



Statement of Accountability for Administration of Medications Classified as Anesthetics by the Registered Nurse

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 (*See* Minn. Stat. Sec. 148.171, subd. 14 and 15). Because nurses frequently administer medications, it may appear to be a routine activity. However, many medications have serious effects, even if administered correctly and within normal dose ranges. Therefore, 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.

Administration of medications classified as anesthetics for the purpose of procedural sedation and analgesia requires particular attention.¹ The Institute for Safe Medication Practices has listed both propofol and ketamine as “High Alert” medications that “bear a heightened risk of causing significant patient harm when they are used in error.” A registered nurse may acquire the knowledge and skill required to administer these medications. Registered nurses who administer medications classified as anesthetics are accountable to:

- Adequately assess the patient prior to, during, and after administration of the medications. A baseline assessment will include, at a minimum, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and the patient’s level of consciousness. The components of the ongoing assessment of the patient will depend on the medications being administered and the condition of the patient with consideration given to the assessments identified above.
- Personally possess specialized nursing knowledge, judgment, skill and current clinical competence to manage the nursing care of the patient including:
 - Appropriate judgment in patient selection and screening.
 - Knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition, oxygen delivery, respiratory physiology, transport and uptake.
 - Skill in utilization of oxygen delivery devices and airway management.
 - Familiarity with the medications to be administered including onset and duration of action, desired effects, normal dose range, route of administration, indications, contraindications, interactions with other medications, and possible side effects and adverse reactions.
 - Competent and safe administration of the medication by the specified route.
 - Ability to anticipate and recognize potential complications of the medications being administered.

¹ Utilizing appropriate, descriptive terminology is complicated by the properties of some medications and their effects. Propofol, for example, is classified by the Food and Drug Administration as a sedative/hypnotic at lower doses and an anesthetic agent when given at sufficiently high doses. While the phrase “medications classified as anesthetics” is used in this document, it should be understood that classification of medications may change and new medications may be developed. The accountability statement applies to other medications with anesthesia inducing properties, even if not classified as anesthetics. It should also be understood that the medications might be used for other purposes, including procedural sedation and analgesia. “Procedural sedation” includes moderate and deep sedation.

- Ability to recognize emergency situations and institute emergency procedures as appropriate to the patient condition and circumstance.
- Possess knowledge of the desired outcome of sedation.
- Exclude any other duties or responsibilities while administering medications for sedation and while the patient is sedated that would require leaving the patient unattended or compromise continuous monitoring of the patient by the nurse.
- Complete timely and thorough documentation.
- Provide clear, complete, and culturally appropriate information to the patient or responsible party prior to, during, and following sedation.
- Ensure immediate availability of emergency and resuscitation personnel and equipment appropriate to the medications being administered and the age and condition of the patient.
- Verify the policies and procedures of the employing facility or organization permit administration of medications for sedation by a registered nurse.
- Ensure guidelines for patient monitoring, drug administration, and protocols for managing potential complications or emergency situations are available and have been developed and updated in accordance with accepted standards of anesthesia and nursing practice.
- Decline to administer medications classified as anesthetics or other medications if the registered nurse perceives the administration would be unsafe under the circumstances.
- Maintain safeguards for the appropriate management of controlled or abusable substances.
- Comply with all applicable Federal and state laws and rules. Under Minnesota Rule 4675.0500, (applicable to Outpatient Surgical Centers) only an anesthesiologist or qualified physician and/or anesthesiologist shall administer anesthetics other than local infiltration anesthetics.

Adopted: October 2005
Reaffirmed: December 2009

References

- American Association of Critical-Care Nurses (2002). Sedation guidelines. AACN Website. Retrieved 10/21/09, from <http://www.aacn.org/WD/Practice/Content/prnpackets.pcms?menu=Practice>
- American Association of Nurse Anesthetists (AANA). (2003). Considerations for policy guidelines for registered nurses engaged in the administration of sedation and analgesia. Retrieved 11/13/09, from <http://www.aana.com>
- American Association of Nurse Anesthetists (AANA), & American Society of Anesthesiologists (ASA). (2004). AANA-ASA Joint statement regarding propofol administration. American Society of Anesthesiologists. Retrieved 11/13/09, from <http://www.asahq.org/news/propofolstatement.htm>
- American Gastroenterological Association. (2004). AGA News Releases: Gastroenterology societies reach consensus on recommendations for sedation during endoscopic procedures. Retrieved 11/13/09, from <http://www.gastro.org/wmspage.cfm?parm1=371>
- American Society of Anesthesiologists. (2002). Practice guidelines for sedation and analgesia by non-anesthesiologists: An updated report by the Americans society of anesthesiologists task force on sedation and analgesia by non-anesthesiologists. *Anesthesiology*, 96, 1004-1017. Retrieved 11/13/09, from www.ASAhq.org/publicationsAndServices/sedation1017.pdf

American Society of Anesthesiologists. (2004). Statement on safe use of propofol. Retrieved 11/13/09, from www.ASAhq.org/publicationsAndServices/standards/37.pdf

