

RN Procedural Sedation Rules

The immediate availability of interventions including procedural sedation is critical to serving the needs of our patients. Preserving life, restoring health, and alleviating suffering have been fundamental to the practice of nursing and medicine for centuries. We are challenged as health care professionals to provide this care in a manner that meets the Institute of Medicine's Six Quality Aims of safe, effective, timely, efficient, equitable, and patient centered care. Patients with emergency medical conditions frequently experience significant treatable pain and anxiety. There is ample evidence to support the routine use of procedural sedation by appropriately trained and credentialed emergency nurses and physicians.

Alabama	Hawaii	Michigan	North Carolina	Utah
Alaska	Idaho	Minnesota	North Dakota	Vermont
Arizona	Illinois	Mississippi	Ohio	Virginia
Arkansas	Indiana	Missouri	Oklahoma	Washington
California	Iowa	Montana	Oregon	West Virginia
Colorado	Kansas	Nebraska	Pennsylvania	Wisconsin
Connecticut	Kentucky	Nevada	Rhode Island	Wyoming
Delaware	Louisiana	New Hampshire	South Carolina	
District of Columbia	Maine	New Mexico	South Dakota	
Florida	Maryland	New Jersey	Tennessee	
Georgia	Massachusetts	New York	Texas	

**Rules/Advisory Opinions/Position Statements
for Moderate/Conscious Sedation by RN's
Current as of June 1, 2015**

State	Statute/Rule	Relevant Text	Agency
Alabama	610-X-6-.08 Standards For Moderate Sedation	<p>(1) After verification of physician's presence, the RN may administer ordered medications for the purpose of moderate sedation .</p> <p>(2) The minimum requirements for a RN to perform moderate sedation includes successful completion of an organized program of study, supervised clinical practice and demonstrated clinical competence.</p> <p>(3) The minimum training required for the RN managing the care of patients receiving moderate sedation</p> <p>(4) The RN managing and monitoring the patient receiving moderate sedation shall have no other responsibilities during the procedure</p> <p>(5) The RN shall ensure safety considerations</p> <p>(6) The RN shall have advanced cardiac life support (ACLS) or comparable certification.</p> <p>(7) The RN may not administer medications for moderate sedation if physical presence of a physician is unavailable.</p>	Alabama Board of Nursing

<p style="text-align: center;">Alaska</p>	<p style="text-align: center;">Advisory Opinion: Registered Nurse Administration of Sedating and Anesthetic Agents</p>	<p>The Alaska Board of Nursing finds that it is within scope of practice for Registered Nurses to administer sedating agents in the acute care setting (emergency department) for minimal sedation (anxiolysis)... The Alaska Board of Nursing finds that it is within the role and scope of practice for Registered Nurses to administer sedating and anesthetic agents to produce moderate procedural sedation for the non-intubated or intubated/ventilated patient, under the direction of a Licensed Independent Practitioner, in the acute care setting (emergency department), in accordance with the guidelines in this advisory opinion. In addition, there are other special circumstances under which administration of anesthetic or sedating agents are within the scope of practice of Registered Nurses, exclusively in the acute care setting.</p>	<p style="text-align: center;">Alaska Board Nursing</p>
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<p style="text-align: center;">Arizona</p>	<p style="text-align: center;">ADVISORY OPINION: MODERATE SEDATION/ ANALGESIA FOR DIAGNOSTIC AND THERAPEUTIC PROCEDURES</p>	<p>It is within the Scope of Practice of a Registered Nurse to administer medications to provide moderate sedation for the purposes of diagnostic or therapeutic procedures. Under the following guidelines: A) A written policy and procedure is maintained by the employer, B)The registered nurse administering the medication and/or monitoring the patient receiving the medication shall have supervised clinical practice, and current certification appropriate to the patient population such as Advanced Cardiac Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation Program or a substantially equivalent educational program appropriate to the age of the patient who will be sedated. C) The nurse administering medications for moderate sedation/analgesia must possess the knowledge of and demonstrate competency in applying this practice...</p>	<p style="text-align: center;">Arizona State Board of Nursing</p>
<p style="text-align: center;">Arkansas</p>	<p style="text-align: center;">Position Statement 94-1: Administration of IV Conscious Sedation by the Registered Nurse</p>	<p>It is within the scope of practice of a registered professional nurse to administer pharmacologic agents via the intravenous route to produce moderate sedation. Consistent with state law, the attending physician or a qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient. Employing facilities should have policies and procedures to guide the registered nurse.</p>	<p style="text-align: center;">Arkansas State Board of Nursing</p>

