

Oregon State Board of Nursing Interpretive Statement

The Registered Nurse (RN) Who Administers a Pharmacologic Agent to a Client to Achieve Moderate or Deep Sedation

Purpose: Utilizing the Oregon State Board of Nursing (Board) *Scope of Practice Decision Making Guideline for All Licensed Nurses* (OSBN, 2016) Interpretive Statement to determine if an RN may administer a pharmacologic agent to a client to achieve moderate or deep sedation in the client.

Scope of Practice Decision Model: This model has been adopted by the Board to determine if a licensee of the Board is practicing within their scope of practice. The model and instructions for using the model are found on the OSBN Policies & Interpretive Statements webpage at www.oregon.gov/OSBN/pages/position_papers.aspx

Application of the Scope of Practice Decision Making model cues a licensee to clarify or describe the specific role, intervention or activity in question. Then, the model presents a series of specific and sequential questions to which the licensee must respond. Depending on a licensee's response to the first question, one of two things will happen:

1. Progression through the model will be stopped as it will have been determined that the role/intervention/activity is not within the scope of the Oregon licensee, or
2. The licensee will be allowed to continue to the next question.

It is only when a licensee's response to each question allows progression through all questions, and the licensee has an affirmative response to the final question, that the licensee may engage in the role, intervention, or activity to acceptable and prevailing standards of safe nursing care. This document is designed to be used in conjunction with the OSBN *Scope of Practice Decision Making Guideline for All Licensed Nurses*.

The depth and breadth of assessment, evaluation, and decision making required for safe management of a client who will be administered a pharmacological agent to achieve moderate or deep sedation is beyond LPN scope of practice. The LPN's scope of practice may include the administration of minimal sedation to a client.

1. Is the role, intervention or activity prohibited by the Nurse Practice Act (NPA) and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?

The NPA does not prohibit the RN from administering a pharmacological agent to a client to achieve moderate or deep sedation.

Oregon State Board of Nursing Interpretive Statement

Regulations and rules of the practice setting may prohibit an RN from engaging in the administration of a pharmacological agent to a client to achieve moderate or deep sedation. Centers for Medicare and Medicaid Services (CMS) promulgate regulations on monitored anesthesia care for specific health care settings. In all cases, the RN is expected to be knowledgeable about the context of care and self-regulate one's practice accordingly.

2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?

Professional nursing standards and the science in which they are grounded are not static; the RN is responsible to seek current knowledge and remain knowledgeable of the current standards and up-to-date on evidence-based literature. The following identifies guidelines, standards, and evidence-based literature related to the RN who administers pharmacologic agents to patients to achieve moderate or deep sedation.

The Association of periOperative Registered Nurses (AORN, 2015a) has published *Standards of Perioperative Nursing*. These standards are authoritative statements that describe the responsibilities for which RNs are accountable and that reflect the values and priorities of the profession.

AORN has published *Guideline for the Care of the Patient Receiving Moderate Sedation/Analgesia* (AORN, 2015b). This document provides guidance for the perioperative RN caring for a client who is receiving local anesthesia by injection, infiltration, or topical application. The document includes guidance for client assessment, client monitoring, recognition and treatment of local anesthetic systemic toxicity, assessment for local anesthetic allergies, and documentation of client care.

The AORN has published *Guideline Summary Implementation for Moderate Sedation/Analgesia* (FencI, 2016) which addresses a wide array of considerations surrounding sedation including client selection criteria, pre-sedation client assessments, intraoperative sedation assessment, staffing, monitoring, medication administration and postoperative discharge criteria.

The American Association of Moderate Sedation Nurses (AAMSN) has published a position statement on the role of the registered nurse in the management of clients receiving conscious sedation for short-term therapeutic, diagnostic, or surgical procedures (AAMSN, 2016).

Oregon State Board of Nursing Interpretive Statement

The American Society of Anesthesiology (ASA) has published multiple statements and guidelines that address sedation by non-anesthesia providers including: *Practice Guidelines for Sedation and Analgesia by Non-anesthesiologists* (2002), *Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia* (2014), *Statement on Granting Privileges for Administration of Moderate Sedation to Practitioners Who Are Not Anesthesia Professionals* (2011), *Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures* (2011), *Statement on Safe Use of Propofol* (2014), and *Standards for Basic Anesthesia Monitoring* (2015).

Additional primary peer-reviewed literature sources on the topic 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 a sedation procedure, the RN is responsible to ensure that policies and procedures pertinent to performance of the procedure are in place and are based on current standards of practice, applicable regulations, and accreditation standards.

CMS regulations require hospitals to have procedures for rescuing the client whose level of sedation becomes deeper than intended. The RN is responsible to ensure these rescue procedures are in place and that the necessary resuscitation equipment is age-appropriate, readily available, and appropriate for setting and individual client.

