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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: ANESTHETIC AGENTS
ADMINISTERED BY REGISTERED NURSES
FOR LIMITED PURPOSES: AIRWAY
MANAGEMENT OR PERIPHERAL NERVE
BLOCK
APPROVED DATE: 01/03, 3/18
REVISED DATE:
ORIGINATING COMMITTEE:
ADVANCED PRACTICE COMMITTEE**

ADVISORY OPINION

ANESTHETIC AGENTS ADMINISTERED BY REGISTERED NURSES FOR LIMITED PURPOSES: AIRWAY MANAGEMENT & PERIPHERAL NERVE BLOCK

Registered nurses who do not meet the educational requirements of A.R.S. § 32-1661, completion of a nationally accredited program in the science of anesthesia, may assist a licensed provider by administering anesthetic agents in situations where the licensed provider is present but unable to personally inject the anesthetic agent because the provider is performing these critical tasks for the patient: airway management or placement of a peripheral nerve block requiring the use of both hands.

For the administration of sedation, see Deep Sedation, Moderated Sedation/Analgesia & Palliative Sedation.

GENERAL REQUIREMENTS

1. A written policy and procedure is maintained by the employer. The written policy and procedure shall specify the required emergency equipment and medications that must be immediately available to the patient receiving any medication classified as an anesthetic agent. This shall include any and all emergency equipment and medication required to regain and /or maintain the patient's cardiac and respiratory state. These policies and procedures are readily available within the unit where the activity shall occur.
2. The registered nurse is required to have the same knowledge base for the anesthetic agents administered as for any other medication that the registered nurse administers. This knowledge base includes, but is not limited to:
 - A. Assessment and monitoring of the patient receiving the medication.
 - B. Dosing, effects, side effects, and contraindications for each drug to be administered.
 - C. Potential complications of each drug and/or combination of drugs.
 - D. Recognizing emergency situations and instituting appropriate nursing interventions.

RATIONALE

Anesthetic agents are commonly used to facilitate emergent intubation. To require the licensed provider who is managing the patient's airway to leave the airway in order to administer the anesthetic agent compromises patient safety. Similarly, placement of certain types of peripheral nerve blocks may require both hands of the provider to place the needle and keep it in place. To require the provider to use one of their hands to administer the anesthetic agent could again compromise the safety of the patient. Per A.R.S. § 32-1601 (13) (m), it is within the scope of practice of the registered nurse to perform additional acts that require education and training as prescribed by the Board and that are recognized by the nursing profession as proper to be performed by a professional nurse. A survey of state boards of nursing reflected that assisting licensed providers with anesthetic agent administration was accepted practice for registered nurses in 16 of 22 states who responded to the survey.

REFERENCES

Registered Nurse Administration of Medications Classified as Anesthetic Agents, Declaratory Ruling 2002-1, Maryland Board of Nursing, 2002.

Advisory Opinion #27, South Carolina Board of Nursing, 2002.

Role of RN Administering IV Push Medications during Rapid Sequence Intubation, Declaratory Ruling, Wyoming State Board of Nursing, 2002.

Advisory Ruling/Injection of Anesthetic Agents to Produce Anesthesia Following Placement of the Needle by the Physician, Maine State Board of Nursing, 1993.

A.R.S. § 32-1661

A.R.S. § 32-1601(13) (m)