West Virginia Board of Registered Nurses

Administration of Anesthetic Agents
Position Statement

Revision March 8, 2024

In accordance with West Virginia Code Chapter 30, Article 7, Section 15, that provides that:

In any case where it is lawful for a duly licensed physician or dentist practicing medicine or dentistry under the laws of this state to administer anesthetics, such anesthetics may lawfully be given and administered by any person (a) who has been licensed to practice registered professional nursing under this article, and (b) who holds a diploma or certificate evidencing his or her successful completion of the educational program of a school of anesthesia duly accredited by the American Association of Nurse Anesthetists: **Provided**, that such anesthesia is administered by such person in the presence and under the supervision of such physician or dentist.

As background for the position of the WV RN Board, the America Association of Nurse Anesthetists and the America Society of Anesthesiologists Joint Statement regarding Propofol Administration was adopted April 14, 2004, and remains in effect today:

"Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Due to the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonistic medications, agents such as propofol require special attention. Whenever propofol is used for sedation/anesthesia, it should be administered only by persons trained in the administration of general anesthesia, who are not simultaneously involved in these surgical or diagnostic procedures. This restriction is concordant with specific language in the propofol package insert, and failure to follow these recommendations could put patients at increased risk of significant injury or death. Similar concerns apply when other intravenous induction agents are used for sedation, such as thiopental, methohexital or etomidate" (AANA-ASA Joint Position Statement).

The West Virginia Board of Registered Nurses (Board) has reaffirmed it is **not within the scope** of practice for a registered professional nurse who is **not** a Certified Registered Nurse Anesthetist (CRNA) to administer medications classified as anesthetics such as ketamine, propofol, etomidate, sodium thiopental, methohexital, nitrous oxide and neuromuscular blocking agents (paralytics), **except** under very specific circumstances.

These specific circumstances include:

1. Continuous Infusion of anesthetic or neuromuscular agent:

The administration of a continuous infusion of an anesthetic agent or neuromuscular blocking agent (paralytic) for a patient who is **intubated and ventilated** in the acute care setting. The administration of an anesthetic agent or neuromuscular blocking agent (paralytic) is for the purposes of maintaining comfort, stable oxygenation and ventilation, and a viable airway. In this case, a CRNA or licensed physician qualified in the administration of anesthetics must determine the initial dose of the anesthetic or neuromuscular blocking (paralytic) as well as the continuous infusion dosage. Dose titrations and boluses of anesthetic agents or neuromuscular blocking agents (paralytics) to be administered to the **intubated and ventilated** patient may be implemented by the registered professional nurse (RN) based upon specific orders or protocols signed by a qualified licensed physician.

2. Emergency Airway Management (EAM):

<u>RN Role in EAM:</u>

In-depth knowledge of anatomy, physiology, pharmacology, patient assessment and emergency procedures is necessary for the registered nurse (RN) to accept responsibility for administering medications and monitoring clients receiving IV sedation for EAM. The guidelines are as follows:

A. EAM in a hospital setting, the RN may administer a sedative or induction agent (i.e. Propofol, Etomidate, Ketamine) or neuromuscular blocking agents to the non-intubated patient for the purpose of intubation when the clinical presentation of impending respiratory failure is imminent. This will be done in the presence of a physician or CRNA credentialed in emergency airway management and cardiovascular support.
B. A physician or CRNA ordering the sedation will be present at the time the sedation is administered in order to participate in the procedure and in the response to any emergency.
C. Medications for EAM during pre-hospital and/or inter-facility transport may be administered by an RN at the direction of a physician. Age-appropriate resources (i.e., equipment – pulse oximeter and cardiac monitors), emergency resuscitation equipment and medications, as well as personnel qualified to provide necessary emergency measures, such as intubation and airway management, must be readily available during IV sedation for EAM procedures.
D. RN may accept the responsibility for the care of patients receiving **I.V. sedation for EAM** if she/he has the appropriate knowledge, skills, and validated competency and is in a practice setting that provides the necessary resources to assure patient safety. This management may include administration of

medications, monitoring the patient for intended and untoward responses to the medication and her/his level of consciousness throughout the procedure, and implementing emergency activities, e.g., suction, oxygen, and defibrillation, if required.

E. RN who accepts responsibility of monitoring status of the patient cannot assume other responsibilities such as performing a procedure which would leave the client unattended, thereby jeopardizing the safety of the client.
F. Patient stability must be assessed by the RN prior to transferring responsibility for patient care to a nurse not competent in the administration/monitoring of sedation agents.
G. The RN must assure that written policies and procedures for the RN to administer intravenous sedation for EAM are currently in place by the employing agency. This includes listing specific drugs and dosages approved by the facility for use in these situations.
H. Mechanisms to assure the RN knowledge and competency requirements are met and maintained by the employing agency.

Note

Given the level of independent assessment, decision-making, and evaluation required for the safe care of the client receiving EAM nursing management of these patients cannot be delegated to a Licensed Practical Nurse by the Registered Professional Nurse.

References:

American Association of Nurse Anesthetists – *Policy Guidelines in the Administration of Sedation and Analgesia*, Adopted June, 1996 and Revised June 2003.

American Association of Nurse Anesthetists – American Society of Anesthesiologists Joint Statement Regarding Propofol Administration, April 14, 2004.

Kentucky Board of Nursing, *Advisory Opinion Statement #32 Sedation, Administration of Medications for Sedation By Nurses*, Revised 12/2015.

North Carolina Board of Nursing, *Procedural Sedation/Analgesia – Position Statement for RN Practice*, Revised 04/2015.

North Carolina Board of Nursing, *Rapid Sequence Intubation (RSI) – Position Statement for RN Practice*, Revised 01/2015.

Ohio Board of Nursing, *Guidelines for Registered Nurse administration of medications, and monitoring of patients receiving intravenous moderate sedation for medical/surgical procedures (section 4723.01(B) ORC*), revised 03/2016.

Oklahoma Board of Nursing, *Moderate (Conscious) Sedation Guidelines for Registered Nurse Managing and Monitoring Patients*, Revised 11/11/08.

Oklahoma Board of Nursing, *Rapid Sequence Intubation Guidelines – Medication Administration by Registered Nurses*, Revised 05/2015.

Texas Board of Nursing, *Position Statement 15.8 The Role of the Nurse in Moderate Sedation*, Reviewed 01/2015.

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