



Arizona State Board of Nursing

4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653
Phone (602) 771-7800 Fax (602) 771-7888
E-Mail: arizona@azbn.gov
Home Page: <http://www.azbn.gov>

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: PACEMAKER WIRES
APPROVED: X NOT APPROVED:
DATE: 1/90
REVISED DATE: 1/95, 11/02, 3/06, 11/09
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

Within the Scope of Practice of RN LPN

ADVISORY OPINION PACEMAKER WIRES, Removal of Temporary

It is within the scope of practice for a Registered Nurse (RN) to remove transvenous and epicardial temporary pacemaker wires if the General Requirements outlined below are met.

I. GENERAL REQUIREMENTS

- A. Written policy and procedures are maintained by the agency/employer. Only RNs who have satisfactorily completed an instructional program and have demonstrated competence is allowed to remove temporary pacemaker wires.
- B. Documentation of satisfactory completion of an instruction program and supervised clinical practice is on file with the agency/employer.
- C. Satisfactory completion of Advanced Cardiac Life Support educational program.
- D. The procedure for the removal of epicardial pacemaker wires can only be performed by
a RN when a cardiothoracic surgeon is available on site for one hour following the procedure should any complications arise.

II. COURSE OF INSTRUCTION includes but is not limited to:

- A. Cardiovascular anatomy and physiology.
- B. Basic dysrhythmia recognition and treatment.
- C. Indications and contraindications.
- D. Potential adverse reactions and management.
- E. Technique of pacemaker wire removal.
- F. Nursing care responsibilities.

III. RATIONALE

The rationale is that the potential for arrhythmia from a foreign object within the heart is reduced by removing the object, i.e. transvenous pacer wire. Although epicardial pacemaker wire removal carries an increased risk of complications, this procedure can be performed safely by an RN with additional training and experience to recognize potential adverse reactions.

IV. REFERENCE

Beattie, S. (2005) Epicardial Pacing Wires, RN, vol. 68 (12) page 38-44. Retrieved June 4, 2009, from www.rn.modernmedicine.com

Clark, L. (2007) Bedside Nurses removing epicardial pacer wires: from concept to practice. Canadian Journal of Cardiovascular Nursing vol. 17 (1) page 27-30

Lynne McHale Wiegand, D.J. and Carlson, K.K. American Association of Critical Care Nurses – Procedure Manual for Critical Care. 5th Edition, 2005, Saunders-Elsevier, Inc., St. Louis, pp. 311-313.

Wollan, S. (1005) Removal of Epicardial Pacing Wires: An expanded role for nurses. Progress in Cardiovascular Nursing. Fall; 10 (4) page 21-26, retrieved June 5, 2009, from www.docline.gov

Nebraska State Board of Nursing, Advisory Opinion: Epicardial Pacing Wires, last revision Jan. 1996. Retrieved June 4, 2009 from www.hhs.stte.ne.us/crl/nursing/rn-lpn/advisory.htm

Nevada State Board of Nursing, Advisory Opinion: epicardial pacing wire, last revision 3/2003. Retrieved June 4, 2009 from www.nursingboard.state.nv.us/pinfo

North Carolina Board of Nursing, Activities within the scope of practice for the RN or LPN, #8 Epicardial pacing wires (9-86), retrieved June 4, 2009 from www.ncbon.com/content.aspx

South Carolina Department of Labor, Licensing, and Regulation, South Carolina Board of Nursing, Advisory Opinion #48, last review date 7/2007, retrieved June 4, 2009 from www.llr.state.sc.us/POL/NURSING/index.asp