



ADVISORY OPINION # 55

FORMULATED: January 2011

REVISED: November 2013, September 2013

REVIEWED:

QUESTION: What is the role and scope of responsibilities for the registered nurse (RN) to administer fentanyl intravenously for pain management?

The Board of Nursing for South Carolina acknowledges that it is within the role and scope of the responsibilities of the RN to administer medications as ordered by a licensed physician, dentist, or Advanced Practice Registered Nurse (APRN) *or other licensed provider authorized to prescribe by law*. THIS ADVISORY OPINION DOES NOT APPLY TO THE ADMINISTRATION OF AGENTS FOR THE PURPOSE OF SEDATION MANAGEMENT. (See Advisory Opinion #25)

The RN who is not a qualified anesthesia provider Certified Registered Nurse Anesthetist (CRNA), may give extra potent narcotics via IV PCA PUMP or patches to patients for pain control. This includes hospice and DNR patients. These extra potent *narcotics* include but are not limited to fentanyl, sufentanyl, and others.

In the critical care setting, these extra potent *narcotics* may be given by bolus injection. The RN must have completed Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), or the Neonatal Resuscitation Program (NRP) and certification is current.

ONLY in the hospital setting Labor and Delivery unit, the RN may administer fentanyl by IV bolus injection or IV PCA Pump. The RN must have completed Advanced Cardiac Life Support (ACLS) and the Neonatal Resuscitation Program (NRP). The Labor and Delivery patient must at minimum be monitored for Pulse Oximetry (SpO₂) and Continuous Fetal Heart Rate when receiving fentanyl for pain management.

The Board recommends that the health care facilities have an educational credentialing mechanism which includes a process for evaluation and documenting the individual RN's competency relative to the management of the patient receiving intravenous pain medications. This may include, but is not limited to, Basic Life Support (BLS), Advance Cardiac Life Support (ACLS), monitoring parameters to include pulse oximetry (SpO₂), dysrhythmias, airway management, oxygen delivery, and pharmacological actions for the drugs and emergency drugs administered. Documented demonstrated competency must be ongoing for the RN. Appropriate written policies, procedures and standing orders that ensure the safety of patients receiving IV pain medications should be in place. This training establishes competency in airway management and resuscitation appropriate to the age of the patient. Emergency resuscitation equipment and medications must be

readily available and assessment of the patient's condition should be frequently documented.

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