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DECLARATORY STATEMENT ON THE ROLE AND SCOPE OF PRACTICE OF THE REGISTERED NURSE IN THE ADMINISTRATION OF MEDICATION AND MONITORING OF PATIENTS DURING THE LEVELS OF PROCEDURAL SEDATION (MINIMAL, MODERATE, DEEP, AND ANESTHESIA) AS DEFINED HEREIN

Preamble

“Registered nursing means the practice of the scope of nursing which is appropriate to the individual’s educational level, knowledge, skills, and abilities” (L.R.S. 37:913(14)). The Louisiana State Board of Nursing (Board) believes that, in order to be responsive to the needs and safeguard the life and health of patients, registered nurses must be accountable and responsible for care delivered to ensure that the patient will receive safe and effective nursing care in accordance with L.R.S. 37:911 et seq. as re-enacted and amended 2001 (Law); specifically, L.R.S. 913(14) that defines the practice of nursing “the practice of the scope of nursing which is appropriate to the individual’s educational level, knowledge, skills, and abilities.”

Authority

Pursuant to L.R.S. 49:963 and LAC 46:XLVII.3321, the Board of Nursing is authorized to issue declaratory statements in response to requests for clarification of the effect of rules and regulations or of L.R.S. 37:911 et seq. as re-enacted and amended, 2001.

Historical Perspective

The following is a brief overview of the Board’s statement regarding the scope of practice of registered nurses administering and monitoring patients during levels of sedation.

The Board defined the scope of authorized practice for registered nurses regarding intravenous conscious sedation in September 1990 (npop 90.20) the administration of intravenous conscious sedation is within the realm of practice of a registered nurse as delineated by the Board’s specific criteria. Conscious sedation was defined as a state of mild to moderate sedation permitting cooperation and tolerance of diagnostic and therapeutic medical procedures.

The JCAHO revised its standards for sedation and anesthesia care, effective date January 1, 2001. “The standards for sedation and anesthesia care apply when patients receive, in any setting, for any purpose, by any route, moderate or deep sedation as well as general, spinal, or other major regional anesthesia. Definitions of four levels of sedation and anesthesia include the following:

- 1) **Minimal Sedation (anxiolysis)**-A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.
- 2) **Moderate Sedation/analgesia (“conscious sedation)**-A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
- 3) **Deep Sedation/analgesia**-A drug-induced depression of consciousness during which patients cannot

be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

- 4) **Anesthesia**-Consists of general anesthesia and spinal or regional anesthesia. It does *not* include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Key Principles

- ◆ Nursing practice has evolved to provide for registered nurses with special knowledge, skills, and abilities to monitor conscious sedation that may on occasion progress to deep sedation for a short period of time.
- ◆ JCAHO definitions of four levels of sedation and anesthesia
- ◆ Sedation-to-anesthesia is a continuum
- ◆ Registered nurses must have documented competency to monitor patients safely to maintain them at the desired level of sedation
- ◆ The JCAHO, or a comparable accrediting body whose standards of practice for sedation and anesthesia care are in accordance with this statement and the JCAHO definitions, must accredit the institution. The responsibility of assurance of compliance rests with the institution.
- ◆ Registered nurses are allowed by Law and institutional policy to administer sedation and analgesia.

Position Statement

After due deliberation and in accordance with L.R.S. 37:911 et seq. as re-enacted and amended, 2001 the Board took the following action on March 17, 2004 regarding the registered nurse's role and scope in the administration of medication and monitoring of patients during the different levels of sedation as defined by JCAHO and recognized by the Board.

It is within the scope of practice for a registered nurse to administer non-anesthetic medications and to monitor patients in minimal, moderate, and deep sedation levels as defined by JCAHO provided the registered nurse is specifically trained with demonstrated knowledge, skills, and abilities in accordance with the following provisos in various settings to include inpatient and outpatient environments. It is not within the scope of practice for the registered nurse either to administer an anesthetic agent for any of the levels of sedation as defined by JCAHO or to monitor anesthesia as defined by JCAHO in this document.

A. The registered nurse (non-CRNA) shall have documented education and competency to include:

- ❖ Knowledge of sedative drugs and reversal agents, their dosing and physiologic effects.
- ❖ Advanced Cardiac Life Support and/or Neonatal Resuscitation Program, Pediatric Life Support, Emergency Nursing Pediatric Course based on the patient's age.
- ❖ Skill in establishing an open airway, head-tilt, chin lift, use of bag-valve-mask device, oral and nasal airways, and emergency procedures. This includes rescuing a patient that may progress beyond deep sedation.
- ❖ Demonstration of the acquired knowledge of anatomy, physiology, pharmacology, and basic cardiac arrhythmia recognition; recognize complications of undesired outcomes related to sedation/analgesia; demonstrated appropriate interventions in compliance with standards of practice, emergency protocols or

