

# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

98-1

**Administration of Analgesia by Specialized  
Catheter (Epidural, Intrathecal, Intrapleural)**

The Arkansas State Board of Nursing has determined that, under the following conditions, it is within the scope of practice of the registered nurse, licensed practical nurse, and licensed psychiatric technician nurse to provide care to patients receiving analgesia by a specialized catheter.

**A. Catheter Placement, Initial Test Dosing, and Establishment of Analgesic Dosage Parameters.**

Placement of a catheter or infusion device, administration of the test-dose or initial dose of medication to determine correct catheter or infusion device placement, and establishment of analgesic dosage parameters by written order for patients who need acute or chronic pain relief or for the woman during labor is to be done only by professionals who are educated and licensed in the specialty of anesthesia and physicians in other specialties who have been granted clinical privileges by the institution. A qualified anesthesia provider must be readily available as defined by institutional policy.

**B. Monitoring of the woman in labor who is receiving epidural analgesia.**

1. The registered nurse may monitor the woman in labor who is receiving epidural analgesia, Monitoring may include:
  - a. Replacement of empty infusion containers with new pre-prepared solutions containing the same medication and concentration;
  - b. Stopping infusions;
  - c. Initiating emergency therapeutic measures under standing orders if complications arise;
  - d. Removing the catheter upon written provider order;
  - e. Monitoring the effectiveness of therapy and identification of complications.
2. Monitoring does not include the administration of subsequent bolus doses or adjusting the drug infusion rates.

**C. Management of patients with catheters or devices for analgesia to alleviate acute post-surgical, pathological, or chronic pain.**

1. A registered nurse may manage the care of patients with catheters or devices for analgesia to alleviate acute post-surgical, pathological, or chronic pain.  
Management may include: Administration of a bolus dose through bolus feature of a continuous infusion pump, following establishment of appropriate therapeutic range as set by the professional who is educated and licensed in the specialty of anesthesia or physicians in other specialties who have been granted clinical privileges by the institution;

## **POSITION STATEMENT 98-1**

### **Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural)**

Page 2

- b. Adjustment of drug infusion rate in compliance with the anesthesia provider or physician's patient-specific written orders;
  - c. Replacement of empty infusion containers with new pre-prepared solutions;
  - d. Stopping infusions;
  - e. Initiating emergency therapeutic measures under standing orders if complications arise;
  - f. Removing the catheter upon written order;
  - g. Accessing implanted ports with percutaneous access; and
  - h. Monitoring the effectiveness of therapy and identification of complications.
2. A licensed practical nurse or licensed psychiatric technician nurse may provide the care to patients with catheters or devices for analgesia to alleviate acute post-surgical, pathological, or chronic pain. Care may include:
- a. Replacement of empty infusion containers with new pre-prepared solutions;
  - b. Monitoring the effectiveness of therapy and identification of complications; and
  - c. Stopping infusions.

#### **D. Standing orders, Education, and Competency**

It is within the scope of practice of the registered nurse, licensed practical nurse, or licensed psychiatric technician nurse to manage and/or provide the care of patients receiving analgesia by catheter as defined above only when the following criteria are met.

1. Management and/or monitoring of analgesia by catheter technique are allowed by institutional policy, procedure, or standing orders.
2. The attending physician or the qualified anesthesia provider placing the catheter or infusion device selects and orders the medications, doses and concentrations of opioids, local anesthetics, steroids, alpha-agonists, or other documented safe medications or combinations thereof.
3. Guidelines for patient monitoring, medication administration and standing orders for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia or physician provider.
4. The registered nurse providing care for patients receiving analgesia by catheter or infusion device for acute post-surgical, pathological, or chronic pain relief or for the woman during labor is able to:
  - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique (catheter and site specific) and medication.
  - b. Assess the patient's total care needs during analgesia.
  - c. Utilize monitoring modalities, interpret physiological responses, and initiate nursing interventions to ensure optimal patient care.
  - d. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
  - e. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders as allowed by this position statement.
  - f. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
  - g. Demonstrate knowledge and skills required for catheter removal.
  - h. Demonstrate knowledge of the legal ramifications of managing and/or monitoring analgesia by catheter techniques, including the registered nurses' responsibility and liability in the event of untoward reaction or life-threatening complication.

## **POSITION STATEMENT 98-1**

### **Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural)**

Page 3

5. The licensed practical nurse/licensed psychiatric technician nurse providing care for patients receiving analgesia by catheter or infusion device for acute post-surgical, pathological, or chronic pain relief is able to:
  - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique medication.
  - b. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
  - c. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders.
  - d. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
6. An educational/competency validation mechanism is developed by the institution, and documentation of the successful demonstration of knowledge, skills, and abilities related to the management of the care of persons receiving analgesia by catheters and pain control infusion devices for all nurses who will be providing such care is maintained by the institution. Education/competency validation is specific to type catheter, device, and site being used. Evaluation and documentation of competence occurs on a periodic basis.

Adapted from the American Nurses Association's "Position Statement on the Role of the Registered Nurse (RN) In the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheters)" 1991, and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) "Role of the Registered Nurse (RN) in the Care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PCEA Catheters)" Reapproved by the AWHONN Board of Directors June 2007.

Adopted March 14, 1998  
Revised May 12, 2011