



## NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)

### Respiratory System - Registered Nurse (RN)

Revised 7/27/18

Approved by Board of Nursing 09/25/08

	Initial Insertion	Inhale Oxygen	Instill medication	Position or reposition	Monitor insertion	Perform Dressing Changes	Maintain patency	Regulate O2 flow rate	Collect specimens	Permanently Remove
<b>Upper Airway:</b>										
Naso-oral	yes	yes	N/A	yes	yes	N/A	yes	yes	yes	yes
<b>Lower Airway:</b>										
Endotracheal	yes (1)	yes	yes (2)	yes (2)	yes	N/A	yes	yes	yes	yes (3)
Laryngeal Mask Airway	yes (1)	yes	yes(1)	yes	yes	N/A	yes	yes	yes	yes
Tracheostomy	no (1)	yes	yes(2)	yes (4)	yes	yes	yes	yes	yes	yes (3)
Chest Tubes	no	N/A	no (8)	no	yes	yes	N/A	yes	yes	yes (6)
Needle Decompression	yes (7)	N/A	N/A	N/A	yes	N/A	yes	N/A	N/A	yes

#### Footnotes for Respiratory System- Registered Nurse:

- 1 With specialized education and training may intubate in an emergency or as a member of transport teams when in communication with a licensed independent practitioner.
- 2 Who have completed specialized education and training may perform these functions.
- 3 With specialized education and training may extubate a patient with a licensed independent practitioner's order.
- 4 RNs with special education and training may remove, reinsert or reposition a tracheostomy tube in a patient with a well established stoma.
- 5 "Milking" chest tubes may be done to maintain patency according to agency policy.
- 6 Refer to advisory opinion #2 on the role of the RN in removing chest tubes.
- 7 With specialized education and training in emergent situations may perform needle decompression for tension pneumothorax in accordance with Advisory Opinion #38
- 8 RNs may not inject, instill or otherwise administer any medications including thrombolytics into any tube, drain or catheter within the pleural cavity



**NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)**

Approved by Board of Nursing 09/25/08  
Reviewed 3/24/16

**Integumentary System- Registered Nurse (RN)**

	Insert	Initiate and manage irrigation	Verify Solution	Position or reposition	Monitor insertion site	Perform drgs changes	Maintain patency	Regulate flow rate	Collect specimens/drainage	Manage infusions	Remove
<b>Collapsible drains (e.g., Penrose)</b>	no	yes	yes	yes	yes	yes	yes	n/a	yes	n/a	yes
<b>Rigid drains (e.g., Jackson Pratt, Hemovac)</b>	no	yes	yes	no	yes	yes	yes	n/a	yes	n/a	yes



**NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)**

**Genitourinary System - Registered Nurse (RN)**

Approved by the Board of Nursing 7/29/11  
Reviewed 3/24/16

	Insertion	Initiate infusion	Verify Solution	Position or reposition	Monitor insertion site	Perform drgs changes	Maintain patency	Regulate flow rate	Collect specimens/drain	Manage infusions	Remove
Indwelling	yes	yes	yes	yes (1)	yes	N/A	yes	yes	yes	yes	yes
Suprapubic	no (2)	yes (3)	yes	yes (2)	yes	yes	yes	yes	yes	yes	yes (2)
Nephrostomy	no	N/A	N/A	no	yes	yes	yes	N/A	yes	N/A	no
Coude' without stylet (4)	yes	yes	yes	yes	yes	N/A	yes	yes	yes	yes	yes

**Footnotes for Genitourinary System - Registered Nurse:**

- 1 May apply traction to a Foley catheter following TUR surgery if ordered by a licensed independent practitioner.
- 2 May reinsert and remove suprapubic catheters in a well established tract (3 weeks) with a licensed independent practitioner's order
- 3 May initiate bladder infusion with medications in a well established surgical site at least three weeks old.
- 4 With specialized education and training.

Scrivener's Error Corrected 04/12/10  
Revised 4/22/11



## NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)



Approved by the Board 09/25/08

Reviewed 09/29/16

### Gastrointestinal System - Registered Nurse (RN)

	Initial Insertion	Initiate Infusion	Verify solution	Replace/ Change/ Reposition	Monitor insertion site	Perform Dressing changes	Maintain patency	Regulate flow	Collect specimens & drainage	Maintain infusions	Remove
<b>Upper GI (Above Pylorus)</b>											
Nasogastric Tube with or without Stylet or Weight	yes (1)	yes	yes	yes (1)	yes	yes	yes	yes	yes	yes	yes
Percutaneous Endoscopic Gastrostomy Tube (Replace Only)	no	yes	yes	yes (2)	yes	yes	yes	yes	yes	yes	yes (2)
<b>Lower GI (Below Pylorus)</b>											
Nasointestinal Weighted Tube with or without Stylets/Weights	yes (1)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes (3)
Biliary Drainage Tube	no	N/A	N/A	no	yes	yes	N/A	yes	N/A	yes	no
Jejunostomy	no	yes	yes	no	yes	yes	yes	yes	yes	yes	yes (2)