<p>California</p>	<p>CONSCIOUS SEDATION NPR-B-06 09/1995</p>	<p>It is within the scope of practice of registered nurses to administer medications for the purpose of induction of conscious sedation for short-term therapeutic, diagnostic or surgical procedures. Authority for RNs to administer medication derives from Section 2725(b)(2) of the Nursing Practice Act (NPA). This section places no limits on the type of medication or route of administration; there is only a requirement that the drug be ordered by one lawfully authorized to prescribe. Other relevant sections of the NPA do impose additional requirements. Specifically, the registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice...</p> <p>As of 1995, safety considerations for conscious sedation include continuous monitoring of oxygen saturation, cardiac rate and rhythm, blood pressure, respiratory rate, and level of consciousness, as specified in national guidelines or standards. Immediate availability of an emergency cart which contains resuscitative and antagonist medications, airway and ventilator adjunct equipment, defibrillator, suction, and a source for administration of 100% oxygen are commonly included in national standards for inducing conscious sedation.</p>	<p>California Board of Registered Nursing</p>
<p>Colorado</p>	<p>N/A</p>	<p>No direct guidance is offered regarding the administration of moderate or deep sedation by Registered Nurses within the state of Colorado.</p>	<p>N/A</p>

<p>Connecticut</p>	<p>Guidance Offered on Propofol Administration</p>	<p>Due to the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonistic medications, agents such as Propofol required special attention. Whenever Propofol is used for sedation/anesthesia, it should be administered only by persons trained in the administration for general anesthesia, who are not simultaneously involved in these surgical or diagnostic procedures. the restriction is concordant with specific language in the Propofol package insert, and failure to follow these recommendations could put patients at increased risk of significant injury or death. Similar concerns apply when other intravenous induction agents are used for sedation, such as Thiopental, Methohexital, or Etomidate.</p>	<p>Connecticut Board of Examiners for Nursing</p>
<p>Delaware</p>	<p>DE Administrative Code Title 24 Regulated Professions and Occupations</p>	<p>Standards of nursing practice and position statements developed by general and specialty nursing professional organizations may be used to address scope of practice accountability.</p>	<p>Delaware Board of Nursing</p>

<p>District of Columbia</p>	<p>N/A</p>	<p>No direct guidance is offered regarding the administration of moderate or deep sedation by Registered Nurses within the District of Columbia.</p>	<p>N/A</p>
<p>Florida</p>	<p>Undetermined. Currently In Court</p>	<p>Board of Nursing has attempted to restrict usage of drugs for conscious sedation by all RN's. State court has ruled BON does not have the authority to restrict RNs from using any specific drugs. BON has appealed decision, which has not been decided yet.</p>	<p>Florida Board of Nursing</p>
<p>Georgia</p>	<p><u>Position Statement: Administration of Propofol, Etomidate and Neuromuscular Blocking Agents</u></p>	<p>Procedural Sedation It is not within the scope of practice of the registered nurse (RN) who is not a Certified Registered Nurse Anesthetist (CRNA) to administer agents used primarily as anesthetics for sedation, including Propofol. This would include the non-intubated patient undergoing procedures, including but not limited to, invasive cardiology, invasive radiology, endoscopic gastrointestinal procedures, invasive bronchoscopy and emergent procedures.</p> <p>Emergency Airway Management in a Hospital Setting The registered nurse (RN) may administer Propofol, Etomidate and neuromuscular blocking agents (only Succinylcholine, Rocuronium and Vecuronium) to the non-intubated patient in a hospital setting for the purpose of rapid sequence intubation when the clinical presentation of impending respiratory failure is imminent. This will be done in the presence of, and under the direction of, a physician credentialed in emergency airway</p>	<p>Georgia Board of Nursing</p>

