AGVISORY OPINION

ANALGESIA BY CATHETER TECHNIQUES*
EPIDURAL, INTRATHECAL, INTERPLEURAL, PERINEURAL

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
depending on the patient population, access, refill, and reprogram implanted or
external pumps if the following requirements, instructions and exceptions are met.

This advisory opinion cannot be construed as approval for the RN to administer an
anesthetic as in A.R.S. §32-1661.

*Catheter Techniques: All non-intravenous catheters used to provide analgesia, including but not
limited to analgesia administered by the epidural, intrathecal, intrapleural, and perineural routes of
administration.

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.
   B. The catheter or port must be placed by a licensed independent practitioner
      (LIP) or Certified RN Anesthetist (CRNA) as authorized by institutional
      privileging to administer anesthesia and who assumes responsibility for
      verifying proper placement and monitoring of the initial test dose of the
      medication after tube placement. They are also responsible for selecting and
      ordering the medications, dosage ranges (if applicable) and concentrations
      which may include opioids, local anesthetics, steroids, alpha agonists, or other
documented safe medications or combinations thereof.
   C. After the above tasks have been completed by the LIP/CRNA and the patient’s
      vital signs have stabilized and analgesic level has been established the
      competent RN may:
<table>
<thead>
<tr>
<th>Task</th>
<th>Non OB Patient</th>
<th>OB Patient</th>
</tr>
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<tbody>
<tr>
<td>Administer and manage continuous infusions via a pump</td>
<td>RN</td>
<td>RN**</td>
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<tr>
<td>Administer bolus dose via a continuous infusion pump</td>
<td>RN</td>
<td>LIP/CRNA</td>
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<td>Initiate infusion and run infusion of opioids analgesia at the prescribed rate</td>
<td>RN</td>
<td>LIP/CRNA</td>
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<tr>
<td>Manipulate Patient Controlled Epidural Analgesia doses (PCEA) or dosage intervals per protocol or order</td>
<td>RN</td>
<td>LIP/CRNA</td>
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<td>Upon order of qualifying LIP/CRNA, increase or decrease infusion rates (non PCEA)</td>
<td>RN</td>
<td>LIP/CRNA</td>
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<td>Change the medication bag/syringe with identical, pharmacy prepared/prepackaged medication when prior device is empty</td>
<td>RN</td>
<td>RN**</td>
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<td>Initiate emergency measures including stopping infusion if complications arise</td>
<td>RN</td>
<td>RN**</td>
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<tr>
<td>Remove epidural catheter on direction of LIP</td>
<td>RN</td>
<td>RN**</td>
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**Anesthesia care provider IS IMMEDIATELY AVAILABLE AS DEFINED IN INSTITUTIONAL POLICY.**

D. The registered nurse has the right and the responsibility to REFUSE to administer any medication(s) when in the professional judgment of the registered nurse, the medication or combination of medications, the dosages prescribed, or frequency of administration may place the patient at risk for complication.

E. The employer/agency maintains:
1. Documentation of satisfactory completion of the instructional program and supervised clinical practice.
2. 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.
3. 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.

II. COURSE OF INSTRUCTION for RNs who assume responsibility for the care of the patient receiving catheter or infusion device analgesia is to include but not be limited to:
A. Anatomy and physiology of the area involving the inserted catheter, including dermatome levels.
B. Potential adverse reactions and appropriate nursing interventions.
C. Maintenance of the catheter and/or infusion device and related equipment.
D. Pharmacological indications, contraindications, and complications of commonly used medications administered by catheter routes.

E. Nursing care responsibilities as defined and approved by institutional policy, including but not limited to: assessment of vital signs, motor function, dermatome levels, level of consciousness and perception of pain.

F. Catheter removal technique specific type and location of the catheter used.

G. Legal ramifications of management and monitoring of analgesia by catheter techniques.

H. Patient/family education.

III. RATIONALE

Due to recent advances in the pain management field, including technological improvements of catheter/infusion delivery devices, there has been an increased demand and use of catheter related analgesia in the clinical setting. The requisite knowledge and clinical skill acquisition necessary to provide safe administration of analgesia via catheter routes are not included in the basic education programs for entry as an RN. Although complications are rare, for patient safety and to prevent adverse outcomes, this practice should be reserved for RNs who have additional training with supervised clinical practice and are functioning within their agencies policies and procedures.

IV. REFERENCES


Association of Women’s Health, Obstetric and Neonatal Nurses (2007). Role of the Registered Nurse (RN) in the care of the pregnant woman receiving analgesia/anesthesia by catheter techniques (epidural, intrathecal, spinal, PCEA catheters).


Kentucky Board of Nursing. Advisory opinion statement: Roles of nurses in administration of medication per Intraspinal routes. Revised April 2007


Wyoming State Board of Nursing Advisory Opinion; Management of analgesia by catheter-RN