



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: INTRAVENTRICULAR
IMPLANTED DEVICES-TEMPORARY
INTRACRANIAL CATHETERS**
DATE APPROVED: 11/92
REVISED DATE: 11/95; 07/02, 1/05, 9/08
**ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE**

ADVISORY OPINION INTRAVENTRICULAR IMPLANTED DEVICES TEMPORARY INTRACRANIAL CATHETERS

It is NOT within the scope of practice for a Registered Nurse to administer therapeutic agents via temporary intracranial devices (e.g. External Ventricular Drains, Cisternal Drains).

It is within the Scope of Practice for a Registered Nurse to administer therapeutic agents via intraventricular implanted devices (e.g. Ommaya Reservoir).

It is within the scope of practice for a Registered Nurse to aspirate cerebrospinal fluid from an implanted and temporary intraventricular device (e.g. External Ventricular Drain).

I. General Requirements

- A. Written policy and procedures are maintained by the agency/employer.
- B. Placement and removal of the intraventricular implanted device and/or temporary intracranial catheter is done only by the physician. The physician assumes responsibility for ensuring proper placement of the device.
- C. Only RNs who have successfully completed an agency's instructional program, have had supervised clinical practice, and can demonstrate ongoing competency, are allowed to aspirate cerebrospinal fluid from implanted and temporary intraventricular devices.
- D. Only RNs who have successfully completed an agency's instructional program, have had supervised clinical practice, and can demonstrate ongoing competency, are allowed to administer therapeutic agents via intraventricular implanted devices.
- E. Documentation of satisfactory completion of the instructional program, supervised clinical practice, and ongoing competency is on file with the employer.

II. Course of Instruction is to include but not be limited to:

- A. Anatomy and physiology of the brain, central nervous system, and production, circulation, and function of cerebrospinal fluid.
- B. Indications and contraindications of aspiration and instillation of therapeutic agents into ventricular implanted devices.
- C. Indications and contraindications of aspiration of cerebrospinal fluid from implanted and temporary intraventricular devices.

- D. Potential adverse reactions.
- E. Principles of management:
 - 1. Techniques of aspiration.
 - 2. Techniques of instillation.
 - 3. Pharmacological aspects of therapeutic agents to be instilled.
 - 4. Avoidance and management of complications including infection, malfunction, and displacement.
- F. Nursing Care Responsibilities

Rationale

The guiding principle for this opinion is that it is recognized that a Registered Nurse can safely provide care to the patients with intraventricular implanted devices and temporary intracranial devices. Such care includes but is not limited to assessing patients, providing patient and family education, and in some situations, accessing the device under the direction of a qualified provider and with specialized training, skills, and knowledge.

References

American Association of Neuroscience Nurses (2007). Clinical Practice Guideline Care of the Patient with Aneurismal Subarachnoid Hemorrhage.

Lynn-McHale Wiegand, D.J. & Carlson, K.K. (2005). AACN Procedure Manual for Critical Care (5th Ed.), pp 732-737, St. Louis, MO; Elsevier, Inc.

Oncology Nursing Society (2004). Access Device Guidelines: Recommendations for Nursing Practice and Education (2nd Ed.) Pittsburgh, PA; Oncology Nursing Society.