Hawaii	N/A	No direct guidance is offered by the State Board of Nursing regarding the administration of moderate or deep sedation by Registered Nurses within the state of Hawaii.	N/A
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<p>Idaho</p>	<p>(RN) 2011– 2013 F.A.Q. Is administration of procedural sedation within my scope of practice?</p>	<p>The Decision–Making Model will present questions to be considered in determining scope of practice:</p> <ol style="list-style-type: none"> 1. Is the task expressly prohibited by the Nursing Practice Act or limited to the scope of practice of advanced practice professional nurses or prohibited by law? 2. Was the act taught as part of your basic nursing education? Do you possess current knowledge and competency to do this? 3. Is the act consistent with standards of practice published by a national specialty nursing organization or supported by recognized nursing literature or reputable published research? 4. Does your employment setting have established policies and procedures authorizing you to perform the function? 5. In a similar situation, would this same standard of care be provided by a reasonable and prudent nurse with similar education and experience and are you prepared to accept the consequences of the act? 	<p>Idaho Board of Nursing</p>
<p>Illinois</p>	<p>N/A</p>	<p>No direct guidance is offered by the State Board of Nursing regarding the administration of moderate or deep sedation by Registered Nurses in a hospital setting within the state of Illinois.</p>	<p>N/A</p>
<p>Indiana</p>	<p>N/A</p>	<p>No direct guidance is offered by the State Board of Nursing regarding the administration of moderate or deep sedation by Registered Nurses within the state of Indiana.</p>	<p>N/A</p>

<p>Iowa</p>	<p>Is it within the scope of practice of the RN to administer and monitor anesthetic medications for the purpose of operative, invasive and diagnostic procedures?</p>	<p>The Iowa Board of Nursing does not have a rule, regulation or position on the RN administering anesthetic medications for the purpose of operative, invasive and diagnostic procedures.</p> <p>As with any task/function that the nurse carries out, it is important to remember the nurse must be educated and competent in the task/function. The nurse retains accountability for her/his actions</p>	<p>Iowa Board of Nursing</p>
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<p>Kansas</p>	<p><u>Position Statement Administration of IV “conscious sedation” by the R.N.</u></p>	<p>The Kansas State Board of Nursing determined that it is within the scope of practice of a registered professional nurse, who is not licensed as a registered nurse anesthetist, to administer pharmacologic agents via the intravenous route to produce moderate sedation/analgesia, also called IV “conscious sedation.”...The registered professional nurse must follow specific policies and procedures set up to guide her/his practice regarding moderate sedation/analgesia.</p>	<p>Kansas State Board of Nursing</p>
<p>Kentucky</p>	<p><u>Advisory Opinion: ADMINISTRATION OF MEDICATIONS FOR PROCEDURAL SEDATION AND ANALGESIA BY NURSES</u></p>	<p>It is within the scope of registered nursing practice for the RN who is educationally prepared and currently clinically competent to administer medications for procedural sedation and analgesia.</p> <p>Though optimal anesthesia care is best provided by qualified Certified Registered Nurse Anesthetists (CRNAs) or anesthesiologists, the Board recognizes that the demand in the practice setting necessitates provision of procedural sedation and analgesia by registered nurses (RNs) and Advanced Practice Registered Nurses (APRNs).</p> <p>The Board advises that key components of safe administration of medications for procedural sedation and analgesia by registered nurses should include the educational preparation and clinical competence of the nurse as well as the immediate availability of personnel who are competent in airway management, emergency intubation, and advanced cardiopulmonary resuscitation if complications arise.</p>	<p>Kentucky Board of Nursing</p>

