



Arizona State Board of Nursing

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An advisory opinion adopted by AZBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of AZBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training, and supervision to assure the safety of their patient population and/or decrease risk.

OPINION: ANALGESIA:
INTRASPINAL (EPIDURAL AND/OR
INTRATHECAL) MEDICATION
APPROVED: X
DATE: 1/90
REVISED DATE: 1/91, 9/95, 7/97, 1/98,
10/98, 5/99, 6/99, 11/04, 3/08
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

ADVISORY OPINION ANALGESIA BY CATHETER TECHNIQUES* EPIDURAL, INTRATHECAL, INTERPLEURAL, PERINEURAL, SUBCUTANEOUS

It is within the Scope of Practice of a Registered Nurse (RN) to administer catheter delivered medication for the purpose of analgesia and/or treatment of spasticity and to access, refill, and reprogram implanted or external pumps if the following requirements, instructions and exceptions are met. Exception: Pregnant women (see section IV).

It is **not** within the scope of practice for RNs or LPNs to administer catheter delivered medications for the purpose of providing an anesthetic.

I. General Requirements

- A. Only RNs who have satisfactorily completed an instructional program and have had supervised clinical practice are allowed to administer and manage analgesia by catheter techniques. This does NOT include pregnant patients (See Section IV).
- B. The catheter or port, designed to administer analgesic medications, is placed by a licensed care provider or CRNA who assumes responsibility for ensuring proper placement and monitors the *initial* test dose of the medication after the initial placement. The licensed care provider placing the catheter or infusion device selects and orders the drugs, doses and concentrations which may include opioids, local anesthetics, steroids, alpha agonists, or other documented safe medications or combinations thereof.
- C. The RN assuming care of the patient does not do so until the provider who placed the catheter/infusion device has verified correct catheter placement, the patient's vital signs have stabilized and the analgesic level has been established.
- D. After the analgesia level is established and with a valid order from a licensed care provider, the RN may:
 1. Administer and manage continuous infusions and/or intermittent bolus infusions via a pump.

2. Turn the pump on and run an infusion of narcotic analgesia at the rate prescribed by the licensed care provider or CRNA.
3. Increase or decrease infusion rates.
4. Change the medication bag with identical pre-made medication when the prior bag is empty.
5. Administer a bolus dose through bolus feature of a continuous infusion pump.
6. Initiate emergency therapeutic measures under protocol if complications arise.
7. Remove the epidural catheter upon direction of the licensed care provider or CRNA.

*Catheter Techniques: All non-intravenous catheters used to provide analgesia, including but not limited to analgesia administered by the epidural, intrathecal, interpleural, and perineural routes of administration. A catheter technique may be used for any type of pain that is responsive to this method of pain control.

II. Course of Instruction:

Course of Instruction for RNs who assume responsibility for the care of the patient receiving catheter delivered analgesic medication is to include but not be limited to:

- A. Anatomy and physiology of the area involving the inserted catheter.
- B. Indications and contraindications to Analgesic medications administration via catheter.
- C. Potential adverse reactions and appropriate nursing interventions.
- D. Maintenance of the catheter and/or infusion device and related equipment.
- E. Pharmacology of commonly used medications administered by catheter routes.
- F. Nursing care responsibilities as defined and approved by institutional policy.
- G. Catheter removal.
- H. Legal ramifications of management and monitoring of analgesia by catheter techniques.
- I. Patient/family education.

III. The employer/agency maintains:

- A. Documentation of satisfactory completion of the instructional program and supervised clinical practice.
- B. Written policy and procedures for patient monitoring, drug administration and management, and protocols for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia care provider or CRNA.
- C. The employer should have a competency validation mechanism documenting the preplanned, periodic evaluation of the initial and continued competency to manage the care of patients receiving analgesia by catheter technique.

- IV. **Exception:** Role of the RN in the care of the pregnant woman receiving analgesia by catheter technique.
- A. Only qualified/credentialed licensed anesthesia care providers should perform the following procedures:
1. Insertion, advancement or repositioning, initial injection, bolus injection, rebolus, injection, or initiation of continuous infusion catheters for anesthesia or analgesia.
 2. Verification of correct catheter placement.
 3. Increase or decrease the rate of the continuous infusion or rebolus and epidural catheter.
 4. Re-initiate an infusion once it has been stopped.
 5. Manipulate Patient Controlled Epidural Analgesia (PCEA) doses or dosage intervals.
- B. Pregnant patients receiving epidural analgesia may be monitored by an obstetrical RN appropriately trained in accordance with established guidelines provided and anesthesia care provider IS IMMEDIATELY AVAILABLE AS DEFINED IN INSTITUTIONAL POLICY. Following stabilization of vital signs after initial insertion, initial injection, bolus injection, rebolus injection, or initiation of continuous infusion by a qualified/credentialed anesthesia provider, the obstetrical RN may:
1. Assist in maintaining the continuous epidural infusion by replacing empty infusion syringes or bags with prepackaged solutions containing the same medication and concentration and appropriately clearing pump alarms incurred by solution changes.
 2. Stop the continuous infusion if there is a safety concern or if the woman has given birth.
 3. Remove the epidural catheter upon direction of the anesthesia care provider.

References:

Association of Women's Health, Obstetric and Neonatal Nurses. (2001). *Role of the Registered Nurse (RN) in the care of the pregnant woman receiving analgesia/anesthesia by catheter techniques (epidural, intrathecal, spinal, PCEA catheters)*.

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McCaffery, M., & Pasero, C. (1999). *Pain Clinical Manual*. St. Louis: Mosby.

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