

# Louisiana State Board of Nursing

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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 INTRAVENOUS PROCEDURAL/CONSCIOUS 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/procedural sedation in September 1990 (npop 90.20) and determined the administration of intravenous conscious/procedural sedation was within the realm of practice of a registered nurse (RN) as delineated by the Board’s specific criteria. Intravenous conscious/procedural sedation was defined as a state of mild to moderate sedation, permitting patient cooperation and tolerance of diagnostic and therapeutic medical procedures.

The Joint Commission (TJC) revised its standards for sedation and anesthesia care, effective 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 RNs with special knowledge, skills, and abilities to monitor intravenous conscious/ procedural sedation that may, on occasion, progress to deep sedation for a short period of time.
- ◆ TJC definitions of four levels of sedation and anesthesia.
- ◆ Sedation-to-anesthesia is a continuum.
- ◆ RNs must have documented competency to monitor patients safely and to maintain the patient at the desired level of intravenous conscious/procedural sedation.
- ◆ TJC, or a comparable accrediting body whose standards of practice for sedation and anesthesia care are in accordance with this statement and TJC definitions, must accredit the institution. The responsibility of assurance of compliance rests with the institution.
- ◆ RNs are allowed by law and institutional policy to administer sedation and analgesia.
- ◆ “Individuals who are ‘permitted’ to administer sedation are able to rescue patients at whatever level of sedation or anesthesia is achieved either intentionally or unintentionally, e.g. when the patient slips from moderate into deep sedation or from deep sedation into full anesthesia” (TJC, 2015).
- ◆ Drugs typically classified as anesthetic agents include Propofol, Ketamine, and Methohexital (ASPAN, 2014)

### Position Statement

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

It is within the scope of practice for a RN to administer non-anesthetic medications, up to and including moderate (conscious sedation), and to monitor patients in minimal, moderate, and deep sedation levels as defined by TJC, provided the RN is specifically trained and demonstrated knowledge, skills, and abilities in accordance with the following provisos in various settings to include inpatient and outpatient environments.

It is within the scope of practice for a RN (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.

It is not within the scope of practice for the RN either to administer an anesthetic agent for any of the levels of sedation as defined by TJC or to monitor general anesthesia as defined by TJC in this document.

A. The RN (non-Certified Registered Nurse Anesthetist) (non-CRNA) shall have documented education and competency to include:

- ❖ Knowledge of sedative drugs and reversal agents, their dosing, onset, duration, potential adverse reactions, drug compatibility, contraindications, 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; the ability to recognize complications of undesired outcomes related to sedation/analgesia; 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 institutional 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 at least on an annual basis.

C. The institutional policy and plan for sedation/analgesia practice shall include:

- ❖ The RN (non-CRNA) monitoring the patient will have no additional responsibility that would require leaving the patient unattended or would compromise continuous monitoring during the procedure.
- ❖ 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, including 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 pre-procedure and 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. “Monitoring end-tidal carbon dioxide by capnography should be considered for those patients whose ventilation cannot be directly observed during the procedure” (AORN, 2015, p. 556).
- ❖ Patient NPO status requirements for sedation.
- ❖ Venous access shall be maintained for all patients having sedation/analgesia as deemed necessary by the authorized prescriber.
- ❖ Physician responsibilities for the patient’s history and physical. The patient assessment shall 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 RN (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. When RNs are monitoring patients receiving deep sedation, the physician administering deep sedation shall be “physically present at the patient’s bedside or within the confines of the patient’s immediate treatment” until patient has recovered from deep sedation (ERNA, 2008, p. 5).
- ❖ The RN (non-CRNA) will not administer any medications prohibited by licensure, but may monitor medications administered by the physician. The RN 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 RN’s competency to manage patients receiving sedation and analgesia shall occur and shall be documented at least annually.
- ❖ “A quality assurance/performance improvement process should be in place that measures patient, process, and structural (e.g. system) outcome indicators” to enhance patient care (AORN, 2015, p. 559).

#### 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 physical coordination may be impaired, airway reflexes, and ventilatory and cardiovascular functions are unaffected” (ASA, 2009).
- 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” (ASA, 2009).
- 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 (ASA, 2009).

- 4) **Anesthesia**- “a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator 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 the neuromuscular function. Cardiovascular function may be impaired” (ASA, 2009). Consists of general anesthesia and spinal or regional anesthesia. Local anesthesia is *not* included.
- 5) **Immediately Available** – “defined by the ASA practice guidelines as having a health care provider trained in ACLS and resuscitation skills available to assist with patient care within one to five minutes” (AORN, 2015, p. 560).

### Concluding Statement

The Board believes that it is within the scope of practice for a RN (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 TJC, up to and including moderate (conscious sedation) when prescribed by an authorized prescriber. RNs may not administer general anesthetic agents for any level of sedation as defined by TJC. RNs 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 RNs 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 RN when prescribed by a physician or dentist who is licensed to practice in this state; however, this provision shall not permit a RN to administer local anesthetics perineurally, peridurally, epidurally, intrathecally, or intravenously. This Subsection shall not be applicable to (CRNAs) provided for in 37:930(A).

R.S. 37:935. Notwithstanding any order provision in this Chapter to the contrary, a RN 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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