<p>Louisiana</p>	<p>DECLARATORY STATEMENT ON THE ROLE AND SCOPE OF PRACTICE OF THE REGISTERED NURSE IN THE ADMINISTRATION OF MEDICATION AND MONITORING OF PATIENTS DURING THE LEVELS OF PROCEDURAL SEDATION</p>	<p>It is within the scope of practice for a RN to administer non-anesthetic medications, up to and including moderate (conscious sedation), and to monitor patients in minimal, moderate, and deep sedation levels as defined by The Joint Commission (TJC), provided the RN is specifically trained and demonstrated knowledge, skills, and abilities in accordance with the following provisos in various settings to include inpatient and outpatient environments.</p>	<p>Louisiana State Board of Nursing</p>
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<p>Maine</p>	<p>Board Position Questions Related to Registered Professional Nurses (RN)</p>	<p>The Board has determined that the registered professional nurse (RN) may assist in the procedure by acting as a "third hand" for the anesthesiologist/anesthetist. The Board further determined that the anesthetic agents are to be drawn up by the anesthetist; the physician must be present and appropriate policy should be developed by the medical and nursing staff. The RN who is not a CRNA is not to insert or place the needle. The RN is strictly assisting as a "third hand" while the anesthetist administers the anesthesia</p> <p>The Board supports safe practice to include Propofol (Diprivan) administration by registered professional nurses only in the following circumstances: to intubate; to maintain sedation for mechanically ventilated patients; and, to sedate or those patients undergoing emergency intubation. The Board recognizes that Propofol administration for analgesia, muscle relaxation, or sedation may rapidly lead to deep sedation and or short duration general anesthesia requiring intubation. Therefore, effective June 4, 2010, administration of Propofol for nonventilated patients is restricted to certified registered nurse anesthetists.</p>	<p>Maine State Board of Nursing</p>
<p>Maryland</p>	<p>N/A</p>	<p>No direct guidance is offered by the State Board of Nursing regarding the administration of moderate or deep sedation by Registered Nurses within the state of Maryland.</p>	<p>Maryland Board of Nursing</p>
	<p>Nursing Declaratory Rulings</p>	<p>The Board is in the process of drafting a regulatory proposal to promulgate standards based upon a Decision-Making Model. In the interest of obtaining comments from members of the public and the nursing community a sample Decision-Making Model is included here for reference.</p>	

<p>Massachusetts</p>	<p>Advisory Ruling: RN Administration of Medications Intended for Mild to Moderate Sedation</p>	<p>The RN who is duly educated and qualified may receive, accept, and transcribe orders from duly authorized prescribers for medications capable of producing minimal to moderate sedation/analgesia. The RN may administer medications intended for minimal to moderate sedation/analgesia when ordered by a duly authorized prescriber. Professional standards recognize the nurse as responsible and accountable for possessing the knowledge, skills and abilities to perform the activity safely, effectively and competently.</p>	<p>The Massachusetts Board of Registration in Nursing</p>
<p>Michigan</p>	<p>N/A</p>	<p>No guidance is offered regarding the administration of moderate or deep sedation by Registered Nurses within the state of Michigan.</p>	<p>N/A</p>
<p>Minnesota</p>	<p>Statement of Accountability for Administration of Medications Classified as Anesthetics by the Registered Nurse</p>	<p>Administration of medications is within the scope of practice of registered nurses and licensed practical nurses in the State of Minnesota as a delegated medical function. Administration of medications classified as anesthetics for the purpose of procedural sedation and analgesia requires particular attention. It is the expectation of the Minnesota Board of Nursing that nurses will give careful consideration to each episode of medication administration and make a nursing judgment regarding whether the nurse may safely accept the delegation of medication administration under the given circumstances and specific setting.</p>	<p>Minnesota Board of Nursing</p>

<p>Mississippi</p>	<p>Position Statement Administration and Management of Intravenous (IV) Moderate Sedation</p>	<p>It is within the scope of practice of the registered nurse who is not a qualified anesthesia provider to administer and monitor patients receiving IV moderate (procedural) sedation with non-anesthetics or anesthetics during therapeutic, diagnostic or surgical procedures (including to un-intubated patients) provided specific circumstances are met. These include, but are not limited to, the registered nurse is allowed by institutional policy to administer IV moderate sedation.</p>	<p>Mississippi Board of Nursing</p>
<p>Missouri</p>	<p>RESPONSE TO SERMCHIEF V. GONZALES CASE</p>	<p>The Board takes the position that the dimensions of an individual nurse's practice should be based upon the nurse's education, knowledge, competence, interest and in consultation with nursing organizations. Practice decisions of the individual nurse shall be made in order to provide safe health services for the consumer. The legal limit of an individual nurse's practice is defined by the nurse's education, knowledge and competence. An individual who is licensed as a nurse may legally practice within his/her full range of nursing regardless of whether or not the individual uses other titles which are indicative of the individual's advanced education, knowledge or experience.</p>	<p>Missouri State Board of Nursing</p>
<p>Montana</p>	<p>DECLARATORY RULING: RN - CONSCIOUS SEDATION</p>	<p>The Board of Nursing adopts the position that it is within the scope of practice of a non-anesthetist registered nurse to administer IV conscious sedation medication under a physician's order.</p>	<p>Montana Board of Nursing</p>

