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**OPINION:** ANALGESIA BY CATHETER:  
EPIDURAL, INTRATHECAL, INTRAPLEURAL,  
PERINEURAL

**APPROVED DATE:** October 8, 2014

**REVIEWED DATE:** September 2014

**REVISED DATE:**

**ORIGINATING COMMITTEE:**

Practice & Education 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  
ANALGESIA BY CATHETER:**

**EPIDURAL, INTRATHECAL, INTRAPLEURAL, PERINEURAL**

In accordance with Wyo. Stat. §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 Analgesia by Catheter: Epidural, Intrathecal, Intrapleural, Perineural.

**It is within the scope of practice of an appropriately trained and competent RN to administer analgesia by catheter for the purpose of analgesia and/or treatment of spasticity and depending on the patient population, access, refill, and reprogram implanted or external pumps as ordered by the physician, APRN or PA if the following criteria are met:**

- A. There are institutional policies and procedures to guide this practice;**
- 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 agency/facility maintains documentation on training and competency for each nurse;**
- D. The care is provided under the direction 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.**
- F. The intent of this advisory opinion is distinct and separate from the advisory opinion, "Management of Analgesia by Catheter in the Pregnant Client," which addresses the care of the obstetric patient.**

The catheter or port must be placed by a licensed independent practitioner (LIP) or Certified RN Anesthetist (CRNA) as authorized by institutional privileging to administer anesthesia and who assumes responsibility for verifying proper placement and monitoring of the initial test dose of

the medication after tube placement. They are also responsible for selecting and ordering the medications, dosage ranges (if applicable) and concentrations which may include opioids, local anesthetics, steroids, alpha agonists, or other documented safe medications or combinations thereof.

After the above tasks have been completed by the LIP/CRNA and the patient's vital signs have stabilized and analgesic level has been established the competent RN may:

- Administer and manage continuous infusions via a pump
- Administer bolus dose via a continuous infusion pump
- Initiate infusion and run infusion of opioids analgesia at the prescribed rate
- Manipulate Patient Controlled Epidural Analgesia doses (PCEA) or dosage intervals per protocol or order
- Upon order of qualifying LIP/CRNA, increase or decrease infusion rates (non PCEA)
- Change the medication bag/syringe with identical, pharmacy prepared/prepackaged medication
- when prior device is empty
- Initiate emergency measures including stopping infusion if complications arise
- Remove epidural catheter on direction of LIP

The RN has the right and the responsibility to REFUSE to administer any medication(s) when in the professional judgment of the registered nurse, the medication or combination of medications, the dosages prescribed, or frequency of administration may place the patient at risk for complication.

## REFERENCES

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