

Louisiana State Board of Nursing

DECLARATORY STATEMENT ON THE ROLE AND SCOPE OF PRACTICE OF REGISTERED NURSES DELEGATING INTRAVENOUS THERAPY INTERVENTIONS

Preamble

In accordance with the Louisiana State Board of Nursing's (Board) rules and regulations regarding nursing practice, LAC 46:XLVII.3701-3703, specifically the delegation of nursing interventions and managing and supervising the practice of nursing, the Board believes that registered nurses (RNs) often encounter situations where nursing interventions relative to intravenous therapy may be safely delegated to a licensed practical nurse (LPN). The registered nurse must be accountable and responsible for the assessment, planning, intervention, teaching, supervision, and evaluation of intravenous therapy to ensure that the patient will receive safe and effective nursing care in accord with the prescribed treatment plan and LAC 46:XLVII. 3901-3913. Since risk factors are inherent in intravenous therapy, the registered nurse shall verify the LPN's competency prior to delegation as set forth in the Board's rules and the agency's policy and procedures.

Authority

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

Process

In response to petitioners seeking clarification of the Board's nurse practice opinion 96.01 and, the revised opinion 98.11 regarding the delegation of intravenous (IV) therapy nursing interventions to LPNs, in May, 1998 the Board adopted the recommendation from the Nurse Practice Committee to establish a Focus Group to develop a Declaratory Statement on the Role and Scope of Practice of Registered Nurses Delegating Intravenous Therapy Interventions. Since the Board's rules are explicit in their requirement of registered nurses maintaining accountability and responsibility for the nursing care delegated to another person and that the registered nurse must be able to supervise the person performing the intervention, the Focus Group determined that the declaratory statement must be based on the Board's rules and reflect the registered nurse's responsibility to manage and supervise the nursing care rendered by an LPN.

Following the review of all previous petitions regarding the delegation of IV therapy interventions to LPNs, and hearing from the guests in attendance, the Focus Group members identified the following salient points that needed clarification in the declaratory statement:

- ◆ the maintenance of fluids on a pump;
- ◆ peripheral parenteral nutrition versus total parenteral nutrition;
- ◆ a 40 hour IV therapy course; and
- ◆ changing the patient care assignment when the patient's condition requires an RN to administer an IV medication or fluid that cannot be delegated to an LPN.

The issue of IV therapy maintenance when the therapy has been initiated by an RN needs to be clarified within the context of patient care assignment when the patient's condition warrants the expertise of an RN to administer a therapy that cannot be delegated to an LPN.

Board's Response

After due deliberation and in accordance with R.S. 37:911 et seq. as re-enacted and amended the Board took the following actions on May 12, 1999 in order to safeguard the health and welfare of patients.

The Board believes that every patient requiring IV therapy has the right to professional nursing care. The registered nurse is responsible for the nature and quality of all nursing care a patient receives, directly or indirectly, in accord with LAC 46:XLVII. 3701-3703 and 3901-3913 regardless of the setting.

The Board's rules require that the registered nurse, prior to delegating IV interventions, assess that:

- ◆ the LPN has been adequately trained to perform the intervention;
- ◆ the LPN has demonstrated that the intervention has been learned;
- ◆ the LPN can perform the intervention safely in the given nursing situation;
- ◆ the patient's status is safe for the person to carry out the intervention;
- ◆ appropriate RN supervision is available during the intervention implementation;
- ◆ the intervention is an established policy of the nursing practice setting and the policy is written, recorded and available to all.

RNs may delegate select nursing interventions provided the patient is assessed by an RN every 24 hours. In practice settings such as long term care where an RN is not physically present 24 hours per day, an RN must be available by phone and within a reasonable mile radius for immediate access to the facility.

Based on the agency's written policy, the RN's assessment of the patient, and the availability of the RN to supervise the implementation of the delegated intervention and evaluate the patient's response to the therapy, the RN may delegate certain IV therapy interventions to an LPN. An RN may delegate to an LPN the major part of the nursing care needed by individuals in stable nursing situations, *when the following three conditions prevail at the same time in a given situation:*

1. Nursing care ordered and directed by RN/MD requires abilities based on a relatively fixed and limited body of scientific fact and can be performed by following a defined nursing procedure with minimal alteration, and responses of the individual to the nursing care are predictable; and
2. Change in the patient's clinical condition is predictable; and
3. Medical and nursing orders are not subject to continuous change or complex modification.