<p>Nebraska</p>	<p><u>Advisory Opinion: Analgesia and Moderate Sedation</u></p>	<p>It is not considered appropriate for an RN to administer drugs labeled by the Food and Drug Administration as Anesthetic Agents for the purpose of moderate sedation. This includes but is not limited to Propofol, Etomidate, Pentothal, Ketamine, or Brevital by any route. The exception is the administration of these medications by an RN to an intubated, ventilated patient in the critical care setting... It is within the scope of practice of a registered nurse who is not a qualified anesthesia provider to manage and monitor the care of patients receiving IV moderate sedation during therapeutic, diagnostic, or surgical procedures</p>	<p>Nebraska Board of Nursing</p>
<p>Nevada</p>	<p><u>Practice Decision The Role of the RN in Conscious Sedation</u></p>	<p>It is within the scope of practice of the RN to manage the care of patients receiving IV conscious sedation during therapeutic, diagnostic, or surgical procedures provided certain criteria are met, including, that a qualified anesthesia provider or practitioner selects and orders the medications to achieve minimal or moderate sedation.</p>	<p>Nevada State Board of Nursing</p>

<p>New Hampshire</p>	<p>What is the role of the RN, LPN in the administration of Anesthetics?</p>	<p>It is the expectation of the New Hampshire Board of Nursing that administration of medications classified as anesthetics for the purpose of sedation, and analgesia requires special attention. The licensed nurse must decline to administer medications classified as anesthetics or other medications if the nurse perceives the administration would be unsafe under the circumstances or if the medication is restricted by manufacturer guidelines, including black box warning (such as is seen with Propofol) or outside the scope of practice of the licensed nurse. The nurse should be cognizant of drugs that have the potential for rapid, profound changes in sedative/anesthetic depth and the lack of antagonist medications and drugs that contain manufacturer's warnings (black box) limiting administration to persons trained in general anesthesia, should receive care consistent with that required for deep sedation.</p>	<p>New Hampshire Board of Nursing</p>
<p>New Jersey</p>	<p>N/A</p>	<p>No guidance is offered regarding the administration of moderate or deep sedation by Registered Nurses within the state of New Jersey.</p>	<p>State of New Jersey Board of Nursing</p>

