

May 21, 1998

Judy Guillory RN, M.S.N.
Quality/Clinical Nurse Specialist
Post Office Box 52009
Lafayette, LA 70506

Dear Ms. Guillory:

Your request for an opinion of the Louisiana State Board of Nursing regarding a registered nurse delegating to an LPN the initial dose of an IVPB and then administer intermittent doses without a pump was presented to the Board of Nursing.

The information you sent and related information was studied by the Nursing Practice Committee on April 7, 1998 and the Committee presented its recommendation to the Board of Nursing on May 13, 1998, and, after due deliberation, the Board adopted the following opinion:

In reference to agenda item 6.9, that the Board of Nursing amend their previous opinion 96.01 by deleting parameter #5 "after the initial dose has been administered by a registered nurse".

Furthermore, place npop 96.01 on the agenda for the next Nurse Practice Committee for the members to review all former requests for clarification regarding this opinion. Npop 96.01 would be amended to read as follows:

That the registered nurse may delegate to the LPN the performance of the following selected nursing tasks that relate to the administration of intravenous medications and fluids when the said LPN has documented additional formal preparation on file as follows: (1) said LPN must have completed an I.V. therapy course of at least 40 hours; and, (2) the LPN is deemed competent by the facility's protocol and when a registered nurse is responsible and maintains accountability for the nursing care of the patient:

1. Initiate peripheral intravenous therapy with a needle or catheter in a hospital or long term care setting with the exception of mid-line catheters and peripherally inserted central catheters.
2. Maintenance of a heparin or saline lock in a hospital or long term care setting.
3. Flush a triple lumen, PICC, Hickman, and Groshong catheter with heparin in the hospital, long term care, and clinic (ambulatory) settings.

4. Flush the intravenous tubing of a peripheral or central line with normal saline prior to hanging an I.V. "piggyback" medication in a hospital or long term care setting.
5. Administer peripheral or central line I.V. "piggyback" medications.
6. Change an intravenous peripheral or sterile central line dressing, to include triple lumen, PICC, Hickman, and Groshong in the hospital, long term care, and ambulatory settings.

As long as the following parameters are in place:

- (1) the registered nurse must be available 24 hours a day, seven days a week;
- (2) the I.V. fluid is maintained on a pump;
- (3) patient is to be assessed by an RN daily within 24 hours;
- (4) the LPN must have a documented yearly competency on file;
- (5) the task may not be delegated until it is determined that the patient is in a stable nursing situation;
- (6) there is a protocol for I.V. therapy in the Agency along with appropriate policies and procedures;
- (7) I.V. "piggyback" medication must be monitored by the registered nurse and assessed after its administration in a long term care setting; and
- (8) the RN must be immediately accessible by phone or within a reasonable mile radius for immediate access to the facility.

The registered nurse **shall not** delegate any nursing task related to maintenance or administration of intravenous medications and fluids when the patient is receiving: investigational drugs; cancer therapeutic drugs; blood and blood products; hyperalimentation (TPN) solutions; or when the patient has a port-a-cath or other such implanted venous access device requiring the use of a huber needle.

The Board expressed appreciation for the informational materials submitted with the request. If you have any questions regarding this communication, please contact me.

Sincerely,

Barbara L. Morvant, MN, RN
Executive Director

BLM:PAL
npop 98.11