

MODEL LANGUAGE FOR STATE BOARD OF NURSING

Position Statement: Administration of Medications Classified as Anesthetics by the Registered Nurse

Administration of medications is within the scope of practice of registered nurses and licensed practical nurses in the State as a delegated medical function. Because nurses frequently administer medications, it may appear to be a routine activity. However, many medications have serious effects, even if administered correctly and within normal dose ranges. Therefore, it is the expectation of the Board of Nursing that nurses will give careful consideration to each episode of medication administration and make a nursing judgment regarding whether the nurse may safely accept the delegation of medication administration under the given circumstances and specific setting.

Administration of medications classified as anesthetics for the purpose of procedural sedation and analgesia requires particular attention. A registered nurse may acquire the knowledge and skill required to administer these medications. Registered nurses who administer medications classified as anesthetics are accountable to:

- Adequately assess the patient prior to, during, and after administration of the medications. Assessment will include, at a minimum, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and the patient's level of consciousness.
- Personally possess specialized nursing knowledge, judgment, skill and current clinical competence to manage the nursing care of the patient including:
 1. Appropriate judgment in patient selection and screening.
 2. Knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, oxygen delivery, respiratory physiology, transport and uptake.
 3. Skill in utilization of oxygen delivery devices and airway management.
 4. Familiarity with the medications to be administered including onset and duration of action, desired effects, normal dose range, route of administration, indications, contraindications, interactions with other medications, and possible side effects and adverse reactions.
 5. Competent and safe administration of the medication by the specified route.
 6. Ability to anticipate and recognize potential complications of the medications being administered.
 7. Ability to recognize emergency situations and institute emergency procedures as appropriate to the patient condition and circumstance.
- Possess knowledge of the desired outcome of sedation.
- Exclude any other duties or responsibilities while administering medications for sedation that would require leaving the patient unattended or compromise continuous monitoring of the patient by the nurse.
- Complete timely and thorough documentation.
- Provide clear, complete and culturally appropriate information to the patient or responsible party prior to, during, and following sedation.

- Ensure immediate availability of emergency and resuscitation personnel and equipment appropriate to the medications being administered and the age and condition of the patient.
- Verify the policies and procedures of the employing facility or organization permit administration of medications for sedation by a registered nurse.
- Ensure guidelines for patient monitoring, drug administration, and protocols for managing potential complications or emergency situations are available and have been developed and updated in accordance with accepted standards of anesthesia and nursing practice.
- Decline to administer medications classified as anesthetics or other medications if the registered nurse perceives the administration would be unsafe under the circumstances.

REFERENCES

1. American Association of Critical-Care Nurses (AACN). **Sedation Guideline**. AACN Website. Available at [http://www.aacn.org/AACN/practice.nsf/Files/o2s/\\$file/2002%201%20Sedation.doc](http://www.aacn.org/AACN/practice.nsf/Files/o2s/$file/2002%201%20Sedation.doc)
2. American Association of Nurse Anesthetists (AANA). (2003). **Considerations for policy guidelines for registered nurses engaged in the administration of sedation and analgesia**. Available at http://www.aana.com/resources.aspx?ucNavMenu_TSMMenuTargetID=51&ucNavMenu_TSMMenuTargetType=4&ucNavMenu_TSMMenuID=6&id=706&terms=policy+guidelines+for+nurses+involved+in+sedation&searchtype=1&fragment=True
3. American Association of Nurse Anesthetists (AANA), & American Society of Anesthesiologists (ASA). **AANA-ASA Joint Statement Regarding Propofol Administration**. American Society of Anesthesiologists. Available at <http://www.asahq.org/news/propofolstatement.htm>
4. American Gastroenterological Association (AGA). **2004 AGA News Releases: Gastroenterology Societies Reach Consensus on Recommendations for Sedation During Endoscopic Procedures**. Available at <http://www.gastro.org/wmspage.cfm?parm1=371>
5. American Nurses Association (ANA). (1991). **Endorsement of position statement on the role of the registered nurse (RN) in the management of patients receiving IV conscious sedation for short-term therapeutic, diagnostic, or surgical procedures**. Available at <http://www.ana.org/readroom/position/joint/jtsedate.htm>
6. American Society of Anesthesiologists. **Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologists: An Updated Report by the American Society of Anesthesiologists Task Force on Sedation and Analgesia by Non-Anesthesiologists**. *Anesthesiology*. 2002; 96(4): 1004-1017. Available at www.ASAhq.org/publicationsAndServices/sedation1017.pdf
7. American Society of Anesthesiologists. **Statement on Safe Use of Propofol. Approved 2004**. Available at www.ASAhq.org/publicationsAndServices/standards/37.pdf
8. Arkansas Board of Nursing. **Position Statement: 94-I Administration of IV Conscious Sedation by the Registered Nurse**. Arkansas Board of Nursing Practice Policy. Retrieved 8/18/05, from http://www.arsbn.org/position_st/94_1.pdf

