**NH Board of Nursing**

Position Statement, Definitions, and Clinical Practice Advisories Regarding the Role of the RN and LPN in the Administration of Anesthesia, Sedation, and Analgesia

## Position Statement

It is the expectation of the New Hampshire Board of Nursing that administration of medications classified as anesthetics for the purpose of sedation and analgesia requires special attention. Utilizing appropriate descriptive terminology is complicated by the properties of some medications and their effects. Propofol, for example, is classified by the Food and Drug Administration as a sedative/hypnotic at lower doses, and as an anesthetic agent when given at sufficiently high doses. While the phrase "medications classified as anesthetics" is used in this document, it should be understood that classification of medications may change and new medications may be developed. The accountability statement applies to other medications with anesthesia-inducing properties, even if not classified as anesthetics. It should also be understood that the medications might be used for other purposes, including procedural sedation and analgesia.

The licensed nurse must decline to administer medications classified as anesthetics or other medications if the nurse perceives the administration would be unsafe under the circumstances or if the medication is restricted by manufacturer guidelines, including black box warning (such as is seen with Propofol) or outside the scope of practice of the licensed nurse. The nurse should be cognizant of drugs that:

1. have the potential for rapid, profound changes in sedative/anesthetic depth,
2. lack of antagonist medications, and
3. drugs that contain manufacturer's warnings (black box) limiting administration to persons trained in general anesthesia.

Under these circumstances patients should receive care consistent with that required for deep sedation (Source: http://www.asahq.org/publicationsAndServices/sgstoc.htm – Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia, 2009).

As noted in the literature, sedation combined with analgesia may easily become deep sedation or loss of consciousness because of the agents used as well as the physical status and drug sensitivities of the patient. The administration of sedation requires continuous monitoring of the patient and ability to respond immediately and appropriately to any adverse reaction or complication.

## Definitions

**Deep sedation/analgesia—**Drug-induced depression of consciousness during which patients can't be easily aroused but respond purposefully to repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained (ASA, 2009).

**General anesthesia—**Drug-induced loss of consciousness during which patients aren't arousable, even by painful stimulation. The ability to independently maintain ventilatory function is commonly impaired. Patients typically require assistance in maintaining a patent airway, and positive-pressure

ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired (ASA, 2009).

**Local Anesthesia** - The pharmacological inhibition of nerve impulses in a body part. It is typically used to facilitate treatment of a small lesion or laceration or to perform minor surgery. Commonly used agents include lidocaine, bupivacaine, or novocaine. All local anesthetic agents work by decreasing the flow of sodium ions into nerve cells, blocking the action potential of the cells (Taber's, 2014).

**Minimal sedation (anxiolysis)—**Drug-induced state during which patients respond normally to verbal commands. Cognitive function and physical coordination may be impaired, but airway reflexes and ventilatory and cardiovascular functions aren't affected (ASA, 2009).

**Moderate sedation/analgesia (conscious sedation)—**Drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. (Reflex withdrawal from a painful stimulus isn't considered a purposeful response.) No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained (ASA, 2009).

**Palliative sedation** - the monitored use of medications intended to provide relief of refractory symptoms by inducing varying degrees of unconsciousness but not death in terminally ill patients (HPNA, 2003).

**Regional anesthesia** - Nerve or field blocking, causing loss of sensation in a dermatome innervated by a specific nerve. Regional anesthesia includes:

> **Epidural anesthesia:** Anesthesia produced by injection of a local anesthetic into the peridural space of the spinal cord.
> **Spinal:** Anesthesia produced by injection of anesthetic into the subarachnoid space of the spinal cord.
> **Peripheral nerve block:** Local anesthesia produced when a nerve is blocked with an appropriate agent (Taber's, 2014).

**References**

American Society of Anesthesiologists. (2009). *Continuum of depth of sedation: Definition of general anesthesia and levels of sedation/analgesia*. Retrieved from http://www.asahq.org/publicationsAndServices/sgstoc.htm

Hospice and Palliative Nurses Association. (2003). *HPNA Position Statement: Palliative Sedation at End of Life*. Retrieved from http://www.hpna.org/pdf/positionstatement_palliativesedation.pdf

Taber's Online. (2014) *Anesthesia*. Retrieved from http://www.tabers.com/tabersonline/view/Tabers-Dictionary/764983/all/anesthesia?q=general%20anesthesia#16

**Clinical Practice Advisory Summary: Anesthesia, Sedation, and Analgesia**

| Clinical Skill | Response | Within RN Scope? | Within LPN Scope? | Rationale | Date |
|---|---|---|---|---|---|
| **Anesthesia** | | | | | |
| General | When an anesthetic agent is used for sedation/anesthesia, it should be used only by persons trained in the administration of general anesthesia, who are not simultaneously involved in the surgical or diagnostic procedures. The administration of anesthesia is solely within the scope of the anesthetic care provider. | **No** | **No** | | Nov, 2014 |
| Local (Topical); i.e. pre-procedure instillation of lidocaine gel into urethra | This skill is within the scope of nursing practice. | **Yes** | **Yes** | Pursuant to NUR 404.12 | Nov, 2014 |
| Local (intradermal, intramuscular, subcutaneous), including lidocaine with epi | This skill is within the scope of nursing practice. | **Yes** | **Yes** | Pursuant to NUR 404.12 | Nov, 2014 |
| Nitrous oxide administration via mask | No, RN may only provide mask to patient for self-administration. | **No** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |
| **Intravenous Analgesia** | | | | | |
| | | | | | |
| IV Ketamine for pain control | If prescribed by physician at subanesthetic doses, RN may monitor patients receiving medication via infusion pump.<br>Anesthesia drugs are within scope of practice of CRNAs.<br>Administration of anesthesia drugs is outside the scope of practice for non-anesthesia nursing licensees *except under following situations*:<br>1. When assisting CRNA or anesthesiologist (or student anesthetist or anesthesiologist) | | **No** | Pursuant to NUR 404.12 | Nov, 2014 |

