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Advisory Opinion # 5

Formulated: July 31, 1987

Revised:	January 1989	November 1989	November 1990
	November 1991	May 1993	May 1997
	December 1997	January 1998	October 2002
	November 2003	July 2007	

Reviewed:	March 1993	December 2000	May 2006
	July 1998	July 2005	

Question: What is within the role and scope of responsibility of the registered nurse (RN) in the administration of epidural, intrathecal and peripheral nerve therapies?

The Board of Nursing of South Carolina acknowledges that it is within the role and scope of responsibility of the RN to perform the following epidural, intrathecal or peripheral nerve therapies:

ANALGESIA/ANESTHESIA FOR ACUTE OR CHRONIC PAIN RELIEF:

1. Administer medication (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) to the epidural and intrathecal space and peripheral nerve with the use of an electronic pump, infusion reservoir or by direct re-bolus exclusive of the administration of the test dose or initial dose of medication to determine correct catheter or infusion device placement which is administered by the physician, certified registered nurse anesthetist or anesthesiologist.
2. Monitor, maintain, regulate, and/or terminate a continuous epidural, intrathecal or peripheral nerve infusion of medications (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) as ordered by a physician, and within the established guidelines, policies, and procedures formulated with input and approval

of licensed physicians, anesthesiologists, and/or certified registered nurse anesthetists. In home care, physician support and supervision may be available via telecommunication systems.

3. Attach infusion tubing and devices to epidural, intrathecal or peripheral nerve catheters in place (and placement verified), as ordered by physician and under the supervision of a licensed physician or certified registered nurse anesthetist.

This applies, but is not limited to, situations in which:

- a. Patient requires acute or chronic pain management.
- b. Patient requires post-surgical pain management.
- c. Physician provider verified correct catheter placement.
- d. Patient's vital signs are stabilized.
- e. Patient's anesthesia/analgesic level is established.

MANAGEMENT AND MONITORING OF INTRAPARTUM EPIDURAL ANESTHESIA/ANALGESIA:

1. Monitor the intrapartum patient receiving epidural anesthesia/analgesia provided a licensed physician, anesthesiologist and/or certified registered nurse anesthetist is present and responsible (IMMEDIATELY AVAILABLE ON SITE.)
2. Terminate an epidural infusion with immediate notification of the attending physician, certified registered nurse anesthetist or certified nurse midwife. This monitored care is only to be done following stabilization of vital signs after either bolus injection or establishment of continuous pump infusion by physician, anesthesiologist or certified registered nurse anesthetist.
3. The RN may replace empty infusion syringes or bags with prepared solutions provided that the solution is verified by a second licensed nurse. The RN MAY NOT prepare solutions for infusion, alter the rate (increase or decrease), inject, bolus, re-bolus the anesthetic/analgesic infusion. The registered nurse may not insert the catheter, position or reposition, or flush to maintain patency.

REMOVAL OF CATHETER:

The RN may remove epidural or peripheral nerve (not intrathecal) catheters, provided insertion was documented to be uncomplicated.

Recognizing these responsibilities are an additional act for the RN, the Board recommends that the nursing department complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. If implementation is in order, then appropriate policies, procedures, and standing orders should be developed which specify required special education and training. This special education and training should include documented didactic and skill competency components. The agency policies and procedures should address how the agency will assure a physician or Advanced Practice Registered Nurse authorizes to administer epidural and intrathecal therapy/procedures. Medications to be administered by the RN and dose ranges are to be listed in the policies, procedures, and standing orders. The nursing department is advised to obtain patient specific written medical orders which indicate mechanical and physiological parameters to be monitored and reported to the physician.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

Reference: American Association of Nurse Anesthetists Position Statement, (1997). Provision of pain relief by medication administered via continuous epidural, intrathecal, intrapleural, peripheral nerve catheters, or other pain relief devices, American Association of Nurse Anesthetists Bulletin.

Evidence-Based Clinical Practice Guidelines entitled *Nursing Care of the Woman Receiving Regional Analgesia/Anesthesia In Labor*, (2001) Association Of Women's Health, Obstetric and Neonatal Nurses (AWHONN).