American Society of Anesthesiologists. (2006). Statement on granting privileges for administration of moderate sedation to practitioners who are not anesthesia professionals. Retrieved 9/18/09, from <http://www.asahq.org/publicationsAndServices/standards/40.pdf>

American Society of Anesthesiologists. (2009). Press Conference: Propofol safe use: Patient safety, anesthesiologists' top priority. Recommendation in <http://www.outpatientsurgery.net/newsletter/eweekly/2009/10/27#1>

Arkansas Board of Nursing. Position Statement: 94-1. (2009). Arkansas Board of Nursing Practice Policy. Administration of IV conscious sedation by the registered nurse. Retrieved 10/20/09, from <http://www.arsbn.org>

Arizona Board of Nursing. (2007). Advisory opinion: Conscious sedation for diagnostic and therapeutic procedures. Retrieved 9/18/09, from http://www.azbn.gov/documents/advisory_opinion/ao%20conscious%20sedation%20for%20diagnostic%20and%20therapeutic%20procedures.pdf

Brown, T.B., Lovato, L.M., & Parker, D. (2005). Procedural sedation in the acute care setting. *American Family Physician*, 71, 85-90.

Byrne, M., Chiba, N., Singh, H., Sadowski, D. (2008). Propofol use for sedation during endoscopy in adults: A Canadian Association of Gastroenterology position statement. Retrieved 9/18/09, from <http://www.cag-acg.org/uploads/byrnepropofolpositioncjpgmay2008.pdf>

Calloway, S. (2006). The safe use of propofol (diprivan). Strategies. A publication for risk management, patient safety, performance improvement and compliance professionals. Retrieved 10/20/09, from http://www.thedoctors.com/ecm/groups/public/@tdc/@web/@ohic/documents/publication/id_006893.pdf

Coté, C.; Wilson, S.; & the Work Group on Sedation. (rev. 2006). American Academy of Pediatrics, American Academy of Pediatric Dentistry. Guidelines for monitoring and management of pediatric patients during and after sedation for diagnostic and therapeutic procedures: An update. Retrieved 10/28/09, from <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;118/6/2587#T6>

Emergency Nurses Association Joint Position Statement. (2008). Procedural sedation consensus statement. Retrieved 10/20/09, from http://www.ena.org/SiteCollectionDocuments/Position%20Statements/Procedural_Sedation_Consensus_Statement.pdf

Emergency Nurses Association Position Statement. (2005). Delivery of agents for procedural sedation and analgesia by emergency nurses: Joint ENA/ACEP Statement. Retrieved 10/20/09, from http://www.ena.org/SiteCollectionDocuments/Position%20Statements/Delivery_of_Agents_for_Procedural_Sedation_and_Analgesia_-_ENACEP.pdf

FDA Advisory Panel Recommends Approval Of The SEDASYS(R) System. (May 30, 2009). Retrieved 10/21/09, from <http://www.medicalnewstoday.com/printerfriendlynews.php?newsid=15196>

ISMP Medication Safety Alert. (2005). Propofol sedation: Who should administer? Retrieved 9/18/09, from <http://www.ismp.org/newsletters/acutecare/articles/20051103.asp>

Mississippi Board of Nursing. Position statement: Administration and management of intravenous (IV) moderate sedation. (2009). Retrieved 10/21/09, from http://www.msbn.statement.ms.us/pdf/Sedation2009_1.pdf

Nursing New York Board of Nursing. (2007). Practice alerts and guidelines. Administration of IV anesthetic agents by non-anesthetist registered nurses for the purpose of sedation and anesthesia. Retrieved 11/13/09, from <http://www.op.nysed.gov/nurse-ivsedation.htm>

Non-anesthesiologist Administered Propofol. (2009). Retrieved 9/18/09, from <http://www.sedationfacts.org/sedation-administration/non-anesthesiologist-administered-propofol>

North Dakota Board of Nursing. Practice Statement. (2007). Role of registered nurse in the management of patients receiving moderate sedation/analgesia for therapeutic, diagnostic, or surgical procedures. Retrieved 11/13/09, from <http://www.ndbon.org/opinions/moderate%20sedation%20position%20statement.asp>

Nursing Law and Order. (2009). Anesthetic agent diprivan and the American association of nurse anesthetists statement. Retrieved 9/18/09, from <http://advocatefornurses.typepad.com/my2cents/2009/07/anesthetic-agent-diprivan-and-the-american-association-of-nurse-anesthetists-statement-.html>

Policy Statement: Procedural sedation in the emergency department. (2005). *Annals of Emergency Medicine*, 46, 103-104.

Position statement. (2007). Statement on the use of sedation and analgesia in the gastrointestinal endoscopy setting. Retrieved 9/18/09, from <http://www.sгна.org/Resources/sedationrevised.pdf>

eMedicine Specialties. (2009). Procedural sedation. Retrieved 10/20/09, from <http://emedicine.medscape.com/article/109695-overview>

Sedation facts: Comprehensive information on GI sedation. (2009). Retrieved 10/28/09, from <http://www.sedationfacts.org/>