



ADVISORY OPINION # 9B

FORMULATED: July 31, 1987

REVISED: May 2014, January 2011, September 2009, July 2007, September 2003, July 2003, November 2002, September 2000, January 1992, July 1991, March 1991, December, 1990, November 16, 1989, September 29, 1989

REVIEWED: May 2006, July 2005, July 1998, May 1997

QUESTION: What is the scope of responsibility of the licensed practical nurse (LPN) in the administration of peripheral and central intravenous therapies and procedures?

The State Board of Nursing for South Carolina acknowledges it is within the expanded role practice of the selected LPN to perform procedures and to administer ordered treatments via peripheral and central venous access devices and lines according to the following stipulations:

1. The agency has established policy and procedures that are approved by the nursing administrator and applicable medical director. Procedures include:
 - a. criteria for the qualification and selection of the LPN;
 - b. description of the additional education and training necessary for assuming the additional acts;
 - c. specific standing orders for the administration, monitoring and discontinuation of peripheral and central venous lines;
 - d. specific standing orders to deal with potential complications or emergency situations and provision for supervision by the RN.
2. The selected LPN shall document completion of special education and training to include:
 - a. Cardiopulmonary resuscitation
 - b. Intravenous therapy course relative to the administration of fluids via peripheral and central venous access devices/lines that includes both didactic and supervised clinical competency training with return demonstration.

Upon documentation of meeting the above requirements the selected LPN may perform the following peripheral therapies/procedures:

1. Venipuncture including scalp vein needles and peripheral catheters over needles;
2. Initiate, maintain/monitor, regulate and discontinue:
 - a. intravenous lines and/or intermittent access devices/lines;
 - b. electronic infusion pumps;
 - c. fluids and therapies with or without medications added. The medications must be added and labeled by the RN, licensed physician, licensed pharmacist, or licensed dentist.

3. Administer heparin and saline flushes. A "flush" must be defined within written agency policy and procedure.

The selected LPN may perform the following peripheral therapies/procedures under the direction of the RN, licensed physician or licensed dentist, except as authorized by the Laws Governing Nursing in Section 40-33-20. Central line therapies/procedures require that an RN must be immediately available on site for supervision.

1. Obtain pump device history and provide care for the patient receiving patient controlled analgesia (PCA) therapy. The LPN may NOT initiate the intravenous analgesics or adjust the rate, but may discontinue the infusion.
2. Maintain/monitor, and discontinue nonextravasating (non-tissue toxic) medications via peripheral intravenous route if medications are added and labeled by the RN, licensed physician, licensed pharmacist or licensed dentist. May not mix medications, but may reconstitute medications provided the employing agency institutes safety measures to assure that the medication and diluent are dispensed as a commercially prepared point of use medication delivery system such as MiniBag Plus or AD-Vantage. Fluids with medications must be in amounts no less than 50 milliliters. (See also Advisory Opinion #30).
3. Initiate, maintain/monitor, regulate and discontinue fluids/therapies with and without medications added via central venous access lines/devices.
4. Administer heparin and saline flushes of central venous access devices/lines. A "flush" must be defined within written agency policies and procedures.

THE LPN MAY NOT BEGIN BLOOD, BLOOD PRODUCTS/COMPONENTS HYPERALIMENTATION OR CHEMOTHERAPEUTIC AGENTS. THE LPN MAY NOT GIVE MEDICATIONS DIRECTLY INTO THE VEIN (INTRAVENOUS PUSH) OR INSERT MEDICATION VIA AN EXTERNAL CATHETER SITE.

DEFINITIONS:

1. A "flush" is performed to promote and maintain catheter patency and to prevent the mixing of incompatible medications/solutions. Infusion Nursing Standards of Practice, (2011).
2. An IV infusion is an amount of 50 milliliters or more given over an extended period of time directly into a vein.
3. Reconstituting medications is adding the proper amount and type of diluent to a powdered medication. (Craven and Hirnle, Fundamentals of Nursing and Human Health and Function, 4th Ed., 2003, pp. 544-546.)

The LPN may NOT perform procedures/therapies listed as being solely within the scope of practice of the RN (see related advisory opinions.)

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