



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Nursing**

P.O. Box 12367 • Columbia, SC 29211

Phone: 803-896-4550 • Fax: 803-896-4515 • [www.llronline.com/POL/nursing/](http://www.llronline.com/POL/nursing/)



Advisory Opinion # 5

Formulated: July 31, 1987

Revised: July 2018, July 2017, January 2013, September 2012, July 2007, November 2003, October 2002, January 1998, December 1997, May 1997, May 1993, November 1991, November 1990, November 1989. January 1989

Reviewed: March 2011, May 2006, July 2005, December 2000, July 1998, March 1993

Question: What is within the role and scope of responsibility of the registered nurse (RN) in the administration of epidural, intrathecal and peripheral nerve therapies?

The State Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibility of the RN to perform the following epidural, intrathecal or peripheral nerve therapies:

**ANALGESIA/ANESTHESIA FOR ACUTE OR CHRONIC PAIN RELIEF:**

1. Administer medication (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) to the epidural and intrathecal space and peripheral nerve with the use of an electronic pump, infusion reservoir or by direct re-bolus exclusive of the administration of the test dose or initial dose of medication to determine correct catheter or infusion device placement which is administered by the physician, certified registered nurse anesthetist or anesthesiologist.
2. The RN with training and competency may assist the Anesthesiologist/ Certified Registered Nurse Anesthetist (CRNA) with the administration of a peripheral nerve block with the Anesthesiologist/ CRNA present and managing the needle placement. The RN may push the medication at the direction of the Anesthesiologist/ CRNA while the Anesthesiologist/ CRNA is holding and managing the needle placement.
3. Monitor, maintain, regulate, and/or terminate a continuous epidural, intrathecal or peripheral nerve infusion of medications (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) as ordered by a physician, and within the established guidelines, policies, and procedures formulated with input and approval of licensed physicians, anesthesiologists, and/or certified registered nurse anesthetists. In home care, physician support and supervision may be available via telecommunication systems.
4. Attach infusion tubing and devices to epidural, intrathecal or peripheral nerve catheters in place (and placement verified), as ordered by and under the supervision of an authorized licensed provider.

This applies, but is not limited to, situations in which:

- a. Patient requires acute or chronic pain management.
- b. Patient requires post-surgical pain management.
- c. Physician provider verified correct catheter placement.
- d. Patient's vital signs are stabilized.
- e. Patient's anesthesia/analgesic level is established.

#### MANAGEMENT AND MONITORING OF INTRAPARTUM EPIDURAL ANESTHESIA/ ANALGESIA:

1. Monitor the intrapartum patient receiving epidural anesthesia/analgesia provided a Licensed Physician or a Licensed Independent Practitioner CREDENTIALLED IN ANESTHESIA and/or certified registered nurse anesthetist (CRNA) is IMMEDIATELY AVAILABLE ON SITE.
2. Terminate an epidural infusion with immediate notification of the authorized licensed provider. This monitored care is only to be done following stabilization of vital signs after either bolus injection or establishment of continuous pump infusion by physician, anesthesiologist or certified registered nurse anesthetist.
3. The RN may replace empty infusion syringes or bags with prepared solutions provided that the solution is verified by a second licensed nurse. The RN MAY NOT prepare solutions for infusion, alter the rate (increase or decrease), inject, bolus, re-bolus the anesthetic/analgesic infusion. The registered nurse may not insert the catheter, position or reposition, or flush to maintain patency.

#### REMOVAL OF CATHETER:

The RN may remove epidural or peripheral nerve (not intrathecal) catheters, provided insertion was documented to be uncomplicated.

The Board acknowledges this responsibility is an additional act of the RN requiring specialized continued education and training beyond a generic nursing curriculum. The Board recommends that the nursing department develop written policies, procedures and guidelines in accordance with the SC Nurse Practice Act. Employee files must contain documentation of this competency.

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