| Clinical Skill | Response | Within RN Scope? | Within LPN Scope? | Rationale | Date |
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| | 2. For intubated patients in ICU setting<br>3. When assisting in emergency situations<br>**4.** When providing palliative sedation | | | | |
| **Neuromuscular Blockade** | | | | | |
| Administration of neuromuscular blockade agents or paralytics | The procedure is within the scope of practice of the RN under these four circumstances provided the nurse has competencies.<br><br>• When assisting a CRNA or anesthesiologist (or student anesthetist or anesthesiologist)<br>• For intubated patients in ICU<br>• When assisting in emergency situations<br>• When providing palliative sedation | **Yes** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |
| **Regional Anesthesia** | | | | | |
| Titration of ropivucaine via femoral catheter | It is within RN scope of practice to administer medication via pump with physician orders provided the RN has competency to perform the procedure and facility policy supports the action. | **Yes – titration via pump**<br><br>**No - bolus** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |
| Injection of anesthetic agent into catheter for regional or femoral block, when assisting the provider. | As recommended by the Arizona BON, registered nurses may assist a licensed provider by administering anesthetic agents in situations where the licensed provider is present but unable to personally inject the anesthetic agent because the provider is performing these critical tasks for the patient: airway management or placement of a peripheral nerve block requiring the use of both hands.<br>The following must be in place:<br><br>1. A written policy and procedure maintained by the employer. The policy and procedure shall specify the required emergency equipment and medications that must be immediately available to the patient receiving any medication classified as an anesthetic agent. This shall include any and all emergency equipment and medication required to regain and/or maintain | | **No** | Pursuant to NUR 404.12 | Nov, 2014 |

| Clinical Skill | Response | Within RN Scope? | Within LPN Scope? | Rationale | Date |
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| | the patient's cardiac and respiratory state.<br>2. The registered nurse is required to have the same knowledge base for the anesthetic agents administered as for any other medication that the registered nurse administers. This knowledge base includes, but is not limited to:<br>a. Assessment and monitoring of the patient receiving the medication.<br>b. Dosing, effects, side effects, and contraindications for each drug to be administered.<br>c. Potential complications of each drug and/or combination of drugs.<br>d. Recognizing emergency situations and instituting appropriate nursing interventions. | | | | |
| Epidural *bolus* of neuroaxial and/or narcotics, including but not limited to Astromorph | It is *not* within the scope of practice for RNs to inject neuroaxials directly in the epidural line of a pregnant patient. It *is* within the scope of practice in a non-pregnant postoperative patient, providing that competencies are met. | **Pregnant patient – No**<br>**Non-pregnant post-operative patient - Yes** | **No** | Pursuant to NUR 404.12 | Copy from women's health |
| Epidural catheter removal | Licensed nurses may remove epidural catheters pursuant to NUR 404.12 provided the facility policy supports the practice. | **Yes** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |
| **Minimal Sedation** | | | | | |
| Propofol or other IV induction agents used for conscious sedation | When used for conscious sedation, these agents should be administered only by persons trained in the administration of general anesthesia and who are not simultaneously involved in the surgical or diagnostic procedure | **No** | **No** | | |
| Administration of Versed in the home | It is within the RN scope of practice to administer Versed in the home care setting providing the | **Yes** | **No** | Pursuant to NUR | Nov, 2014 |

| Clinical Skill | Response | Within RN Scope? | Within LPN Scope? | Rationale | Date |
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| care setting | nurse has competencies to perform the task and providing the agency has the policies and procedures in place for the use of Versed for palliative care and treatment of delirium in this setting. | | | 404.12 | |
| Propofol use in Palliative Care Setting: Role of the RN | The RN role with use of Propofol as a sedative in the palliative care setting is limited assessing and monitoring status of client using appropriate clinical tools. | **Yes Monitoring only** | **No** | | 2/16/2017 |
| **Moderate Sedation** | | | | | |
| RN administration of moderate sedation | It is within the scope of the RN provided the drugs are also within the RN scope of practice, and appropriate competencies have been met including rescue competencies, dysrhythmia recognition, and airway management. In addition, the facility must have policies and procedures to support this activity, and available antagonistic drugs, and the physician must be immediately available. | **Yes** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |
| **Palliative Sedation** | | | | | |
| Scope of practice for administration of palliative sedation. | It is within the scope of practice of licensed nurses to provide medication necessary to provide comfort at end of life, provided the policies and practices are supported by the facility and appropriate competencies have been met. | **Yes** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |
| **Deep Sedation/Analgesia** | | | | | |
| RN scope of practice regarding administration of deep sedation/analgesia | RNs that demonstrate competency may administer and/or assist with deep sedation agents/anesthesia only as outlined below:<br>1. When assisting a CRNA, anesthesiologist, or student anesthetist or anesthesiologist.<br>2. For intubated patients in ICU.<br>3. When assisting in emergency situations such as rapid sequence intubation. | **Yes – limited, see response statement.** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |

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| | **4.** When providing palliative sedation. | | | | |
| **Airways and Sedation** | | | | | |
| Pre-induction airway assessment | It is not within the scope of practice of the RN to complete pre-induction airway assessment. | **No** | **No** | Pursuant to NUR 404.12 | Nov, 2014 |