

NEVADA STATE BOARD OF NURSING

Practice Decision

The Installation of Reversible Opioid Agonists Via Epidural Catheter by Registered Nurses

It is the opinion of the Nevada State Board of Nursing that the installation of reversible opioid agonists, (e.g. fentanyl is reversed by narcan), via epidural catheter is within the scope of registered nurse practice.

Matters Considered

Current literature and trends support installation of reversible opioid agonists via epidural catheter by a Certified Registered Nurse Anesthetist or Registered Nurse who has completed a structured program of study. The additional education and supervised clinical practice should be documented in the nurse's personnel file. Institutional policies shall be developed to cover these procedures; these procedures shall be approved by nursing administration and medical staff and the governing body of the institution. Caution should prevail.

In setting polices, consideration must be given to:

1. Competence of the individual registered nurse;
2. The acuity of the patients who will be recipients of the services;
3. Continued education required to improve theoretical knowledge base and skills;
4. This procedure should be performed by a CRNA or specially trained registered professional nurse and is not delegable to any other staff.
5. Drugs that cause a local anesthetic effect are not included.

Guidelines for approval of a course for administration of epidural/intrathecal medication for the management of pain are:

1. General Provisions
 - a. The epidural/intrathecal catheter must be placed by a physician who assumes responsibility for ensuring proper placement. This procedure may be delegated to a CRNA.
 - b. The patient is placed on monitoring equipment (apnea and cardiac monitor as appropriate) until the patient is stabilized.
 - c. Narcan will be available when narcotics are administered and will be administered in accordance with physician's orders. (A crash cart should also be available.)
 - d. Only registered nurses who have completed the facility's structured instructional program and who have had supervised clinical practice will be allowed to

administer epidural/intrathecal medications.

2. Course of Instruction should include, but is not limited to:
 - a. Anatomy and physiology of the spinal cord and column.
 - b. Purpose of the epidural/intrathecal catheter for pain management.
 - c. Catheter placement and signs and symptoms of misplacement of catheter.
 - d. Effects of medication administered epidurally/intrathecally.
 - e. Untoward reaction to medications.
 - f. Complications.
 - g. Nursing care responsibilities:
 - (1) Observations
 - (2) Procedures
 - (3) Accountability
3. Documentation of satisfactory completion of the instruction and supervised practice should be placed in the registered nurse's personnel file.

References:

American Association of Nurse Anesthetists (AANA) (2017) Care of Patients Receiving Analgesia by Catheter Techniques, Revised February 2017.

American Society of Anesthesiologist (ASA) (2010) Statement on the Role of Registered Nurses in the Management of Continuous Regional Analgesia.

National Patient Safety Agency (NPSA). Safer practice with epidural injections and infusions. Patient Safety Alert. March 28, 2007:1-8. Accessed on June 30, 2008

Pasero C, Eksterowicz N, Primeau M, Cowley C. Registered nurse management and monitoring of analgesia by catheter techniques: position statement. *Pain Management Nursing* 2007; 8(2):48-54.

Adopted: December 6, 1985

Revised: December 1, 1988

Approved by the NPA Committee: October 9, 2018

Approved by the Board: November 14, 2018