- guidelines.
- ❖ Demonstration of the knowledge of age specific considerations in regard to assessment parameters, potential complications, and appropriate interventions according to hospital protocol or guidelines.
 - ❖ Possession of the requisite knowledge and skills to perform and evaluate pre-procedure baseline, intra-procedure, and post-procedure clinical assessment of the patient undergoing sedation/analgesia.
 - ❖ Demonstration of the ability to use oxygen delivery devices applying the principles of oxygen delivery and respiratory physiology.
 - ❖ Demonstration of the knowledge of the standards of practice and licensure related to the sedation/analgesia.
 - ❖ Application of the principles of accurate documentation in providing a comprehensive description of patient responses and outcomes.
- B. Competencies will be measured initially during orientation and on an annual basis.
- C. The institutional policy and plan for sedation practice shall include:
- ❖ The registered nurse (non-CRNA) monitoring the patient will have no additional responsibility.
 - ❖ A specific outlined emergency management and equipment plan. The plan must include the immediate availability of emergency equipment and qualified providers skilled in airway management and emergency intubations. For example, supplemental oxygen shall be available for any patient receiving sedation and analgesia, and where appropriate in the post procedure period.
 - ❖ Documentation and monitoring of physiologic measurements including but not limited to blood pressure, respiratory rate, oxygen saturation, cardiac rate and rhythm, and level of consciousness shall be recorded at least every 5 minutes during the therapeutic, diagnostic or surgical procedure and at a minimum every 15 minutes during the recovery period or as deemed appropriate by the authorized prescriber.
 - ❖ Patient NPO status requirements for sedation.
 - ❖ Venous access shall be maintained for all patients having sedation and analgesia as deemed necessary by the authorized prescriber.
 - ❖ Physician responsibilities for the patient's history and physical, the patient assessment to include the American Society of Anesthesiologists (ASA) classification to ensure appropriateness for sedation, assessment immediately prior to sedation, and selection and ordering of medications.
 - ❖ A registered nurse (non-CRNA) will not monitor an adult patient with an ASA classification higher than Class III and a pediatric patient higher than Class II for deep sedation.
 - ❖ The registered nurse (non-CRNA) will not administer any medications prohibited by licensure, but may monitor medications administered by the physician. The registered nurse must be knowledgeable of the pharmacological effects and reversal agents of all medications administered.
 - ❖ Institutional sedation policy shall determine which situations may compromise the RN's ability to assess the patient and which situations require the services of a licensed anesthesia provider.
 - ❖ An educational/credentialing mechanism, which includes a process for evaluating and documenting the individual's competency relating to the management of patients receiving sedation and analgesia. Review and reaffirmation of the registered nurse competency to manage patients receiving sedation and analgesia shall occur and shall be documented annually.

Definition of Terms for the Purpose of this Document

1) **Minimal Sedation (anxiolysis)**-A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

2) **Moderate Sedation/analgesia ("conscious sedation)**-A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

3) **Deep Sedation/analgesia**-A drug-induced depression of consciousness during which patients cannot be easily aroused, but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

4) Anesthesia-Consists of general anesthesia and spinal or regional anesthesia. It does *not* include local anesthesia. General anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Concluding Statement

The Board believes that it is within the scope of practice for a registered nurse (non-CRNA) to monitor a patient receiving deep sedation/analgesia with or without the drug being an anesthetic agent in a controlled environment, as designated by institutional policy, under the direct supervision of a physician privileged by the institution to provide moderate/deep sedation. Nothing within the Law Governing the Practice of Nursing prohibits the administration of non-anesthetic drugs for levels of sedation as defined by JCAHO exclusive of anesthesia when prescribed by an authorized prescriber. Registered nurses may not administer anesthetic agents for any level of sedation as defined by JCAHO. Registered nurses may administer anesthetic agents only as specified by the exception in R.S. 37:930.D. and as specified in R.S. 37:935 (see end of statement for these Laws).

This statement is not intended to prohibit registered nurses from administering propofol (Diprivan) to intubated, ventilated patients in a critical care setting.

R.S. 37:930.D Nothing herein shall prohibit the injection of local anesthetic agents under the skin or application of topical anesthetic agents by a registered nurse when prescribed by a physician or dentist who is licensed to practice in this state; however, this provision shall not permit a registered nurse to administer local anesthetics perineurally, peridurally, epidurally, intrathecally, or intravenously. This Subsection shall not be applicable to certified registered nurse anesthetists provided for in 37:930(A).

R.S. 37:935. Notwithstanding any order provision in this Chapter to the contrary, a registered nurse may administer, in accordance with an order of an authorized prescriber, anesthetic agents to intubated patients in critical care settings, and may titrate and continue infusion of local anesthetic agents through the use of epidural catheters for pain management, excluding obstetric patients, in accordance with the Administrative Procedure Act.

Sources:

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4. American College of Radiology, *ACR Standard for Pediatric Sedation/Analgesia, Revised 2002*.
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9. Association of Operating Room Nurses, "Position Statement on the role of the RN in the Management of Patients Receiving IV Conscious Sedation for Short Term Therapeutic, Diagnostic or Surgical Procedure", *AORN Journal* 55 (Jan. 1992) 207.
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13. Louisiana State Board of Nursing, Nursing Practice Committee Recommendations Regarding Administration of Intravenous Conscious Sedation.
14. Siberry, G. K., and Iannone, R., *The Harriet Lane Handbook: A Manual for Pediatric House Officers*, (15th ed.) St. Louis: Mosby, 2000.

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