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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:INTRAVENOUS HYDRATION AND  
OTHER THERAPIES**  
**DATE APPROVED: 9/23**  
**REVISED DATE: 1/24, 5/24**  
**ORIGINATING COMMITTEE:**  
**SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice of  X  RN  X  LPN  X  APRN

### **ADVISORY OPINION INTRAVENOUS HYDRATION AND OTHER THERAPIES**

#### **STATEMENT OF SCOPE**

It is within the Scope of Practice of the registered nurse (RN) and licensed practical nurse (LPN), and Advanced Practice Registered Nurse (APRN) who can demonstrate the necessary education, knowledge, judgment, skills, and licensure/certification, where applicable, to administer intravenous (IV) fluids hydration, nutrient therapies, and medications, as authorized by a valid order prescribed by a Licensed Provider (LP) with prescriptive authority and acting within their scope of practice. Orders need to be individualized, and based upon the patient-specific needs with a medical rationale for the order. The issuance of standing orders for elective IV therapies, including hydration, nutrients, or medications, by an APRN for a nurse or other healthcare staff member to follow is not consistent with the Arizona State Board of Nursing's 2017 Advisory Opinion regarding standing orders, and does not satisfy the APRN's duties to the patient.

It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical judgment, medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. An LPN or RN must have a medical order to administer IV medication or IV therapy/hydration, including elective services marketed as wellness promotional services provided at the request of a patient in any setting, such as the home, mobile hydration clinic, drip bars, or other non-facility locations.

#### **DEFINITIONS:**

It is crucial for nurses and healthcare providers to understand the differences between compounding IVs and adding medication to an existing IV line. This explanation aims to clarify these concepts, ensuring that healthcare professionals can apply them safely and effectively.

Compounding: Drug compounding is often regarded as the process of combining, mixing, or altering ingredients to create a medication tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs. Compounded drugs are not

FDA-approved (US Food and Drug Administration, 2022) Key points about IV compounding:

- Sterile Environment: Compounding IVs must be done in a sterile environment to prevent contamination and infection. This often happens in a pharmacy or a dedicated compounding facility within a health care setting, such as a hospital.
- Custom Formulations: Compounded IVs are often used when standard drug formulations are not suitable, such as when a patient needs a specific dosage, a different formulation to avoid an allergy, or a medication that is not commercially available.
- Regulations and Standards: Compounding must adhere to strict guidelines and standards, such as those set by the US Pharmacopeia (USP), particularly USP Chapter 797, which outlines the standards for sterile compounding.

Reconstituted Medications: Reconstituted medications include mixing, reconstituting medications approved by the FDA following the directions by the product's manufacturer and other manufacturer directions consistent with that labeling.

Adding Medication to an IV: Adding medication to an IV, often referred to as IV admixture, involves introducing a medication into an existing IV fluid bag or line. This is commonly done to administer drug doses at the point of care. The critical aspects of adding medications to IVs:

- Immediate Use: This process is typically performed to administer a dose of medication quickly and efficiently, often in response to changing patient needs or emergency situations.
- Standard Preparations: Unlike compounding, adding medication to an IV usually involves using commercially available, pre-prepared drugs that are added to IV bags of fluids like saline or dextrose.
- Technique: The technique is critical to ensure safety and efficacy. Nurses must use aseptic techniques to avoid contamination and check for compatibility and stability of the medication with the IV fluid. standards due to its complexity and risks.

