



Short Communication

Public protection is paramount: The safety risk of IV hydration practices

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Public protection is paramount: The safety risk of IV hydration practices

The proliferation of elective intravenous (IV) hydration treatments across the United States over a short duration of time has led to significant regulatory and public protection concerns. With more than 9,000 facilities estimated to be currently operating with total annual revenues greater than \$15 billion (Schweitzer, 2025), nursing regulatory bodies (NRBs) must take steps to collaborate with one another to implement comprehensive, coordinated policies and strategies to address and mitigate public safety risks. The expansion of IV hydration clinics is causing grave concern that new treatment models and care settings could “slip between the cracks of state and federal regulation and [have] the potential for significant adverse effects” (Schweitzer, 2025). Regardless of practice setting or procedure, all aspects of IV hydration performed by nurses and advanced practice registered nurses (APRNs) are subject to the same practice standards as the care driven by medical necessity in a conventional setting or facility (Jones et al., 2018; Rogers, 2022). To that end, it is incumbent upon all nurses to maintain practice standards in all settings, regardless of the seemingly informal nature of the care setting, particularly that offered through IV hydration services.

Scope of practice issues

Regulation of IV hydration clinics presents a growing challenge for jurisdictions because these settings often blend consumer-driven wellness services with clinical interventions that require nursing judgment, patient-specific assessment, medication administration, and emergency readiness (Alangari, 2025; Rogers, 2022). Sivakumar et al. (2025) defined IV hydration as “any commercial facility that offers IV infusion therapies to the public, including hydration solutions alone or combined with electrolytes; vitamins; compounded pharmaceutical products; and other supplemental minerals and amino acids.” These infusions are accompanied by known associated risks in addition to the underlying potential complications associated with having an intravenous catheter in place (Cleveland Clinic, 2021). Scope of practice boundaries and

improper delegation between nurses and assistive personnel as well as the potential lack of APRN or physician oversight further complicate the provision of consumer-driven wellness services (Alangari, 2025). The National Council of State Boards of Nursing and the American Nurses Association have clear delegation guidelines that state that a “licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making” and that any delegated act must fall within the delegator and delegatee’s scope of practice (National Council of State Boards of Nursing & American Nurses Association, 2019, p. 3).

Accordingly, in February 2026, the Oregon Board of Nursing’s *Sentinel* published an article that discussed using caution when delegating authority to other team members in an IV hydration clinic, expressing that ultimately it is the responsibility of the licensed delegator, whether a nurse or APRN, to understand the scope of practice and certification of the delegatee (Wickenhagen, 2026). This notion is salient in the IV hydration setting because the supervisory physician or APRN may not be consistently onsite, and there may not be a clearly defined hierarchical structure in place (Wickenhagen, 2026). Similarly, the Kentucky nursing, medical, and pharmacy regulatory boards released a joint statement in March 2025 that cautioned the licensees of all three boards “to neither aid nor abet the unlicensed practice of others” (Team Kentucky, 2025). NRBs have made a concerted effort to address these issues with delegation through information initiatives to help alleviate confusion and reduce potential scope of practice violations by making information readily available and accessible.

Factors that contribute to scope of practice issues include a lack of understanding in role delineation among licensed practical nurse, registered nurse, and APRN designations; a deficit in knowledge on jurisdiction-specific regulatory guidelines; and/or a lack of communication between medical, nursing, pharmacy, and cosmetology boards (Thiersch, 2026). These ambiguities in care delivery have the potential to lead to negative outcomes for the patients using those services and for the nurses providing them when proper standards are not maintained. The primary concern is not the ability of the nurse to safely place an IV

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catheter but rather whether established care protocols have been followed. Safe care includes the following:

- Proper delegation and oversight of care (by a physician or APRN)
- Creation of a therapeutic relationship between the patient and the provider
- Completion of an assessment appropriate to the care being provided
- Implementation of an individualized plan of care (as opposed to standing orders)
- Provision of proper patient monitoring
- Documentation of all care provided to the patient with proper retention of records
- Establishment of emergency protocols appropriate to the practice setting (Holt, 2026; Rogers, 2022; Sivakumar et al., 2025).

Recent regulatory and legislative responses

In an effort to provide healthcare licensees with guidance and fill regulatory gaps, state NRBs have issued joint statements outlining many of the same compliance issues referenced herein. The Ohio Board of Nursing, in collaboration with the State Medical Board of Ohio and the Ohio Board of Pharmacy, issued a joint regulatory statement on IV hydration that highlights existing laws and reinforces that IV hydration clinic wellness services are still considered the practice of medicine, nursing, and/or pharmacy and therefore must meet specific standards of care (State Medical Board of Ohio et al., 2025). Additionally, the Kentucky Board of Nursing, alongside the state's medical licensure and pharmacy boards, released a joint statement that explicitly stated, "There is no question that the services being provided by IV retail clinics constitutes the practice of medicine" (Team Kentucky, 2025).

In that same vein, many states have begun addressing these issues legislatively, such as Texas, which recently passed a seminal piece of legislation that brought about increased awareness on IV hydration clinic safety through Texas House Bill 3749, or more commonly known as "Jenifer's Law" (Holt, 2026). This law eliminated the use of a standing menu of services that patients use to choose their own therapy; specific protocols must now be in place for individualized treatment (Holt, 2026). This new legislation has served as a guideline for other jurisdictions and regulatory bodies to create their own rules and regulations. For example, in Kansas, the state NRB recently propounded a joint statement with the state's boards of healing arts and pharmacy; the statement targets preset menus, compounding of intravenous fluids, and bringing definitional clarity to prescriptive authority uncertainties (Holt, 2026). Similarly, in 2026, California put forth legislation that exclusively prohibits generic standing orders (Holt, 2026). Moreover, in March 2026, the created a new Healthcare Task Force to increase enforcement around unsupported wellness claims and deceptive marketing (Bell Flynn et al., 2026; Ferguson, 2026; Federal Trade Commission, 2026). These cooperative, multidisciplinary strategies enhance the overall regulatory reach of state agencies and provide an avenue to strengthen their ability to protect the public.

Potential for undermining public trust

As new practice settings and hybrid-care models emerge, a lack of clear regulatory guidance for licensees has the potential to undo much of the hard-earned public trust the nursing profession has engendered (American Nurses Association, 2026). IV hydration services are now operating in clients' homes, hotel rooms, or even places of business with the distinct commonality of being outside the traditional practice setting with which most nurses are familiar (Rogers, 2022).

Even in new care models, which may differ significantly from conventional settings, nurses are still wholly subject to the same governing

practice standards as a traditional practice setting for all facets of patient care, including medical necessity for treatment, procedures for record retention, informed consent, and scope of practice designations (Jones et al., 2018; Rogers, 2022). A deviation from the accepted standard of care—regardless of care setting—potentially endangers patients, devalues the integrity of nursing practice, and undermines public trust in the profession. Regulators must communicate to nurse licensees that it is incumbent upon them to maintain professional standards regardless of practice setting at all times and to remain laser focused on our public safety accountability.

CRedit authorship contribution statement

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Declaration of competing interest

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