### Footnotes for Gastrointestinal System - Registered Nurse:

- 1 Tubes with a stylet may be inserted in a controlled setting where X-Ray verification is readily available. A stylet may not be reinserted once the tube is placed in patient.
  - 2 RN's may replace, change, reposition and remove tubes for the purpose of changing tubes through well-established stomas (3-4 weeks old) when ordered by the licensed independent practitioner, UNLESS the tube is sutured in place (see advisory opinion #6). If it is not well established, then tube placement must be confirmed by X-ray. The initial placement of new PEG and surgically placed gastrostomy tubes must be performed by a licensed independent practitioner.
  - 3 RN's may remove a weighted tube only when inserted for conditions other than gastrointestinal hemorrhage.
- NOTE: For additional information on gastrointestinal tubes refer to advisory opinions #6



**NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)**

Approved by the Board of Nursing 09/25/08  
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**Central Nervous System -Registered Nurse (RN)**

	Insert	Intrathe infusion	Verify solution	Position or reposition	Monitor insertion site	Perform drg changes	Maintain patency (flush)	Regulate flow	Take reading	Collect specimens	Maintain infusions	Bolus Meds (50 ml or less)	Remove
Intracranial	no	no	yes	no	yes	yes	no	N/A	yes	yes (3)	N/A	no	no
Epidural	no	no	yes	no	yes	yes	no	yes	N/A	N/A	yes	yes (1)	yes
Intrathecal	no	no	yes	no	yes	yes	yes	yes	N/A	N/A	yes (2)	yes (1)	no
Peripheral Nerve	no	no	yes	no	yes	yes	yes	yes	N/A	N/A	yes (2)	yes (1)	yes
Lumbar	no	no	yes	no	yes	yes	no	yes	yes	yes (3)	yes	no	no
Implantable Access Port/Reservoir	no	no	yes	no	yes	yes	no	N/A	N/A	no	yes	yes	yes (4)

**Footnotes for Central Nervous System- Registered Nurse:**

- 1 May administer epidural and intrathecal medications excluding the initial drug bolus or start of the continuous solutions, if no bolus was given. See advisory opinions #5 and #7.
- 2 With specialized education and training and annual updates on competency may administer antineoplastic medications by reservoir (see AO #7).
- 3 May obtain a specimen from the distal port.
- 4 Spinal cord stimulator wires may be removed by the RN who has special education and training.



# NURSING MANAGEMENT OF INVASIVE DEVICES (CATHETER, LINES AND TUBES)



## Cardiovascular System- Registered Nurse (RN)

Approved by Board of Nursing 09/28/08  
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Peripheral: (Distal end of the catheter remains peripheral)	Initial insertion	Infiltrate infusion without meds	Infiltrate infusion with meds	Verify solution	Position or reposition	Monitor insertion site	Perform drsg changes	Maintain patency (flush)	Regulate flow	Take readings	Collect specimens	Maintain infusions	Administer bolus	Remove	Access/de-access
Venous (8) (AO9a)	yes	yes	yes	yes	yes	yes	yes	yes	yes	N/A	yes	yes	yes	yes	N/A
External Jugular (9)	yes	yes	yes	yes	yes	yes	yes	yes	yes	N/A	yes	yes	yes	yes	N/A
Arterial (9)	yes	no(7)	no(7)	yes	yes	yes	yes	yes	yes	yes	yes	yes (7)	no	yes	N/A
Central: Peripherally Inserted Central Catheter (PICC) (9) (AO9a)	yes (2)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	N/A
Central Venous Line (1) (AO9a)	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	N/A
Implanted Catheter with External Port	no	yes	yes	yes	no	yes	yes	yes	yes	N/A	yes	yes	yes	no	yes
Implanted Catheter with Internal Port	no	yes	yes	yes	N/A	yes	yes	yes	yes	N/A	yes	yes	yes	no	yes (5)
Pulmonary Artery (Swan-Ganz)	no	yes	yes	yes	yes (3)	yes	yes	yes	yes	yes	yes	yes	yes	yes (4)	N/A
Umbilical (1)	no	no(6, 7)	no(6, 7)	yes	no	yes	yes	yes	yes	yes	yes	yes	no	yes (6)	N/A
Intraosseous (9) (AO24)	yes	yes	yes	yes	yes	yes	yes	yes	yes	N/A	yes	yes	yes	yes	N/A
Temporary Pacing Wires (Epicardial/transvenous) (AO48)	no	N/A	N/A	N/A	no	yes	yes	N/A	N/A	N/A	N/A	N/A	N/A	yes (9)	N/A
Pericardial Drain	no	N/A	N/A	N/A	no	yes	yes	no	N/A	N/A	no (10)	N/A	no	no	N/A

### Footnotes for Cardiovascular System - Registered Nurse:

- 1 RN members of neonatal transport teams who have had appropriate education and are in communication with licensed independent practitioner may cannulate and bolus the umbilical vein and/or umbilical artery.
- 2 Tip location shall be determined radiographically or by FDA approved technologies prior to initiation of infusion therapy.
- 3 May pull back only, not advance.
- 4 With special education and training may remove a pulmonary artery catheter after a licensed independent practitioner orders discontinuation of the catheter.
- 5 The RN with specialized education and training may access or de-access an implanted catheter with internal port.
- 6 Refers only to umbilical artery catheters by RNs with specialized education and training.
- 7 May initiate a saline or heparin solution for the purpose of maintaining patency according to agency policy.
- 8 With specialized education and training to include validated competencies may access an AV Fistula for IV therapy and blood specimen collection.
- 9 With specialized education and training and annual competency update.
- 10 The RN may **NOT** ASPIRATE to obtain drainage or specimen.