### **APPLICABLE NURSING BOARD STATUTES AND RULES :**

Scope of Practice as defined in ARS 32-1601 and 32-1634.05

Standards Related to RNP, CNM, and CNS Scope of Practice as defined in Arizona Administrative Code (AAC) R4-19-508

Prescribing and Dispensing Authority; Prohibited Acts as defined in AAC R4-19-511

Prescribing Drugs and Devices as defined in AAC R4-19-512

Dispensing Drugs and Devices as defined in AAC R4-19-513

### **APPLICABLE PHARMACY BOARD STATUTES:**

#### ARS 32-1901 Definitions

11. "Compounding" means preparing, mixing, assembling, packaging or labeling a drug by a pharmacist or an intern or pharmacy technician under the pharmacist's supervision, for the purpose of dispensing to a patient based on a valid prescription order. Compounding includes preparing drugs in anticipation of prescription orders prepared on routine, regularly observed prescribing patterns and preparing drugs as an incident to research, teaching or chemical analysis or for administration by a medical practitioner to the medical practitioner's patient and not for sale or dispensing. Compounding does not include preparing commercially available products from bulk compounds or preparing drugs for sale to pharmacies, practitioners or entities for the purpose of dispensing or distribution.

ARS 32-1961. Limit on dispensing, compounding and sale of drugs

A. Except as otherwise provided in this chapter, it is unlawful for any person to compound, sell or dispense any drugs or to dispense or compound the prescription orders of a medical practitioner, unless that person is a pharmacist or a pharmacy intern acting under the direct supervision of a pharmacist. This subsection does not prevent a pharmacy technician or support personnel from assisting in the dispensing of drugs if this is done pursuant to rules adopted by the board and under the direct supervision of a licensed pharmacist or under remote supervision by a pharmacist.

**I. GENERAL REQUIREMENTS**

1. Advanced Practice Registered Nurse
  - a. Must establish a patient relationship and assess the patient.
  - b. Orders need to be individualized, and based upon the patient-specific needs with a medical rationale for the order. Issuing standing orders for elective IV therapies, including hydration, nutrients, or medications, by an APRN for a nurse or other healthcare staff member to follow contradicts the Arizona State Board of Nursing's 2017 Advisory Opinion regarding standing orders, and does not satisfy the APRN's duties to the patient.
  - c. Follow state or federal requirements for the procurement of medications, IV solutions, or additives, including vitamins, minerals, or electrolytes.
2. Registered Nurse and Licensed Practical Nurse
  - a. The nurse must have an order from a qualified LP who has established a patient relationship and completed an examination with the patient prior to the order;
  - b. Must ensure that the LP has assessed the patient and ordered an individualized treatment/medication(s) for the patient;
  - c. Follow state or federal requirements for the procurement of medications, IV solutions, or additives, including vitamins, minerals, or electrolytes.
  - d. Follow state or federal requirements for the preparation and administration of medications, IV solutions, or additives, including vitamins, minerals, or electrolytes that meet United States Pharmacopeia (USP) Pharmaceutical Compounding-Sterile Preparations compounding standards;
  - e. Because of the nature of infusion therapy and vascular access device (VAD) insertion and/or management, nurses engaged in any IV treatment must have competency with this role;
  - f. The nurse must follow facility policy and procedures, be knowledgeable in vascular access procedures and complications;
  - g. The nurse performing the infusion must have ongoing competency validation appropriate to the responsibilities, treatment provided and targeted patient population;
  - h. The nurse must maintain standard nursing documentation including, but not limited to:
    - i. Patient assessment and medical history data;
    - ii. Education provided to the patient on the prescribed infusion and/or IV medication therapy;
    - iii. Patient's informed consent for procedure(s);
    - iv. Nurse's assessments/notes and orders;
    - v. Specific procedures performed and patient's response to procedure.
  - i. The nurse must provide continuous monitoring of the patient for adverse reactions and have emergency protocols in place.

## II. RATIONALE

A nurse may perform nursing interventions in any setting, including the provision of IV therapies and IV medication administration as ordered by a qualified LP.

It is not within the RN or LPN scope to prescribe, order, or procure drugs or substances for IV medication administration or IV therapy/hydration without an authorized LP's order specific to the individual patient.

An LPN may assist and participate in the performance of IV therapy and IV medication administration as ordered by an LP under the supervision of an RN or LP who is readily available in person or by electronic communication.

## III. REFERENCES

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