

ADVISORY
OPINION

OPINION: IV/ Infusion Therapy
ADOPTED: 11/2023
REVISED:
REAFFIRMED:

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.

IV/Infusion Therapy

Summary

The Intravenous (IV)/Infusion Therapy Standards of Practice apply to any patient population and setting where vascular access devices are inserted and/or managed and where infusion therapies are administered.

1. A nurse, Licensed Practical Nurse (LPN), Registered Nurse (RN), Advanced Practice Registered Nurse (APRN) must only assume those duties and responsibilities within the scope of practice for which the nurse has the necessary knowledge, skills and abilities.
2. Nurses are expected to engage in the practice of nursing in accordance with accepted standards of practice as well as applicable statutes and regulations.
3. An order from a licensed practitioner (LP) Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), APRN to administer medication or IV therapy (including hydration) is required before a nurse may provide such services.
4. A nurse (LPN or RN) may not diagnose a health condition, prescribe, or order a treatment or medication, or perform acts that require a different license to practice another profession.
5. It is within the scope of practice of a nurse to administer IV therapy, pursuant to an order from a (LP), commensurate with a nurse's licensure level.
6. Every nurse is responsible to ensure their own competency to perform these activities consistent with their educational preparation and experience. Additionally, a licensed practical nurse must meet the requirements of Neb. Rev. Stat. §38-2237.
7. **Pursuant to 172 NAC 99-002 and 004.02(C) a nurse may not delegate or assign to an unlicensed individual, the administration of IV therapy.**
8. Only an authorized practitioner (Neb.Rev. Stat 38-2850) may compound drugs for use in IV therapy.
9. The introduction of different components or drugs into an IV solution is compounding and is not within the scope of practice of a nurse.
10. A licensed provider is responsible for ensuring all orders and/or prescriptions are within their licensed scope of practice.

Statutes

LPN – Licensed Practical Nurse

Neb. Rev. Stat. § 38-2211 provides “(1) Practice of nursing by a licensed practical nurse means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing. A licensed practical nurse may function at the direction of a licensed practitioner or a registered nurse. (2) Such responsibilities and performances of acts must utilize procedures leading to predictable outcomes and must include, but not be limited to: (a) Contributing to the assessment of the health status of individuals and groups; (b) Participating in the development and modification of a plan of care; (c) Implementing the appropriate aspects of the plan of care; (d) Maintaining safe and effective nursing care rendered directly or indirectly; (e) Participating in the evaluation of response to interventions; (f) Providing IV therapy if the licensed practical nurse meets the requirements of section 38-2237; (g) Assigning and directing nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act.”

RN – Registered Nurse

Neb. Rev. Stat. § 38-2212 provides “(1) The practice of nursing by a registered nurse means assuming responsibility and accountability for nursing actions. (2) Nursing actions include, but are not limited to: (a) Assessing human responses to actual or potential health conditions; (b) Establishing nursing diagnoses; (c) Establishing goals and outcomes to meet identified health care needs; (d) Establishing and maintaining a plan of care; (e) Prescribing nursing interventions to implement the plan of care; (f) Implementing the plan of care; (g) Teaching health care practices; (h) Delegating, directing, or assigning nursing interventions that may be performed by others and that do not conflict with the Nurse Practice Act; (i) Maintaining safe and effective nursing care rendered directly or indirectly; (j) Evaluating responses to interventions, including, but not limited to, performing physical and psychological assessments of patients under restraint and seclusion as required by federal law, if the registered nurse has been trained in the use of emergency safety intervention; (k) Teaching theory and practice of nursing; (l) Conducting, evaluating, and utilizing nursing research; (m) Administering, managing, and supervising the practice of nursing; and (n) Collaborating with other health professionals in the management of health care.

APRN - NP-Nurse Practitioner

Neb. Rev. Stat. §38-2315 provides “(1) A nurse practitioner may provide health care services within specialty areas....”