4. **Has the RN completed the necessary education to safely perform the role, intervention or activity?**

An assignment to administer a pharmacologic agent to a client to achieve moderate or deep sedation may only be accepted by the RN who has the necessary education and possesses the current knowledge, skills and ability to safely perform the procedure (OAR 851-045-0060).

The management of the client who receives moderate or deep sedation is not a curriculum requirement of undergraduate nursing education programs. Therefore, the RN must have documented education appropriate for the level of care, the pharmacologic agent(s) ordered, and the sedation needs of the client. Education may be obtained through the employing organization, acquired independently through formal

Oregon State Board of Nursing Interpretive Statement

or continuing education, or obtained through a practice fellowship.

5. **Is there documented evidence of the RN's current competence (knowledge, skills, abilities and judgment) to safely perform the role, intervention or activity?**

In accordance with OAR 851-045-0060(2), it is the responsibility of the RN to maintain documentation of the method in which initial competency was attained and how competency in performance of the activity is maintained.

The RN must have documented competency in the administration of pharmacologic agents to clients to achieve moderate or deep sedation which is either demonstrated through their employer or acquired independently. Competency validation must occur and be documented appropriate for the level of care provided to the client. The RN is required to document initial and ongoing competency and present documentation if requested by the Board.

6. **Would a reasonable and prudent RN perform the role, intervention or activity in this setting?**

A reasonable and prudent RN may administer a pharmacologic agent to a client to achieve moderate or deep sedation when the activity is not a prohibited act; is supported by organizational policy; is within the scope of practice for the RN; is appropriate to occur in the environment of care; is consistent with professional nursing standards and evidence-based health care literature; is an activity for which the RN possesses the necessary education and competencies to execute safely; is consistent with the client's treatment plan; is supported by an licensed independent practitioner's order; and is delivered in adherence to Chapter 851 Division 45 Standards and Scope of Practice.

7. **Is the RN prepared to accept accountability for the role, intervention or activity for the related outcome?**

The RN maintains accountability for all nursing care provided and the environment of care. Should the RN not be willing to accept accountability for the administration of a pharmacologic agent to a client and the outcome, the RN should decline to engage in the activity.

If all criteria of the Scope of Practice Decision Making Guidelines have been met, then the activity is within the scope of practice for the RN. The RN may still decline to perform the activity but cannot use scope of practice violation as a reason to decline.

When the preceding conditions have been met, then the activity is within the scope of practice for the licensee. The licensee may perform the activity to acceptable and prevailing standards of safe nursing care.

Oregon State Board of Nursing Interpretive Statement

References:

- American Association of Moderate Sedation Nurses (2016). *Responsibilities of the registered nurse related to conscious sedation*. <https://aamsn.org/>
- American Association of Nurse Anesthetists (2004). *AANA-ASA Joint Position Statement Regarding Propofol Administration*.
- American Society of Anesthesiologists, Inc. (2002). *Practice guidelines for sedation and analgesia by non-anesthesiologists*. *Anesthesiology*, Vol. 96, 1004-1017.
- Association of periOperative Registered Nurses (2015a). Standards of perioperative nursing. Author.
- Association of periOperative Registered Nurses (2015b). *Guideline for care of the patient receiving moderate sedation/analgesia*. Author. Retrieved from www.guideline.gov/summaries/summary/49949
- Caperelli-White, L., Urman, R. D. (2014). Developing a moderate sedation policy: Essential elements and evidence-based considerations. *AORN Journal*, Vol. 99(3), pp. 416–430.
- Centers for Medicare & Medicaid Services (n.d.). Regulations & Guidance. Retrieved from www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html
- Fencil, J. L. (2016). *Guideline implementation: Moderate sedation/analgesia - CE*. *AORN Journal*, Vol. 103(5), pp 500–511. Retrieved from www.aorn.org/websitedata/cearticle/pdf_file/CEA16517-0001.pdf
- Joint Commission on Accreditation of Healthcare Organizations (2000). *Standards, intent statements, and examples for sedation and anesthesia care*. Comprehensive Accreditation Manual for Hospitals. Retrieved from www.jointcommission.org/standards_information/jcfaq.aspx
- Oregon's Nurse Practice Act.
- Metzner, J., Domino, K. B. (2015). Moderate Sedation: A Primer for Perioperative Nurses. *AORN Journal*, Vol. 102(5), pp. 526–535.

Authority for Approval: ORS 678.285, 678.372, 678.380

History of Document:

Originally approved and adopted February 2006 as *Policy Guideline: Nursing Scope of Practice for the Use of Sedating and Anesthetic Agents*;

Reviewed/revised/formatted and approved April 13, 2017 as *The Registered Nurse Who Administers Pharmacologic Agents to Patients to Achieve Moderate or Deep Sedation*.

Formatted/approved: 02/15/2018

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.