9. Association of Perioperative Registered Nurses (AORN). **Ambulatory Surgery: Safety policies and procedures.** 2005.
10. Association of Perioperative Registered Nurses (AORN). **Standards, Recommended Practices, and Guidelines Study Guide** (2005 ed.) AORN, Inc. pp 281-288
11. Brown, T.B., Lovato, L.M., & Parker, D. **Procedural sedation in the acute care setting.** American Family Physician. 2005; 71(1) 85-90.
12. Emergency Nurses Association Position Statement. **Delivery of agents for procedural sedation and analgesia by emergency nurses: Joint ENA/ACEP Statement.** (3/2005) Retrieved 8/15/05, from <http://www.ena.org/about/position/PDFs/079144BFADB44F13817E735741D3372B.pdf>
13. Emergency Nurses Association Position Statement. **Procedural Sedation and Analgesia in the Emergency Department. ENA Website** (7/2005) Retrieved 8/15/05, from <http://www.ena.org/about/position/PDFs/DF08CCBA0E46430288A9EB30B835E350.pdf>
14. Godwin S. A., Caro, D. A., Wolf, S. J., Jagoda, A. S., Charles, R., Marett, B. E., & Moore, J. Clinical policy: **Procedural sedation and analgesia in the emergency department.** Annals of Emergency Medicine. 2005; 45:177-196.
15. Mace, S.E., Barata, I.A., Cravero, J.P., Dalsey, W.C., Godwin, S.A., Kennedy, R.M., Malley, K.C., Lawrence Moss, R., Sacchetti, A.D., Warden, C.R., Wears, R.L., Brennan, J.A., Whitson, R.R., Crown, H., Kavanaugh, D., Eads Role, S. **Clinical policy: Evidence-based approach to pharmacologic agents used in pediatric sedation and analgesia in the emergency department.** Annals of Emergency Medicine. 2004; 44(4), 342-377.
16. McCarty, E.C., Mencio, G.A., Walker, L.A., & Green, N.E. **Ketamine sedation for the reduction of children's fractures in the emergency department.** Journal of Bone and Joint Surgery. 2000; 82(7), 912-918.
17. Meltzer, B. RNs Pushing Propofol. **Outpatient Surgery Magazine**, July 2003; 4(7). Available at http://www.outpatientsurgery.net/2003/os07/rns_pushing_propofol.php
18. Minnesota Board of Nursing. **Statement of Accountability for Administration of Medications Classified as Anesthetics by the Registered Nurse.** Minnesota Board of Nursing Website. October 13, 2005. Retrieved 4/8/07, from http://www.state.mn.us/mn/externalDocs/Nursing/RN_Administration_of_Anesthetics_102005024509_Statement%20of%20Accountability.pdf
19. Mississippi Board of Nursing. **Position Statement: Stipulations for administration of analgesic doses of anesthetic agents.** Mississippi Board of Nursing Website. Available at <http://www.msbn.state.ms.us/p4.htm>
20. Moore, D.T. **Nurses administering propofol.** Association of Operating Room Nurses. AORN Journal. 2004; 80(5), 929-930.
21. Parker, R.I., Mahan, R.A., Giugliano, D., & Paker, M.M. **Efficacy and safety of intravenous Midazolam and Ketamine as sedation for therapeutic and diagnostic procedures in children.** Pediatrics. 1997; 99(3), 427-431.

22. Patterson, P. **Should RNs be giving propofol in GI lab?** *OR Manager*. 2004; 20(10), p. 24,26,28,30 (4 pp.).
23. **Policy Statement: Procedural Sedation in the Emergency Department.** *Annals of Emergency Medicine*. 2005; 46(1), Pages 103-104)
24. Rex, D. K, Overley, C., Kinser, K., Coates, M., Lee, A., Goodwine, B. W., Strahl, E., Lemler, S., Sipe, B., Rahmani, E., & Helper, D. **Safety of propofol administered by registered nurses with gastroenterologist supervision in 2000 endoscopic cases.** *The American Journal of Gastroenterology*. 2002; 97:1159-1163.
25. Skokan, E.G., Pribble, C., Bassett, K.E., & Nelson, D.S. **Use of Propofol sedation in a pediatric emergency department: A prospective study.** *Clinical Pediatrics*. 2001; 40(2), 663-671.
26. South Dakota Board of Nursing. **Position Statement: Resolution related to the administration of propofol (Diprivan®) by the registered nurse.** Posted 8/24/04, Retrieved 8/17/05, from <http://www.state.sd.us/doh/nursing/propofol.htm>
27. Weston, B.R., Chadalawada, V. Chalasani, N., Kwo, P., Overley, C.A., Symms, M., Strahl, E., & Rex, D. **Nurse administered propofol versus midazolam and meperidine for upper endoscopy in cirrhotic patients.** *The American Journal of Gastroenterology*. 2003; 98(11), 2440-2447.