Neb. Rev. Stat. § 38-2312 defines a nurse practitioner as “...a registered nurse certified as described in section 38-2317 and licensed under the Advanced Practice Registered Nurse Practice Act to practice as a nurse practitioner.

APRN -CRNA Certified Registered Nurse Anesthetist

Neb.Rev.Stat §38-706 and §38-707

APRN -CNM Certified Nurse Midwife

Neb. Rev. Stat §38-613

APRN-CNS Clinical Nurse Specialist

Neb. Rev Stat §38-905 and 38-906

LP – Licensed Practitioner

Neb. Rev. Stat. § 38-2209 defines a licensed practitioner as “...a person lawfully authorized to prescribe medications or treatments.” For additional information refer to the Team Nursing Advisory.

Compounding

Neb. Rev. Stat. §38-2867 defines an authorized practitioner as a pharmacist, a pharmacy intern, and a practitioner with a pharmacy license.

Neb. Rev. Stat. §38-2811 defines compounding as “...the preparation of components into a drug product.”

Neb. Rev. Stat. §38-2867.01 sets out how and when an authorized practitioner may compound a drug product, what constitutes compounding and what is not considered compounding under state law, and when compounding is prohibited under state law.

Federal law also addresses compounding, and the federal Food and Drug Administration has issued guidance on many of the issues related to compounding. More information on compounding can be found at <https://www.fda.gov/drugs/guidance-compliance-regulatory-information/human-drug-compounding>

Discussion

All nurses licensed to practice nursing in Nebraska must practice in compliance with the Uniform Credentialing Act, the Nurse Practice Act, regulations adopted under those Acts, as well as other statutes and regulations, if any, pertinent to the setting where practice occurs. Registered Nurses (RN), Licensed Practice Nurses (LPN), and Advanced Practice Registered Nurses (APRN) are accountable for the provision of safe competent nursing care in all practice settings.

Nurse Practitioners have authority to prescribe and/or administer medications or treatments within their specialty area of practice under their own license. Certified Nurse Midwives (CNM)s and Certified Registered Nurse Anesthetist (CRNA) s have authority to prescribe medications or treatments as permitted by their licenses’ scopes of practice. Clinical Nurse Specialists (CNS) do not have prescriptive authority.

Upon receipt of an order from a LP and in collaboration with that LP, the nurse (LPN or RN) may perform infusion therapy as part of an overall comprehensive plan of care to treat various conditions.

IV/infusion therapy is a complex, learned skill and there are many considerations necessary to ensure the safe performance of this skill inside or outside of a traditional facility setting. IV / infusion therapy involves procedures that are complex nursing interventions (**172 NAC 99-002 and 004.02(C)**) and may not be delegated or assigned by RNs or by LPs or assigned by LPNs to unlicensed persons. IV/infusion therapy includes assessment, placement of the IV, delivery and monitoring of the therapy, and all related activities.

Practice guidance

All medications must be obtained in compliance with both federal and state laws, which include The Wholesale Drug Distributor Licensing Act, statutes governing the practice of pharmacy, the federal Drug Supply Chain Security Act, and the federal Compounding Quality Act, among others and their implementing regulations. These statutes govern who may distribute human drugs, the compounding of drugs for human use, licensing requirements, and the tracing of drugs within the supply chain. Regulations have been adopted by the state and federal government under these Acts, as applicable.

Prior to providing IV/infusion therapy, a systematic patient assessment must be performed and documented by a licensed provider (LP). The RN may gather information for the patient assessment and then provide that information to the LP. The LPN may participate in the assessment by obtaining information about a patient's basic health status from the patient, their records and related health data and by providing that information to the RN or LP.

Once the assessment is reviewed by the LP, appropriate intervention (medication(s) or treatment(s)) may be ordered by the LP. A written plan should be in place to address what steps need to be taken if a nurse has questions about an order for therapy or there is an emergency or an adverse reaction. The nurse (LPN or RN) must check the order for administration directions and signature from the LP and follow the five rights for providing medication when performing the therapy.

