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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: NEW - CENTRAL LINE
INSERTION BY RN
APPROVED: x
DATE: 11/09
REVISED DATE: 1/15
ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE**

Within the Scope of Practice RN LPN

ADVISORY OPINION CENTRAL VENOUS CATHETER INSERTION/REMOVAL FOR THE ADULT POPULATION BY REGISTERED NURSES

It is NOT within the scope of practice of the Registered Nurse (RN) to insert a central venous catheter (CVC) through the use of the subclavian vein or to insert any catheter using a tunneled or implanted approach.

It is within the scope of practice for an RN to remove a central line – see section III.

It is within the scope of practice of the RN to insert a CVC , if the general requirements and course instruction requirements are met:

Type of CVC	Scope
Insertion of a Peripheral line into the External Jugular Vein	RN*
Insertion of a Peripherally Inserted Central Catheter (PICC)	RN*
Insertion of a CVC into the External Jugular Vein	RN**
Insertion of a CVC into the Internal Jugular Vein	RN**
Insertion of a CVC into the Femoral Vein	RN**
Insertion of a CVC via axillary vein	RN**
Insertion of a CVC into the Subclavian Vein	Not in RN scope
Insertion of a CVC via Tunneled or Implanted Method	Not in RN scope

*RN with appropriate course of educational instruction (See corresponding Advisory Opinion: Peripherally Inserted Central Catheter (PICC) insertion, suturing, maintenance, removal, and verification of tip placement)

**RN with Physician/LIP on site and readily available (see I-A) and appropriate course of educational instruction (see II).

I. GENERAL REQUIREMENTS

- A. A designated physician or Licensed Independent Practitioner (LIP), who is qualified to manage potential complications of CVC insertion, shall be present in the facility and will be readily available to assist with the management of complications.
- B. A written policy and procedure, which addresses competency, scope, and supervision requirements will be maintained by the employer/facility.
- C. The RN inserting the CVC will have completed an instructional program which includes supervised clinical practice in ultrasound guided CVC insertion.
- D. Documentation of education, proctored clinical practice, and validation in vascular access ultrasound technology will be maintained on file with employer/facility.
- E. The RN inserting the CVC will have previous experience in insertion of ultrasound guided PICC lines.
- F. CVCs will be placed using ultrasound guidance only.
- G. Advanced Cardiac Life Support (ACLS): The RN inserting the CVC must possess evidence of current ACLS training.
- H. If interpreting x-ray for tip placement, the RN inserting the CVC will have completed an instructional program and will have had supervised clinical practice by a physician or LIP, to interpret placement and perform interventions for mal-positioned tip.
- I. The RN inserting the CVC will obtain informed consent from the patient and/or legal guardian.

II. COURSE OF INSTRUCTION to include, but not limited to:

- A. Anatomy and physiology of the vasculature and adjacent structures of the neck, chest, axillary and groin area, veins, nerves structures.
- B. Advanced Vascular Access/Insertion:
 - Ultrasound technology or vascular access and central line insertion
 - Management of CVCs
- C. Indications and contraindications.
- D. Use of the Institute for Healthcare Improvement Central Line Bundle components.
- E. Insertion and maintenance techniques
- F. Anchoring and suturing techniques.
- G. Potential complications, unexpected outcomes, and management.

III. REQUIRMENT FOR CENTRAL LINE MAINTENANCE AND REMOVAL

The agency/employer maintains a written policy and procedure.

IV. RATIONALE

Due to growth within the field of vascular access a need has arisen for further clarification of the RN scope of practice as it relates to the insertion of CVCs. It is within the scope of practice of an RN to insert CVCs only if they are educationally prepared and clinically competent. The cannulation of the subclavian vein and/or insertion of tunneled or implanted catheters can present complications which may necessitate interventions which are outside the scope of practice of the RN.

The following table outlines the Scope of Practice applicable to various venous access insertions.

V. REFERENCES

Arizona State Board of Nursing. (2013, March 6) Advanced Practice Committee Meeting minutes. Retrieved from:

[http://www.azbn.gov/Documents/education/Advanced%20Practice/Advanced%20Practice%20Committee%20Meeting%20Minutes%20\(final%20edit%20sr\)hme%20003%2006%2013%20\(2\).pdf](http://www.azbn.gov/Documents/education/Advanced%20Practice/Advanced%20Practice%20Committee%20Meeting%20Minutes%20(final%20edit%20sr)hme%20003%2006%2013%20(2).pdf)

Infusion Nurses Society. (2011, January/February). Infusion Nursing Standards of Practice. *Journal of Infusion Nursing* , 34(1S).

Institute for Healthcare Improvement (2011) Implement the IHI central line bundle. Retrieved from

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