<p>New Mexico</p>	<p>Standards of Nursing Practice - 16.12.2.12.H.2</p>	<p>(a) Administration of medication for the purposes of procedural sedation and analgesia requires particular attention; (b) A nurse shall possess specialized nursing knowledge, judgment, skill and current clinical competence to manage the nursing care of the patient receiving procedural sedation including: (i) being currently trained with demonstrated proficiency in ACLS or PALS; (ii) knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, oxygen delivery, respiratory physiology, transport and uptake and the use of an oxygen mask, bag-valve mask, oral airway, nasal airway adjunct, or the maintenance of a supraglottic airway, or endotracheal tube; (iii) ability to recognize emergency situations and institute emergency procedures as appropriate to the patient condition and circumstance. (c) To perform procedural sedation a registered nurse:</p>	<p>New Mexico Board of Nursing</p>
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<p>New Mexico</p>	<p><u>Standards of Nursing Practice - 16.12.2.12.H.2</u> <u>(Continued)</u></p>	<p>(i) shall not have other responsibilities during or after the procedure that would compromise the nurse's ability to adequately monitor the patient during procedural sedation/analgesia;</p> <p>(ii) shall assess the physical setting for safe administration of medications for sedation and proceed only if the resources needed for reasonable anticipated emergencies are available;</p> <p>(iii) shall ensure that a qualified airway specialist is readily available during and after the procedure for respiratory emergencies;</p> <p>(iv) shall decline to administer medications classified as sedatives or other medication if the registered nurse assesses the administration of sedatives or other medication would be unsafe under the circumstances;</p> <p>(v) shall maintain adequate oxygenation and ventilation via an appropriate method as noted in Item (iii) of Subparagraph (b) of Paragraph (2) of Subsection C of 16.12.2.12 NMAC.</p>	<p>New Mexico Board of Nursing</p>
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<p>New York</p>	<p>Practice Guideline on the Administration of IV Anesthetic Agents by Non-Anesthetist Registered Nurses for the Purpose of Sedation and Anesthesia</p>	<p>Any drug that is considered an anesthetic agent must be administered by a trained anesthesia provider. Drugs such as Propofol, ketamine, etomidate, methohexital, and thiopental may not be appropriate agents for administration by RNs who are not qualified as CRNAs for the purpose of sedation and anesthesia. However, Registered Nurses, who are competent in the procedure through education and experience, may administer Propofol to intubated, ventilated patients in a critical care setting based on an appropriate medical order.</p>	<p>New York State Board of Nursing</p>
<p>North Carolina</p>	<p>PROCEDURAL SEDATION - Position Statement for RN Practice</p>	<p>Administration of sedative, analgesic, and anesthetic pharmacological agents, for the purpose of Moderate or Deep Procedural Sedation/Analgesia, to non-intubated clients undergoing therapeutic, diagnostic, and surgical procedures, is within the non-anesthetist Registered Nurse (RN) scope of practice.</p>	<p>North Carolina Board of Nursing</p>
<p>North Dakota</p>	<p>Practice Statements Role of The RN in Administration of Anesthetic Agents</p>	<p>A licensed nurse who is not a Certified Registered Nurse Anesthetist may not administer general anesthesia or conscious/moderate sedation. There may be an exception to this statement in the following clinical settings described. It is within the Scope of Practice for the Registered Nurse to administer pharmaceutical drugs classified as anesthetic agents used for the purpose of sedation for the client if the following requirements are met:</p> <ol style="list-style-type: none"> 1. To an intubated and/or ventilated client. 2. During the intubation procedure in an emergency when assisting the licensed physician or anesthesia provider. 3. For relief of refractory symptoms in intractable distress in the dying patient 	<p>North Dakota Board of Nursing</p>

<p>Ohio</p>	<p>Interpretive Guideline RN role in the care of IV moderate sedation</p>	<p>The scope of practice for registered nurses may include administration of sedating medications for purposes of providing procedural moderate sedation, and to monitor the sedated patient prior to, during and after the procedure, in circumstances where the safety and well being of the patient can be ensured through a supportive clinical environment that contains appropriate monitoring capabilities and the availability of the necessary health care personnel and equipment to address complications.</p>	<p>Ohio Board of Nursing</p>
<p>Oklahoma</p>	<p>Moderate (Conscious) Sedation Guidelines for Registered Nurse Managing and Monitoring Patients</p>	<p>The Registered Nurse is authorized by institutional policy to administer, manage and/or monitor moderate (conscious) sedation of patients for short-term therapeutic, diagnostic or surgical procedures. The Registered Nurse managing and monitoring moderate (conscious) sedation shall evidence competency in the management and monitoring of moderate (conscious) sedation.</p>	<p>Oklahoma Board of Nursing</p>
<p>Oregon</p>	<p>Policy Guideline: Nursing Scope of Practice for the Use of Sedating and Anesthetic Agents</p>	<p>The Oregon State Board of Nursing affirms that it is within scope of practice for the Licensed Practical Nurse (LPN), Registered Nurse (RN), Nurse Practitioner (NP) and the Clinical Nurse Specialist (CNS) to administer sedating agents for the purpose of anxiolysis. In addition, it is not within the scope of practice of the LPN, RN, NP or CNS to administer anesthetic agents for the purpose of anxiolysis. If the patient receiving sedating/anesthetic agents for anxiolysis progresses to a deeper level of sedation, the nurse responsibility and requirements outlined in this policy guideline for procedural sedation must be followed.</p>	<p>Oregon State Board of Nursing</p>