Once the treatment is given or being given, the patient must be monitored by the RN or LPN or LP for adverse reactions to treatment. If there are adverse reactions, those must be documented and communicated to the LP, if the nurse is the RN; the LPN reports to the RN or LP.

Documentation

The nurse must maintain standard nursing documentation including at least the following:

- Patient assessment and medical history data;
- Education provided to the patient on the prescribed IV therapy;
- Presence of signed informed consent for procedure(s);
- Written pre and post IV infusion education;
- Nursing assessments, notes and orders;
- Specific procedures performed and patient's response to procedure;
- Patient reactions to the IV therapy, and interventions required to mitigate or correct adverse outcomes, AND
- Post IV infusion care instructions, signs and symptoms to seek medical care if emergency presents itself, and recommended follow-up or when to contact the LP.

Evaluation

The nurse is responsible for the monitoring and documentation of the client, the encounter, the IV mix provided and the client's tolerance of the IV/infusion therapy product provided. The nurse is further responsible for the documentation of the visit.

Practice Alignment

LPN/RN

Nurses – Registered Nurses and Licensed Practical Nurses

LPNs function in the healthcare team in a directed role. RNs direct LPN practice and duties, however neither RN nor LPN may: diagnose, prescribe, or order a medication or treatment, dispense drugs or mix/compound components for IV / infusion therapy.

Consistent with their scope of practice and with organizational policy and procedure, and ongoing competencies LPN and RNs practice may include:

- Short and midline peripheral IV device insertion and removal;
- Use of adjunct aids such as ultrasound for vein identification and selection.
- Use of an existing IV or other infusion device for the administration of medication, hydration, nutrition, blood products, or obtaining a blood sample.
- Monitoring the patient.
- Maintenance of the infusion site.
- Infusion of an IV solution where medication is compounded (prepared, mixed, packaged and labeled) in accordance with federal and state laws and regulations; and
- Reconstitution and admixture of a solo medication with an IV solution in accordance with manufacturer instructions—is not considered compounding.

