

ADVISORY
OPINION

OPINION: Analgesia/Anesthesia by
Catheter
ADOPTED: 1989
REVISED: 1991, 12/98, 4/04, 9/06,
5/07, 1/08, 5/10, 10/10, 4/13, 6/14, 8/17,
10/18
REAFFIRMED: 1/95, 8/16

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, Neb. Rev. Stat. 38-2216 (2). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Analgesia/Anesthesia by Catheter

The scope of practice of a Registered Nurse (RN) for the care of the patient receiving catheter-delivered medication is dependent upon the patient population, the medication and type of catheter, including access, refill and programming requirements for the infusion device.

Catheter means all non-intravenous catheter techniques used to provide analgesia/anesthesia, including, but not limited to epidural, intrathecal, intrapleural and perineural routes of administration.

Provider means an anesthesia or other qualified provider authorized by institutional privileging for catheter or device placement and management. The RN may assume responsibility for the care of the patient only after the provider has placed the catheter, verified proper placement and determined that the patient is stable following the administration of the initial injection of medication. The provider is also responsible for selecting and ordering the medication, concentration and dosing parameters.

Patient monitoring includes, but is not limited to vital signs, motor function, level of consciousness, pain response, and assessment of insertion site, side effects and complications. The role of the RN for the laboring patient includes maternal-fetal monitoring. The following chart summarizes RN and provider responsibilities for non-laboring and laboring patients.

RESPONSIBILITY*	NON-LABORING PATIENT	LABORING PATIENT
Initial programming of external infusion device	RN	Provider
Initial injection	Provider	Provider
Initiate and maintain infusion	RN	Provider
Bolus injection	RN	Provider
Increase or decrease infusion rate or dosage intervals	RN	Provider
Replace infusions with new, pre-prepared solutions containing the same medication and concentration	RN	RN
Ongoing monitoring of infusion, including responding to alarms and maintaining device	RN	RN
Initiate emergency measures, including stopping infusion if complications occur	RN	RN
Discontinue infusion	RN	RN
Remove catheter	RN	RN

*RN interventions require an order from a provider

References:

American Association of Nurse Anesthetists. (2017). *Care of patients receiving analgesia by catheter techniques*. Position Statement and Policy Considerations. Retrieved from [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/care-of-patients-receiving-analgesia-by-catheter-techniques.pdf?sfvrsn=d30049b1_2](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/care-of-patients-receiving-analgesia-by-catheter-techniques.pdf?sfvrsn=d30049b1_2).

Association of Women's Health, Obstetric and Neonatal Nurses. (2015). Role of the Registered Nurse in the care of the pregnant woman receiving analgesia/anesthesia by catheter techniques. *Journal of Obstetric, Gynecologic & Neonatal Nursing* 44(1), 151-154. Retrieved from [http://www.jognn.org/article/S0884-2175\(15\)31771-8/fulltext](http://www.jognn.org/article/S0884-2175(15)31771-8/fulltext).

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