

June 25, 1996

Brenda N. Thomason, RN
Chairperson
Task Force on Registered Nurse Transporting
Critically Ill Neonates
312 Speed Street
Monroe, LA 71201

Dear Ms. Thomason:

At its February 8, 1996 meeting, the Task Force on Transporting of Critically Ill Neonates made recommendation that the Board of Nursing reconsider a previous opinion (91.02) regarding advanced practitioners inserting peripheral percutaneous central catheter to include NICU RNs who have the proper training. The recommendation was presented to the Nursing Practice committee at its April 8, 1996 meeting.

The Nursing Practice Committee studied the request, reviewed previous related opinions of the Board and related information. On May 16, 1996, the Committee presented its recommendation to the Board, and after due deliberation, the Board rendered the following opinion:

In response to Agenda Item 4.13:

It is within the scope of practice for a registered nurse in an acute care setting to peripherally insert a percutaneous central catheter, through a non-seldinger technique, in neonate and pediatric patients. A radiographic verification of the placement is required prior to initiation of therapy. Said RN must have successfully completed a minimum of 8 contact hours of formalized education that is age specific, to include the neonate and pediatric populations, and practice in the technique. The educational program must be approved by the LSBN and/or ANCC. Further, the nurse must have documented annual competency.

If a midline catheter is placed, radiographic verification is not required.

Reference: Fletcher, M. and MacDonald, M. (1993). Atlas of Procedures in Neonatology. (2nd Ed) Philadelphia: J.B. Lippincott Company.

The Nursing Practice Committee and the entire Board appreciated your contributions in this matter.

Sincerely,

Barbara L. Morvant, MN, RN
Executive Director

cc: Task Force on Registered Nurse Transporting Critically Ill Neonates

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