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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: INFILTRATION OF
LOCAL ANESTHETIC AGENTS:
THE ROLE OF THE NURSE**
APPROVED DATE:
3/2015 REVISED
DATE: 7/18, 8/22, 2/23 1/25
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of RN LPN

ADVISORY OPINION LOCAL ANESTHETIC AGENTS INFILTRATION: ROLE OF THE NURSE

STATEMENT OF SCOPE:

It is within the scope of practice of a registered nurse (RN) and a licensed practical nurse (LPN) to administer certain local anesthetic agents intradermal, subcutaneous, and submucosal for the purposes of analgesia and/or anesthesia prior to potentially painful procedures. For more information regarding specific practices, refer to the Medical Aesthetic Procedures Performed by Licensed Cosmetologist, Licensed Aestheticians, and Certified Laser Technologists Advisory Opinion.

Tumescent lidocaine infiltration for ambulatory procedures, such as but not limited to, the treatment of hyperhidrosis, ambulatory phlebectomy and laser facial resurfacings would be within the **RN** scope under the direction of a licensed practitioner (LP) and when certain criteria is met within this advisory opinion. It is **NOT** within scope of the **LPN** to administer tumescent anesthetic. The licensed nurse must meet the general requirements and course of instruction listed in parts I and II.

I. GENERAL REQUIREMENTS

- A. There is a written order for the medication, dosage and route for the medication to be administered by an authorized provider by the facility for the ordering of such medications. The licensed nurse may not independently select the medication or dosage to be administered during a procedure.
- B. A written policy and procedure is maintained by the employer which outlines the procedures and circumstances under which the local anesthetic may be administered including maximum weight-based, patient dependent dosages of medications. Policies must also address an emergency response plan for adverse events.
- C. Documentation of the completion of the instructional program, supervised clinical practice validated by a qualified provider is on file with the employer. Facilities maintain initial and ongoing clinical practice validation and required documentation.
- D. The supervising provider is available while the procedure is performed and can respond

to the RN or LPN within a medically reasonable timeframe.

II. COURSE OF INSTRUCTION to include, but not limited to:

- A. Age specific physiologic parameters that pertain to the patient's anatomy and physiology.
- B. Indications/contraindications/complications related to the infiltration of local anesthetic agents.
- C. Calculation of and knowledge of the maximum safe dosage of facility approved medications and preparation.
- D. Proper anesthetic administration.
- E. Pharmacology including drug actions, interactions, side effects, contraindications and untoward effects.
- F. Nursing care responsibilities related to a patient receiving a local anesthetic agent.
- G. Management of complications or emergency events per facility response plan

III. RATIONALE

While it is generally not covered in a standard nursing program, local anesthetic infiltration is becoming the standard practice in many procedures for the purpose of analgesia/pain control and with additional training and competency assessment, is within the nurse's scope of practice. The practice of infiltrating local anesthetics by licensed nurses is inherent in many procedures that the nurse is competent to perform independently and included in many current advisory opinions (e.g. intravenous [IV] insertions, lumbar punctures, central vascular access device insertions, punch and shave biopsies, and peripherally inserted central catheter [PICC] insertion). With the appropriate knowledge and skills obtained from a licensed practitioner, licensed nurses are able to safely administer local anesthesia. Smaller volumes given in a dilute form have fewer life-threatening risks and can be safely administered by the licensed nurse if the general requirements are met.

IV: DEFINITIONS:

Local anesthetic- method of eliminating sensations in, or numbing, a specific part of the body for relieving the pain associated with invasive procedures. It is typically administered through one of two routes: topical and parenteral.

Short-acting anesthetics- are defined as having a fast onset and a short duration of action.

Long-acting anesthetics- is defined as a medication with a longer onset of action and a prolonged duration.

Topical pre-anesthetics- are used to provide numbing to a short dermal depth, and usually with a short duration. These are not considered to be local anesthetics.

Tumescent anesthetic- the subcutaneous infiltration of diluted lidocaine, epinephrine and sodium bicarbonate in a diluent solution that causes targeted tissue to peel or become

swollen, dimpled and firm resulting in a local anesthesia. Peak serum levels of lidocaine may not be reached until 10-12 hours after injection.

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