

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

<i>Title:</i>	Infusion Therapy Management	<i>Number:</i> NCAO 24.00
<i>References:</i>	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing RCW 18.71.011 Definition of the Practice of Medicine Practice Information: Glossary of Terms Interactive Scope of Practice Decision Tree RN and LPN Scope of Practice Advisory Opinion Administration of Sedating, Analgesic, and Anesthetic Agents Advisory Opinion Compounding Medications Advisory Opinion Standing Orders and Verbal Orders Advisory Opinion	
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<i>Effective Date:</i>	September 11, 2020	
<i>Supersedes:</i>	Intravenous Therapy by Licensed Practical Nurses (Undated)	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

Conclusion Statement

The Nursing Care Quality Assurance Commission (NCQAC) concludes that it is within the scope of practice for the appropriately prepared and competent registered nurse (RN) and licensed practical nurse (LPN) to provide and manage infusion therapy under the direction of [authorized health care practitioner](#). The commission recommends the RN or LPN use the [Interactive Scope of Practice Decision Tree](#) to determine if an activity is within their legal and individual scope of practice.

Background and Analysis

Vascular and non-vascular access devices are commonly used in inpatient, outpatient, community-based and in-home/hospice care settings. Phlebotomy and laboratory/diagnostic testing often coincides with access to vascular and non-vascular procedures and medication administration including venous, peripheral, and central, arterial, intraosseous, and intraspinal (epidural, intrathecal and ventricular). The Washington State nursing law ([RCW 18.79](#)) and rule ([WAC 246-840](#)) does not prohibit the RN or LPN from placing or managing infusion device, performing infusion therapy, performing phlebotomy or

radiological procedures to aid insertion of a device (such as ultrasound or fluoroscopy) within their legal and individual scope of practice under the direction of an authorized health care practitioner in any setting. It is not within the scope of practice for the RN or LPN to start a vascular or non-vascular access device or administer an infusion without an order from an authorized health care practitioner. [RCW 18.71.011 Definition of the Practice of Medicine](#).

The nursing law and rule does not require a specific certification or training course. The organization or employer may require specific training or certification. Organizational policies and procedures may be more restrictive than law and rule and limit nursing scope of practice. The RN and LPN remains individually accountable and responsible for the nursing care they provide.

Recommendations

The NCQAC recommends the RN or LPN use the [Interactive Scope of Practice Decision Tree](#). The RN and LPN must follow applicable laws, rules, standards, and guidelines that may be relevant to infusions, blood-borne pathogen/infection control, and use of medical imaging devices. The commission recommends the facility/organization or employer develop policies and procedures.

Standing orders may be an option to allow the nurse to start and manage infusions, including starting more than one infusion line. The nurse does not require an additional order to restart an infusion line or device that is no longer patent unless the provider specifically directs the nurse not to restart the device or infusion. The nurse may want to consult with the authorized health care practitioner in situations when the nurse is unsure if the patient still requires the infusion line or device or if the access is insufficient to support the therapy needed. The nurse should be prepared to respond in an emergency that may involve administration of emergency medications.

Other commission approved advisory opinions provide additional information that may be relevant to infusion management and therapy:

- [RN and LPN Scope of Practice Advisory Opinion](#)
- [Administration of Sedating, Analgesic, and Anesthetic Agents Advisory Opinion](#)
- [Compounding Medications Advisory Opinion](#)
- [Standing Orders and Verbal Orders Advisory Opinion](#)

Registered Nurse

It may be within the scope of practice of the RN to perform the following activities related to infusion devices under the direction of an authorized health care practitioner:

- Insertion or removal of peripheral, central venous access device (CVAD), arterial, umbilical arterial catheter (UAC), umbilical venous catheter (UVC), intraspinal, intraosseous, and subcutaneous infusion devices;
- Site monitoring, site care, and dressing changes of peripheral, central venous access device (CVAD), arterial, umbilical arterial catheter (UAC), umbilical venous catheter (UVC), intraspinal, intraosseous, and subcutaneous infusion devices;

- Medication administration using piggyback, push, or bolus methods via peripheral (including short peripheral, midline, or central), central venous access device (CVAD), arterial, umbilical arterial catheter (UAC), umbilical venous catheter (UVC), intraspinal, intraosseous, and subcutaneous infusion devices;
- Transfusion of blood products;
- Infusion of biologic therapies, including stem cell therapies;
- Infusion of chemotherapy;
- Blood/specimen sampling;
- Administration of total parenteral nutrition;
- Monitoring patency of infusion devices;
- Changing infusion sets; and
- Preparing, initiating, managing, and monitoring infusion pumps.

Licensed Practical Nurse

The LPN scope limits practice to providing routine and non-complex care. The complexity of the patient's condition determines the nursing knowledge required to provide the level of care the patient needs. A more complex patient situation or less stable environment will create an increased need for consultation and/or the need for the RN to provide the full range of care requirements. It may be within the scope of practice of the competent and appropriately trained LPN to perform the following tasks related to infusion devices under the direction of an authorized health care practitioner or under the direction and supervision of the RN:

- Insertion or removal of peripheral, intraosseous, and subcutaneous devices;
- Site monitoring, site care, and dressing changes of peripheral (including short peripheral, midline, or central), central venous access device (CVAD), arterial, umbilical arterial catheter (UAC), umbilical venous catheter (UVC), intraspinal, intraosseous, and subcutaneous infusion devices;
- Assisting an authorized health care practitioner or RN in inserting, reinserting, or removing a CVAD, arterial, umbilical arterial catheter, or intraspinal catheter.
- Medication administration using piggyback, push, or bolus methods via peripheral (including short peripheral, midline, or central), central venous access device (CVAD), arterial, umbilical arterial catheter (UAC), umbilical venous catheter (UVC), intraspinal, intraosseous, and subcutaneous infusion devices;
- Transfusion of blood products;
- Infusion of biologic therapies, including stem cell therapies;
- Infusion of chemotherapy;
- Blood/specimen sampling;
- Administration of total parenteral nutrition;
- Monitoring patency of infusion devices;
- Changing infusion sets; and
- Preparing, initiating, managing, and monitoring infusion pumps.

The commission recommends facilities follow professional practice standards such as those published by the [Infusion Nurses Society \(INS\)](#), [Association for Vascular Access \(AVA\)](#), [National Infusion Center \(NICA\)](#), and [Association for Radiologic and Imaging Nursing \(ARIN\)](#).

Conclusion

The nurse is responsible to use nursing judgment to ensure safe practices including considering whether the patient care status, medication type, patient care environment, available resources, competency, or other factors make it safe to perform the activity. The burden rests on the nurse to maintain documented evidence of education and competence to perform the activity.

References

Infusion Nurses Society (INS): <https://www.ins1.org/>

Association for Vascular Access (AVA): <https://www.avainfo.org/>

National Infusion Center (NICA): <https://infusioncenter.org/>

Association for Radiologic and Imaging Nursing (ARIN):
<https://www.arinursing.org/resources/practice-guidelines/>