

February 13, 1996

Paula Smith, RN, CRNI  
Quality Assessment Director  
Infusion Management Systems, Inc.  
2828 Trinity Mills  
Suite 268  
Carrollton, TX 75006

Dear Ms. Smith:

Your request for an opinion of the Board of Nursing regarding a registered nurse delegating to an LPN IV therapy related functions and the definition of "additive" was presented to the Board at its February 1, 1996 meeting.

The Nursing Practice Committee studied the issue at its January 8, 1996 and formulated a recommendation to the Board of Nursing. On February 1, 1996 the Committee presented its recommendation to the Board, and after due deliberation, the Board adopted the following opinion:

In reference to Agenda Item 4.1:

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, after the initial dose has been administered by a registered nurse, in a hospital or long term care setting.
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;
- (8) patients in acute active phase of an infection with MRSA are ineligible; and
- (9) 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 members of the Nursing Practice Committee and of the Board of Nursing appreciated your contribution to the discussion of this issue.

If you have any questions about this matter, please feel free to contact me.

Sincerely,

Patricia K. Ladner, MN, RN  
Nursing Consultant for Practice

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