



Wyoming State Board of Nursing
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APPROVED DATE:
REVIEWED DATE:
REVISED DATE: December 2018
ORIGINATING COMMITTEE:
Practice Committee

An advisory opinion adopted by WSBN is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of WSBN regarding the practice of nursing as it relates to the functions of nursing. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure the safety of their patient population and/or decrease risk.

Within the Scope of Practice/Role of APRN RN LPN CNA

ADVISORY OPINION Pre & Post Anesthesia Nursing Practice

In accordance with Wyo. Stat. Ann. § 33-21-122(c)(iii) of the Wyoming Nursing Practice Act (NPA), the Wyoming State Board of Nursing (WSBN) has approved the following Advisory Opinion on Management of Analgesia by nurses.

WSBN endorses the following positions statements in support of this advisory opinion;

- 2017 Position Statement by the American Association of Nurse Anesthetists (AANA): *Care of Patients Receiving Analgesia by Catheter Techniques*
- 2012 Position Statement by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN): *Role of the Registered Nurse in the Care of the Pregnant Woman receiving Analgesia and Anesthesia by Catheter Techniques*
- Guidelines for sedation and anesthesia in GI endoscopy *Gastrointest Endosc* 2018 Feb, Volume 87, Issue 2, Pages 327–337 / DOI: <http://dx.doi.org/10.1016/j.gie.2008.09.029>
- Position statement: non anesthesiologist administration of propofol for GI endoscopy *Gastrointest Endosc* 2009;70:1053-1059 / DOI: <http://dx.doi.org/10.1016/j.gie.2009.07.020>
- 2009 Position Statement by the American Society of PeriAnesthesia Nurses. *Position Statement on the Pediatric Patient.*
- 2013 Position Statement by the American Society of PeriAnesthesia Nurses. *Position Statement on the Older Adults.*
- 2008 Position Statement by the American Society of PeriAnesthesia Nurses. *Position Statement on the Perinatal Patient.*

- 2004 Position Statement by the American Society of PeriAnesthesia Nurses. *Position Statement on Medication Safety.*

Position. The Wyoming State Board of Nursing relies on the evidence based practice guidelines supported by national associations whose goals include determining standards of practice and safe protocols. Nursing practice is increasingly more complex and technical. It is the responsibility of the individual nurse and the facility (or system) to provide opportunities to ensure nurse competency and an environment conducive to providing safe care.

The Role of the Certified Registered Nurse Anesthetist (CRNA)

WSBN supports advanced practice role of the CRNA in all settings requiring anesthesia or pain management, which includes administering and adjusting doses of intermittent and continuous-infusion regional anesthetic and analgesic agents (American Association of Nurse Anesthetists, 2007). CRNAs are independent, primary providers of care, as defined under the 2008 Consensus Model of APRN Regulation, and do not require physician oversight.

Direct management (vs. monitoring) of regional analgesia and anesthesia is beyond the scope of practice for RNs.

Role of the Registered Nurse

The RN is responsible for coordinating and documenting the care of the patient which includes providing direct physical care and family support. This responsibility includes implementing, monitoring, and evaluating the effectiveness of nonpharmacologic, oral, and parenteral pharmacologic pain relief measures and managing high-alert and high risk medications administered via one or more infusion pumps. The RN participates in educating patients about their options for pain relief and provides information about benefits and risks associated with various types of analgesia and anesthesia.

The RN has the right and responsibility to refuse to administer any medication that may induce procedural sedation when in the professional judgment of the RN, the medication or combination of medications, the dosages prescribed, or frequency of administration may produce a state of deep sedation or place the patient at risk for complications.

It is within the scope of practice of an appropriately trained and competent RN to assist a physician, APRN or PA by administering anesthetic and/or neuromuscular agents in situations where the physician, APRN or PA is delegating direct critical tasks to the RN.

This action is permissible if the following criteria are met:

- A. There are institutional policies and procedures to guide this practice, and the action follows safe medication administration protocols;
- B. The nurse has completed training and demonstrated continuing competency as well as current certification appropriate to patient population (i.e. ACLS, PALS);
- C. The facility maintains documentation on training and competency for each nurse;
- D. The care is provided under the direct supervision of a physician, APRN or PA; and
- E. The patient's condition is assessed prior to, during, and after the procedure to current standard of practice.

REFERENCES

- American Association of Nurse Anesthetists. (2007). *Guidelines for the management of the obstetrical patient for the certified registered nurse anesthetist*. Park Ridge, IL: Author.
- Association of Women's Health, Obstetric and Neonatal Nurses. (2008). *Basic, high-risk, and critical care intrapartum nursing: Clinical competencies and educational guide* (4th ed.). Washington, DC: Author.