/08, 9/11, 9/16,
9/19, 5/24
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of LPN RN

ADVISORY OPINION ANALGESIA BY CATHETER TECHNIQUES: ROLE OF THE RN (EPIDURAL, INTRATHECAL, INTERPLEURAL, PERINEURAL)

It is within the Scope of Practice of a Registered Nurse (RN) to administer catheter delivered medication for the purpose of analgesia and/or treatment of spasticity and depending on the patient population, access, refill, and reprogram implanted or external pumps if the following requirements, instructions, and exceptions are met.

This advisory opinion can not be construed as approval for the RN to administer an anesthetic as in A.R.S. §32-1634.03 & A.R.S. §32-1634.04

*Catheter Techniques: All non-intravenous catheters used to provide analgesia, including but not limited to analgesia administered by the epidural, intrathecal, intrapleural, and perineural routes of administration.

I. GENERAL REQUIREMENTS

- A. Only RNs who have satisfactorily completed an instructional program and have had supervised clinical practice are allowed to administer and manage analgesia by catheter techniques.
- B. The catheter or port must be placed by a Licensed Practitioner (LP) or Certified Registered Nurse Anesthetist (CRNA) as authorized by institutional privileging to administer anesthesia.
- C. The LP/CRNA assumes responsibility for determining correct catheter or infusion device placement, verifying proper placement and monitoring patient response following *initial* test dose of the medication after tube placement. They are also responsible for selecting and ordering the medications, dosage ranges (if applicable) and concentrations which may include opioids, local anesthetics, steroids, alpha agonists, or other documented safe medications or combinations thereof.
- D. After the above tasks have been completed by the LP/CRNA and the patient's vital signs have stabilized and a safe analgesic level for acute or chronic pain has been established the competent RN may:

Task	Non OB Patient	OB Patient (as referred from AWHONN)
Monitor the level of mobility, level of consciousness, perception of pain and level of pain relief, dressing	RN	RN**
Monitor maternal and fetal status in OB patient	N/A	RN**
Pause the infusion pump to replace empty infusion syringes or infusion bags with new pre-prepared solutions containing the same medication and concentration, according to orders provided by the anesthesia care provider and re-start the infusion	RN	RN**
Administer bolus dose via a continuous infusion pump with LP order	RN	LP/CRNA Only
Initiate infusion and run infusion of analgesia at the prescribed rate	RN	LP/CRNA Only
Adjust Patient Controlled Epidural Analgesia doses (PCEA), or dosage intervals per protocol and order	RN	LP/CRNA Only
Upon order of qualifying LP/CRNA, increase or decrease infusion rates (non PCEA)	RN	LP/CRNA Only
Initiate emergency measures including stopping infusion if complications arise	RN	RN**
Remove epidural catheter on direction of LP after an uncomplicated insertion and management course	RN**	RN**
Manual Boluses and initial injection	LP/CRNA Only	LP/CRNA Only

** ANESTHESIA CARE PROVIDER RESPONSIBLE FOR CATHETER MANAGEMENT MUST BE IMMEDIATELY AVAILABLE AS DEFINED IN INSTITUTIONAL POLICY.

- D. The RN has the right and the responsibility to REFUSE to administer any medication(s) when in the professional judgment of the RN, the medication or combination of medications, the dosages prescribed, or frequency of administration may place the patient at risk for complications.
- E. The employer/agency maintains:
1. Documentation of satisfactory completion of the instructional program and supervised clinical practice.
 2. Written policy and procedures for patient monitoring, drug administration and management, and protocols for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia care provider or CRNA.

3. Smart pump technology is required for administration of epidural and intrathecal administration routes.
4. A competency validation mechanism documenting the preplanned, periodic evaluation of the initial and continued competency to manage the care of patients receiving analgesia by catheter technique.

II. COURSE OF INSTRUCTION for RNs who assume responsibility for the care of the patient receiving catheter or infusion device analgesia is to include but not be limited to:

- A. Anatomy and physiology of the area involving the inserted catheter, including dermatome levels.
- B. Potential adverse reactions of analgesia techniques used, medications being administered and appropriate nursing interventions
- C. Maintenance of the catheter and/or infusion device and related equipment.
- D. Pharmacological indications, contraindications, and complications of commonly used medications administered by catheter routes, including use of appropriate reversal agents.
- E. Nursing care responsibilities as defined and approved by institutional policy, including but not limited to: assessment of vital signs, motor function, dermatome levels, level of consciousness and perception of pain.
- F. Catheter removal technique specific to type and location of the catheter used.
- G. Legal ramifications of management and monitoring of analgesia by catheter techniques.
- H. Patient/family education.

III. RATIONALE

Due to recent advances in the pain management field, including technological improvements of catheter/infusion delivery devices, there has been an increased demand and use of catheter related analgesia in the clinical setting. The requisite knowledge and clinical skill acquisition necessary to provide safe administration of analgesia via catheter routes are not included in the basic education programs for entry as an RN. Although complications are rare, for patient safety and to prevent adverse outcomes, this practice should be reserved for RNs who have additional training with supervised clinical practice and are functioning within their agencies policies and procedures.

IV. REFERENCES

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