

Vermont Board of Nursing
Position Statement

THE ROLE OF THE LICENSED PRACTICAL NURSE IN INTRAVENOUS INFUSION THERAPY

Question: What is the role of the Licensed Practical Nurse (LPN) in intravenous infusion therapy?

Definitions:

Venous Access Device/Line – Any centrally or peripherally inserted venous infusion device/line.

Central Venous Device/Line – Any infusion device whose distal end is placed in the central venous system. These devices may be tunneled, non-tunneled, or implanted. Insertion sites may be peripheral, for example, peripherally inserted central catheter (PICC) lines, or central.

Central Venous Port – Implanted central venous line devices for long term IV therapy.

Midline Catheters – Long-line peripherally inserted venous access devices. Such devices do not have their distal end in the central venous system. These devices are used to infuse only isotonic drugs or fluid.

SASH – Saline, administration, saline, heparin flush procedure.

SAS – Saline, administration, saline flush procedure.

Peripheral Inserted Catheter – An intravenous access device, less than 3 inches in length inserted into a peripheral vein.

Background:

Intravenous (IV) infusion therapy is used to deliver fluids, medications, blood products, and other substances directly into the circulatory system. The IV route of medication administration is commonly used in inpatient, outpatient, and home care settings. The level of risk associated with IV therapy is high due to the immediate and irretrievable effects of the substances infused and the risk of serious complications related to the delivery system, including phlebitis, infiltration, extravasation, infection, air embolism, catheter embolism, catheter-associated venous thrombosis, and vascular access device malposition.

The Infusion Nurses Society (INS) is recognized as an authority in infusion nursing. In the ever-changing world of health care technology, and as the role of nurses constantly expands, the INS sets standards for safe and effective infusion therapy based on the best available evidence and research. These standards provide guidance for nurses in all patient care settings.

The Registered Nurse may delegate responsibilities to the Licensed Practical Nurse when the anticipated patient response is routine and predictable. The RN remains accountable and responsible for all delegated tasks, and must have clear knowledge of the nursing scope of practice relative to assessment, planning, implementation and evaluation, as well as legal responsibility of delegating nursing care activities.

The Vermont Board of Nursing has developed position statements and decision trees on Determining Scope of Practice and The Role of the Nurse in Delegating Nursing Interventions. These position statements provide guidance to the RN in delegating IV therapy tasks to the LPN.

Position Statement which Reflects Nurse's Roles and Responsibilities:

The Vermont Board of Nursing believes that a Licensed Practical Nurse who has appropriate knowledge and skill may perform selected interventions in the nursing management of IV therapy through delegation and direction of an RN. This delegation and direction should be guided by:

- The Vermont Nurse Practice Act and Administrative Rules

- The Vermont Board of Nursing position statement and decision tree on Determining Scope of Practice
- The Vermont Board of Nursing position statement and decision tree on The Role of the Nurse in Delegating Nursing Interventions, and
- The standards of the INS.

IV therapy should be provided according to the organization's policies and procedures, which should include the scope of practice for each type of personnel involved with IV therapy, as well as the formal education theory and clinical program and competency validation which must be completed before providing IV therapy. Documentation of continuing competence must also be maintained.

All IV therapy provided by the LPN must be supervised by an RN who has completed a formal educational program with theory and clinical components and has demonstrated and maintains competence in IV therapy. When delegating tasks to an LPN, the RN is responsible for the following:

- Verifying the order of the licensed independent practitioner
- Assessing the appropriateness and accuracy of the prescribed therapy for the patient
- Educating the patient
- Developing and revising the patient's plan of care.

When an RN delegates aspects of IV therapy to an LPN the RN must assure that an RN or other qualified professional and other necessary resources will be immediately available to manage complications that may arise during or resulting from the care provided by the LPN. The qualified professional must be readily available if an event should occur.

The Delegation of IV Therapy to the Licensed Practical Nurse

<p>An LPN MAY:</p> <ul style="list-style-type: none"> - Identify and set up equipment and solutions for infusion through any venous access device (peripheral or central line) 		
<p>An LPN MAY:</p> <ul style="list-style-type: none"> - Insert most peripheral IV lines 	<p>Except that:</p>	<p>An LPN MAY NOT:</p> <ul style="list-style-type: none"> - Insert any central venous line including PICC lines - Insert a midline catheter
<p>An LPN MAY:</p> <ul style="list-style-type: none"> - Monitor and adjust flow rates of an intravenous infusion 		
<p>An LPN MAY:</p> <ul style="list-style-type: none"> - Administer continuous or intermittent medicated and unmedicated intravenous solutions through most venous access lines including midline catheters, central lines, and accessed implanted ports - Monitor the patient who is receiving blood products - Monitor and adjust flow rates of an infusion of colloidal solutions such as TPN and hang a subsequent bag of the exact same solution or component - Monitor a patient controlled analgesia (PCA) pump infusion and hang a subsequent bag of the exact same solution 	<p>Except that:</p>	<p>An LPN MAY NOT:</p> <ul style="list-style-type: none"> - Administer the first dose of any medicated IV solution through any venous access device (except in acute care settings) - Administer oncology chemotherapy medication through any venous access device - Administer blood or blood products - Initiate the administration of colloidal solutions such as TPN - Initiate a patient controlled analgesia (PCA) pump - Administer an IV fluid bolus for plasma volume expansion
<p>An LPN MAY:</p> <ul style="list-style-type: none"> - Administer ONLY saline and/or 	<p>Except that:</p>	<p>An LPN MAY NOT:</p> <ul style="list-style-type: none"> - Administer any medication (except

heparin flushes through a peripheral IV line by the direct IV push technique. - Flush venous access lines for patency using the SASH or SAS flush procedure. Flush any central venous line for patency, including PICC lines and implanted ports.		saline and/or heparin flushes) by direct IV push
An LPN MAY: - Discontinue and remove peripheral venous lines	Except that:	An LPN MAY NOT: - Discontinue or remove any central venous access device/line including PICC lines
An LPN MAY: - Change dressings on peripheral venous IV lines. Change dressings and/or heparin lock caps on any central venous access device/line.		
An LPN MAY: - Draw blood from peripheral venous lines and any central venous access device/line		

References:

Gahart, BL, & Nazareno, AR. (2012) 2012 Intravenous Medications, 28th ed. St. Louis, MO: Elsevier.
 Infusion Nurses Society. (2011) Infusion Nursing Standards of Practice. Supplement to January/February 2011 Journal of Infusion Nursing, 34(2).
 New York Board of Nursing and Florida Board of Nursing position statements.

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This opinion is subject to change as changes in nursing practice occur.