Pennsylvania	Pennsylvania Code § 21.413 Interpretations regarding the administration of drugs—statement of policy	The registered nurse who is not a certified registered nurse anesthetist may administer intravenous conscious sedation medications during minor therapeutic and diagnostic procedures, when certain conditions exist:	Pennsylvania State Board of Nursing
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<p>Rhode Island</p>	<p>Rules and Regulations for Licensing of Hospitals Section 37.5: Anesthesia Service</p>	<p>Anesthesia shall only be administered by: a) a qualified anesthesiologist; b) a doctor of medicine or osteopathy (other than an anesthesiologist); d) a certified registered nurse anesthetist (CRNA) acting within his/her scope of practice and as authorized by the governing body; e) a physician assistant acting within his/her scope of practice and as authorized by the governing body; f) a certified nurse-midwife acting within his/her scope of practice and as authorized by the governing body; g) a certified registered nurse practitioner acting within his/her scope of practice and as authorized by the governing body.</p>	<p>State of Rhode Island Department of Health</p>
<p>South Carolina</p>	<p>Advisory Opinion # 25 Is it within the role and scope of responsibilities of the registered nurse (RN) to administer pharmacological agents intravenously for sedation?</p>	<p>The Board of Nursing for South Carolina acknowledges that it is within the role and scope of the responsibilities of the RN to administer medications for sedation as ordered by a licensed physician, dentist or Advanced Practice Registered Nurse (APRN). This does not apply to the administration of agents for the purpose of analgesia/pain management. RNs who are not qualified anesthesia providers May not administer agents used primarily as anesthetics or induction agents, including, but not limited to Ketamine, Propofol, Etomidate, Sodium Thiopental, Methohexital, Fentanyl, all extrapotent opiates, nitrous oxide, or inhalation agents.</p>	<p>South Carolina Board of Nursing</p>

<p>South Dakota</p>	<p>Position Statement The Role of the Registered Nurse in the Management of Adult Clients Receiving IV Moderate Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures</p>	<p>It is within the scope of practice for a registered nurse to manage the care of adult clients receiving IV moderate sedation, which may progress to deep sedation during therapeutic, diagnostic, or surgical procedures under the direct supervision of an anesthesia provider or physician, provided the following criteria are met:</p> <ul style="list-style-type: none"> ■ The RN is ACLS certified. ■ Institutional policy, procedures and protocol allow administration of the prescribed medications by non-anesthetist RNs. ■ A qualified anesthesia provider or attending physician selects and orders the medications necessary to achieve the required level of sedation. ■ Guidelines for client monitoring, drug administration, and managing complications or emergency situations are available and reflect accepted national standards of professional nursing practice and the most recent research and technological advances. 	<p>South Dakota Board of Nursing</p>
<p>Tennessee</p>	<p>Rules - Standards for Hospitals</p>	<p>If the hospital furnishes anesthesia services, anesthesia must be administered only by:</p> <ol style="list-style-type: none"> 1. A qualified anesthesiologist; 2. A doctor of medicine or osteopathy (other than an anesthesiologist); 3. A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law; 4. A certified registered nurse anesthetist (CRNA); or 5. A graduate registered nurse anesthetist under the supervision of an anesthesiologist who is immediately available if needed. 	<p>Tennessee Board for Licensing Health Care Facilities</p>

<p style="text-align: center;">Texas</p>	<p style="text-align: center;">Position Statement 15.8 The Role of the Nurse in Moderate Sedation</p>	<p>All licensed nurses practicing in Texas are required to "know and comply" with the Nursing Practice Act (NPA) and Board Rules. 22 TAC §217.11(1)(B) requires the nurse to "promote a safe environment for clients and others." This standard establishes the nurse's duty to the patient/client, which supersedes any physician order or any facility policy. This "duty" to the patient requires the nurse to use informed professional judgment when choosing to assist or engage in a given procedure.</p> <p>As the NPA and rules are not prescriptive to specific tasks a nurse may or may not perform, a RN or non-CRNA advanced practice registered nurse should consider evidence-based practice guidelines put forth by professional organizations with clinical expertise in the administration of pharmacologic agents used for sedation/anesthesia as well as advanced airway management and cardiovascular support.</p> <p>Use of Specific Pharmacologic Agents It is up to facilities and physicians to determine specific pharmacologic agents to be used to induce moderate sedation. The Board advises the RN or non-CRNA advanced practice registered nurse use caution, however, in deciding whether or not s/he has the competency to administer the specific pharmacologic agents ordered by the physician. What is within the scope of practice for one RN is not necessarily within the scope of practice for another RN.</p>	<p style="text-align: center;">Texas Board of Nursing</p>
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<p style="text-align: center;">Utah</p>	<p style="text-align: center;">Rule R432-100-15. General Hospital Standards</p>	<p>In a hospital anesthesia care shall be provided by anesthesiologists, other qualified physicians, dentists, oral surgeons, or Certified Registered Nurse Anesthetists who are members of the medical staff within the scope of their practice and license...Anesthesia care includes IV sedation</p>	<p style="text-align: center;">Utah Administrative Code</p>
<p style="text-align: center;">Vermont</p>	<p style="text-align: center;">Position Statement The scope of practice for the Registered Nurse in the administration and monitoring of moderate sedation</p>	<p>It is within the scope of practice for a registered nurse (non-CRNA, certified registered nurse anesthetist) to administer non-anesthetic medications and to monitor patients in a state of Moderate Sedation as defined by the American Society of Anesthesiologists. The registered nurse (non-CRNA) must be specifically trained with demonstrated knowledge, skills, and ability in the clinical settings in which the nurse will practice. It is not within the registered nurse's (non-CRNA) scope of practice to administer an anesthetic agent for any level of sedation as described by the American Society of Anesthesiologists. It is also not within the scope of practice for the registered nurse (non-CRNA) to administer medications for the purpose of deep sedation or general anesthesia.</p>	<p style="text-align: center;">Vermont Board of Nursing</p>