Based upon the knowledge and skills acquired in a State Board of Practical Nurse Examiners approved practical nursing education program, it is within the scope of practice for an RN to delegate to an LPN the following IV therapy interventions:

1. Perform calculation and adjust flow rate.
2. Observe and report subjective and objective signs of adverse reactions to IV administration.
3. Inspect insertion site, change dressing and remove intravenous needle or catheter from peripheral veins. *An RN may not delegate the removal of mid-line catheters and peripherally inserted central venous catheters.*

Furthermore, based upon the LPN's successful completion of a minimum of 30 hours of basic intravenous therapy course, to include both theory and practice, an RN may delegate to an LPN selected IV therapy interventions including the following, unless otherwise limited by the Board's rules on delegation:

1. *Initiate and discontinue the administration of IV fluids given via a peripheral route, to include the following:*
 - a. Confirming the prescriber's order.
 - b. Noting the agency's policy and procedure.
 - c. Preparing the administration equipment.
 - d. Selecting the type of needle or catheter.
 - e. Selecting and preparing the insertion site.
 - f. Performing the venipuncture.
 - g. Securing the device and tubing.
 - h. Calculating the flow rate.
 - i. Regulating the flow rate manually or via an IV monitoring device such as an infusion pump or controller.
 - j. Remove peripherally inserted needles or catheters.
 - k. Documentation.

An RN may not delegate the initiation and discontinuances of mid-line catheters and peripherally inserted central venous catheters.

2. *Maintenance of peripheral or central line:*
 - a. Checking the flow rate.
 - b. Regulating the flow rate.
 - c. Changing site dressing.
 - d. Changing tubing.
 - e. Maintain heparin or saline locks.
 - f. Flush central lines.
 - g. Hanging replacement solutions.
 - h. Documentation.

3. *Administer IV medications and fluids via a peripheral or central line using a piggyback administration system which are:*
 - a. Premixed and labeled by a pharmacist or commercially prepared.
 - b. Are administered on a routine basis.

The following nursing interventions may not be delegated in any practice setting, in accordance with the Board's rules (LAC 46:XLVII.3703.c.):

1. Administration of IV investigational drugs;
2. Administration of IV cancer therapeutic drugs;
3. Administration of medications by IV push (bolus), other than those identified by health agency protocol for emergency situations;
4. Administration of blood and blood products;
5. Administration of total parenteral nutrition solutions (inclusive of Procalamine);
6. Accessing any implanted device.

The LPN may check the blood or blood products with the RN for identification purposes.

Furthermore, the RN may not delegate the administration of medications requiring both titration and continuous patient assessment.

Based on the RN's assessment, and in accordance with the Board's rules on *managing and supervising the practice of nursing*, when the RN determines that the patient's condition is unstable, since the RN is accountable for the total nursing care rendered, the RN may initiate changes in nursing care or in the assignment of nursing personnel. **In institutions where registered nurse supervision is unavailable or limited, such as in home health or a school setting, the administration of IV medications and fluids may not be delegated.**

Concluding Statement

Based on the RN's assessment and documentation, the Board believes that an RN may delegate to an LPN selected IV therapy nursing interventions provided that RN supervision is readily available during implementation of the intervention, the patient's condition is determined non-complex and the LPN's level of competence is documented in the said LPN's file.

Definition of Term:

Administration refers to preparation of the drug, gathering the necessary equipment, administering the medication, and monitoring (evaluating) the patient's response to the therapy.

Note. The functions of *administration* may not be delegated when indicated as a non-delegatable nursing intervention within the context of this statement. In selected situations preparation of IV admixtures may be performed by an RN when the drug is prescribed as "stat" or when the drug would deteriorate upon standing. "Gathering the necessary equipment" refers to the RN actually assembling the IV equipment and medication.

Intravenous (IV) therapy refers to those nursing interventions relative to the initiation, maintenance, and discontinuance of Intravenous medications and fluids administered by a peripheral or central line.

Sources:

- ◆ The Louisiana State Board of Nursing's rules, LAC 46:XLVII.3701-3703 and previous opinions relative to the delegation of IV therapy.
- ◆ The Kentucky Board of Nursing's Advisory Opinion Statement, Roles of Nurses in Intravenous Therapy Practice, revised August 1989.

Adopted May 12, 1999

Npop 99.11

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