The RN or LPN Who Participates in Vascular and Non-Vascular Access and Infusion Therapy

The Oregon State Board of Nursing Scope of Practice Decision Making Guidelines for All Licensed Nurses (2016) was used to formulate this Interpretive Statement. Each section of the guideline is defined and the applicability to vascular and non-vascular access and infusion therapy (infusion related procedure) is explained. For easier reference, it may be helpful to lay the Decision Making Guidelines alongside this statement.

Vascular and non-vascular access devices are commonly utilized in inpatient, outpatient and community environments. Application of the following decision making guideline will assist the licensee in self-evaluating whether or not engagement in the specific infusion related procedure is within the licensee’s scope of practice based upon their level of licensure, practice setting, education, and documented competencies.

1. Is the role, intervention or activity prohibited by the Nurse Practice Act and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?
   The Nurse Practice Act (NPA) does not specifically address the placement of intravascular (IV), non-vascular (e.g. Intra Osseous) or central vascular access devices (CVAD). Specific procedures associated with infusion therapy are not prohibited in the NPA.

   The NPA does limit the authority to diagnose medical conditions and determine the need for these devices to the nurse practitioner (NP), certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS). As such, the RN’s and LPN’s role within vascular access, non-vascular access, and infusion therapy would be to assist with the implementation of an order from an NP, CRNA, CNS or other licensed independent practitioner (LIP) in accordance with the client’s treatment plan.

   As the LPN has a supervised practice, the LPN’s implementation of said order may only occur at the clinical direction and under the clinical supervision of the RN, or at the clinical direction and under the clinical supervision of the licensed independent practitioner (LIP) who has authority to make changes in the plan of care.

2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?
   Professional specialty nursing organizations, such as the Infusion Nurses Society (INS) provides Infusion Nursing Standards of Practice (INS, 2011). The Association for Vascular Access (AVA) provides position statements related to the nurse’s engagement in vascular access procedures. The AVA has also published a position statement on cannulation of the internal and external jugular veins by registered nurses and other qualified healthcare professionals (AVA, 2011).

   Evidence-based practice may support the use of medical imaging devices, as applicable to provide both patient safety and comfort for invasive procedures. Adoption of such practices would mandate the licensee and employer, in such cases, to review and adhere to applicable law, regulation and rules that may be relevant to the nurse participating in the use of such technology. Primary literature sources containing peer-reviewed research articles may be accessed via a full text database such as ProQuest, EBSCOhost, and Nursing@Ovid®. These are available through subscription and may be available through one’s employer or alma mater.

3. Are there practice setting policies and procedures in place to support performing the role, intervention or activity?
Prior to engaging in an infusion related procedure, the licensee is responsible to ensure that policies and procedures are in place that are pertinent to the licensee’s performance of the procedure and are accessible in the environment of care. The licensee has a responsibility to recognize that organizational or business policy may not supersede state or federal requirements.

4. **Has the nurse completed the necessary education to safely perform the role, intervention or activity?**
   The licensee must have documented education, either obtained through their employer or acquired independently that is appropriate for the level of care provided to the client. There is no requirement within the NPA for specific education.

5. **Is there documented evidence of the nurse’s current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?**
   The licensee must have documented competency, either demonstrated through their employer or acquired independently that is appropriate for the level of care provided to the client. There is no requirement within the NPA for specific competency. Competency documentation is an individual responsibility of the nurse and may be subject to audit by the Oregon State Board of Nursing.

6. **Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?**
   A reasonable and prudent licensee may perform the infusion related procedure when it is not a prohibited act, is within the scope of practice for the licensee’s level of licensure, is appropriate to occur in the environment of care, is a procedure for which the licensee possesses the competencies to execute safely, is supported by an LIP’s order, is consistent with the client’s treatment plan, and is delivered through the engagement of nursing process.

7. **Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?**
   The licensee maintains accountability for the nursing care provided and the environment of care. Should the licensee not be willing to accept the accountability for the procedure, the licensee should decline to engage in the procedure. If all criteria of the guideline have been met, then the infusion related procedure is within the scope of practice for a licensee. The licensee may still decline to perform the procedure but cannot use scope of practice violation as a reason to decline.

**References:**
- Oregon’s Nurse Practice Act; Cannulation of the Internal and External Jugular Veins by Registered Nurses and Other Qualified Healthcare Professionals (AVA, 2011); Infusion Nurses Society Standards of Practice (INS, 2011)

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.