<p>Virginia</p>	<p style="text-align: center;"> GUIDANCE DOCUMENT # 90-5 Administration of Neuromuscular Blocking Agents for Conscious Sedation </p>	<p>Blocking agents, the Board of Nursing advises that:</p> <ol style="list-style-type: none"> 1. The definition of nursing authorizes nurses to administer drugs prescribed by an individual licensed to prescribe. 2. The law and regulations do not appear to limit the types of drugs or the places where drugs are administered. 3. It is important to know the purpose for which the drug is administered, i.e., sedation or anesthesia. 4. The Board stressed the importance of adequate initial and ongoing competency for those who will be administering these drugs since the Board, in its Regulations, has defined unprofessional conduct to include assuming duties within the practice of nursing without adequate training or when competency has not been maintained. 5. The decision to implement the policy rests with the institution. 	<p>Virginia Board of Nursing</p>
<p>Washington</p>	<p style="text-align: center;"> Scope of Practice for the RN in the Administration of Procedural Sedation and the Management of Patients Receiving of Procedural Sedation </p>	<p>The Washington State Nursing Care Quality Assurance Commission affirms that it is within the role and scope of practice for the registered nurse (RN) to administer procedural sedation and to manage patients who are receiving and recovering from procedural sedation.</p>	<p>Nursing Care Quality Assurance Commission</p>

<p>West Virginia</p>	<p>Position Statement Administration of Anesthetics by Registered Nurses</p>	<p>It is not within the scope of practice for an RN who is not A CRNA to administer medications classified as anesthetics such as ketamine, Propofol, etomidate, sodium thiopental, methohexital, nitrous oxide and neuromuscular blocking agents (paralytics), except under the following circumstances:</p> <ol style="list-style-type: none"> 1) The patient is intubated and ventilated in the acute care setting 2) In an emergency setting for Rapid Sequence Intubation (RSI) in the presence of a physician or advance practice RN credentialed in emergency airway management and cardiovascular support. 	<p>West Virginia Board of Examiners for Registered Professional Nurses</p>
<p>Wisconsin</p>	<p>Administrative Code: Hospitals, 124.20(3)(b)3</p>	<p>If anesthetics are not administered by a qualified anesthesiologist, they shall be administered by a physician anesthesiologist, podiatrist or a registered nurse anesthetist, under supervision as defined by medical staff policy. The hospital, on recommendation of the medical staff, shall designate persons qualified to administer anesthetics and shall determine what each person is qualified to do.</p>	<p>Wisconsin Department of Health and Family Services</p>

<p>Wyoming</p>	<p><u>ADVISORY OPINION MODERATE SEDATION</u></p>	<p>It is within the scope of practice of an appropriately trained and competent RN to administer moderate sedation for the purpose of diagnostic or therapeutic procedures as ordered by the physician, APRN or PA if the following criteria are met:</p> <ul style="list-style-type: none">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 who is on-site; andE. The patient's condition is assessed prior to, during, and after the procedure to current standard of practice.	<p>Wyoming State Board of Nursing</p>
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