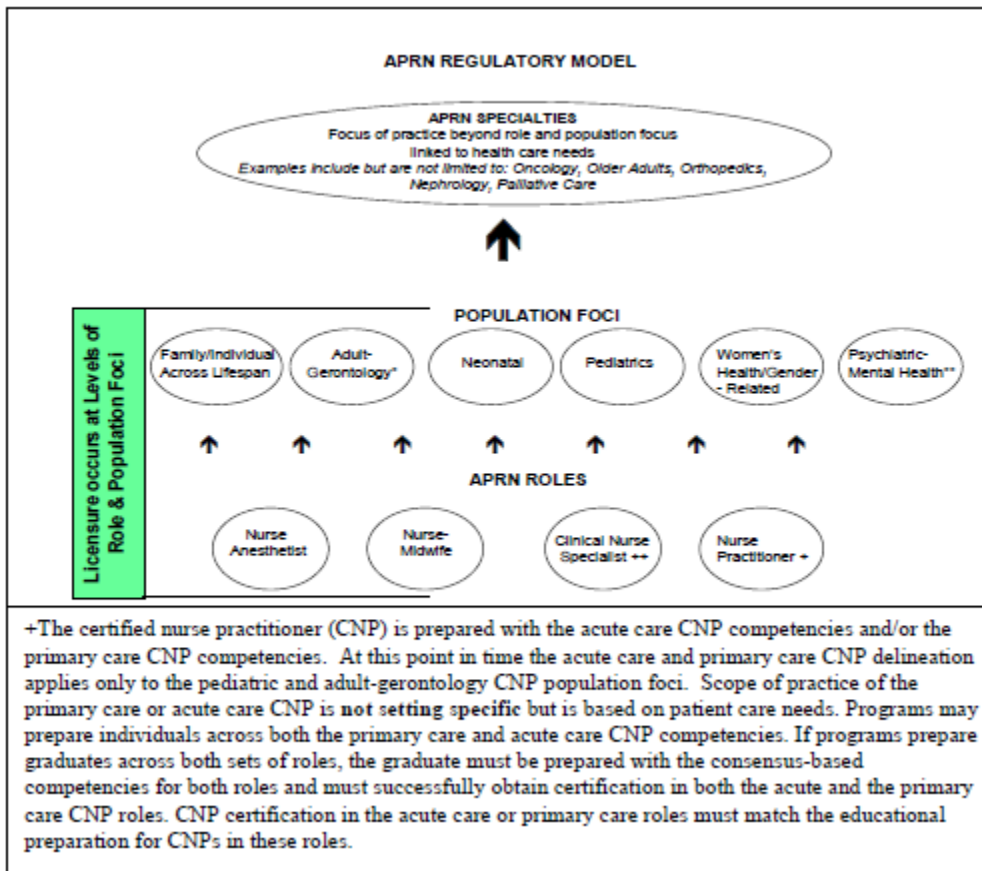
APRN

Nurse Practitioners

NPs as advanced practice registered nurses (APRNs) bear full accountability for practice that is aligned with graduate education, board certification and licensed practice role with one or more population foci.

38-2315. Nurse practitioner; functions; scope.

The fundamental premise of practice alignment is that the APRN has the knowledge to differentially diagnose and manage most conditions/potential adverse outcomes that will be encountered for a particular patient population (Buppert, 2017). Advanced practice nurses have the added skills of diagnosing, treating, and prescriptive authority. Practice alignment necessarily precedes procedural competencies.



(Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education July 7, 2008)

Specialty Practice

Specialty/Subspecialty Practice

A nursing specialty encompasses a specific area of discrete study, research, and practice as defined and recognized by the profession (ANA, 2017). Competencies for nursing specialty practice build upon core nursing skills required for entry into practice. RNs entering practice are encouraged to practice for at least one year to gain knowledge and develop skills associated with basic medical and surgical principles.

Nurses are encouraged to seek guidance and professional alignment with groups who concentrate on IV therapy and IV access. Organizations such as: Infusion Nurses Society or the National Infusion Center Association. These organizations set the standards for IV therapy in the traditional medical environment. Nurses of all levels of licensure are responsible for providing care safely and appropriately.

Education/Training

Education and Training

Education and training, while important in the development of competency, does **not** expand nursing scope of practice. Nursing specialties rely on professional practice associations as the stewards of specialty nursing scope and standards of practice for focused practice competencies (ANA, 2017).

Various titles and certificates of achievement conferred by vendors and commercial education entities, notwithstanding that the latter have a place in the acquisition of knowledge and competencies for IV hydration procedures, are **not** a substitute for peer reviewed (DHHS, 2019) courses and continuing education, and board certification by professional nursing specialty practice associations. Additional education does not expand the scope of practice of a licensee.

Training

For infusion therapy:

1. Documentation of current clinical competency to perform procedure
2. Initial and ongoing competence as evidenced by documented completion of didactic and clinical continuing education programs, employing agency education programs, and/or certification by a recognized body of infusion therapy experts in the following:
 - Pre-insertion assessment and placement
 - Ongoing assessment and monitoring of indwelling catheter
 - Infection prevention and standard precautions including hand hygiene and the use of appropriate personal protective equipment (PPE)
 - Identification, prevention, and management of complications
 - Patient /caregiver education including the prescribed infusion therapy, the overall plan of care, the goals of treatment, self-monitoring for signs and symptoms of infusion-related complications and how to access health care services as needed
 - Use of technical and medical equipment required for medication preparation and/or administration
 - Removal of catheter
 - Documentation of assessment, insertion, response to treatment and removal, as applicable
 - Surveillance/quality improvement/outcome measure participation and contribution
 - Use of adjunct aids such as ultrasound for vein identification and selection when applicable.

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<https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

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The Uniform Credentialing Act:

https://nebraskalegislature.gov/laws/search_range_statute.php?begin_section=38-101&end_section=38-1%2C147

The Uniform Controlled Substances Act:

https://nebraskalegislature.gov/laws/display_html.php?begin_section=28-401&end_section=28-476

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