

The RN or LPN Who Participates in Vascular and Non-Vascular Access and Infusion Therapy

The *Oregon State Board of Nursing Scope of Practice Decision Making Guidelines for All Licensed Nurses* was used to formulate this Interpretive Statement. Each section of the guideline is defined and the applicability to vascular and non-vascular access and infusion therapy (infusion related procedure) is explained. For easier reference, it may be helpful to lay the Decision Making Guidelines alongside this statement.

Vascular and non-vascular access devices are commonly utilized in inpatient, outpatient and community environments. Application of the following decision making guideline will assist the licensee in self-evaluating whether or not engagement in the specific infusion related procedure is within the licensee's scope of practice based upon their level of licensure, practice setting, education, and documented competencies.

1. Is the role, intervention or activity prohibited by the Nurse Practice Act and Rules/Regulations or any other applicable laws, rules/regulations or accreditation standards?

The Nurse Practice Act (NPA) does not specifically address the placement of intravascular (IV), non-vascular (e.g. Intra Osseous) or central vascular access devices (CVAD). This means that a licensee's performance of specific procedures associated with infusion therapy are not prohibited by the NPA.

The NPA does limit the authority to diagnose medical conditions and determine the treatment for diagnosed conditions to the advanced practice registered nurse; i.e., nurse practitioner (NP), certified registered nurse anesthetist (CRNA), and clinical nurse specialist (CNS). Therefore, the RN's and the LPN's role with vascular access, non-vascular access, and infusion therapy is to assist with the implementation of an order from an NP, CRNA, CNS or other licensed independent practitioner (LIP) in accordance with the respective prescriber's plan of care or treatment plan for the client.

OAR 851-45-0050 (3) identifies that LPN practice may only occur under the clinical direction and clinical supervision of the RN or the LIP who has completed a comprehensive assessment of the client and developed a plan of care for the client. This means that LPN practice may only occur within the parameters of the client's established plan of care as authored by the RN or LIP.

Therefore, it is outside of the LPN's scope of practice to perform the activity for any client in the absence of an established plan of care authored by an RN or LIP.

2. Is performing the role, intervention or activity consistent with professional nursing standards, evidence-based nursing and health care literature?

Professional specialty nursing organizations publish professional practice standards based on current science. The Infusion Nurses Society (INS) has published *Infusion Nursing Standards of Practice* (INS, 2011). The Association for Vascular Access (AVA) has published position statements related to the nurse's engagement in vascular access procedures. The AVA has also published a position statement on cannulation of the internal and external jugular veins by RNs and other qualified healthcare professionals (AVA, 2011). The National Infusion Center Association (NICA) has published *NICA Minimum Standards for In-Office Infusion* (NICA, 2019).

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Evidence-based practice may support the use of medical imaging devices to provide both patient safety and comfort for invasive procedures. Adoption of such practices would mandate the licensee and employer to review and adhere to applicable laws, regulations and rules that may be relevant to the nurse participating in the use of such technology.

Primary literature sources containing peer-reviewed research articles pertinent to infusion therapies and the nurse's role in the provision of such therapies may be accessed via a full text database such as ProQuest, EBSCOhost, and Nursing@Ovid®. These are available through subscription and may be available through one's employer or alma mater.

3. Are there practice setting policies and procedures in place to support performing the role, intervention or activity?

Prior to engaging in an infusion related procedure, the licensee is responsible to ensure that the policies and procedures of the setting support the licensee's performance of the procedure and are accessible in the environment of care. The licensee has a responsibility to recognize that organizational or business policy may not supersede state or federal laws and regulations.

4. Has the nurse completed the necessary education to safely perform the role, intervention or activity?

The licensee must have documented education, either obtained through their employer or acquired independently, that is appropriate for the level of care provided to the client. While there is no NPA requirement for specific education related to infusion activities, the burden rests with the individual nurse to maintain documented evidence of the necessary education to safely perform the activity.

5. Is there documented evidence of the nurse's current competence (knowledge, skills, abilities and judgement) to safely perform the role, intervention or activity?

The licensee must have documented competency, either demonstrated through their employer or acquired independently that is appropriate for the level of care provided to the client. There is no requirement within the NPA for specific competency. Competency documentation is an individual responsibility of the nurse and may be subject to audit by the Oregon State Board of Nursing.

6. Would a reasonable and prudent nurse perform the role, intervention or activity in this setting?

A reasonable and prudent nurse may perform the activity when the activity is: not a prohibited act; within the scope of practice for the licensee's level of licensure; appropriate to occur in the environment of care; supported by policy and procedure; one for which the nurse possesses the necessary education and competencies to execute safely; included within the advanced practice registered nurse's plan of care for the client or other LIP's treatment plan for the client; supported by the LIP's order for the procedure; and delivered in adherence to Chapter 851 Division 45 Standards and Scope of Practice. The latter includes, but is not limited to, the RN's documented engagement in nursing practice as required by 851-045-0060(3)(a) through (f), and the LPN's documented engagement in nursing practice as required by 851-045-0050(3)(a) through (e).

7. Is the nurse prepared to accept accountability for the role, intervention or activity for the related outcome?

The nurse maintains responsibility for the environment of care and is accountable for nursing care provided. When all criteria of the Scope of Practice Decision Making model have been met, and the nurse is prepared to accept accountability for performance of the procedure and its outcome, then

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the activity is within the scope of practice and the nurse may perform the activity to acceptable and prevailing standards of safe nursing care.

If the nurse is not be willing to accept the accountability for performance of the procedure on the client and the outcome, the nurse should decline to engage in the procedure. When this decision is made by the nurse, the choice to decline is not a scope of practice issue.

References:

Association for Vascular Access (2011). Position Statements. www.avainfo.org
Association for Vascular Access (2011). *Cannulation of the Internal and External Jugular Veins by Registered Nurses and Other Qualified Healthcare Professionals*. Author
Infusion Nurses Society (2011). *Infusion Nursing Standards of Practice*. Author
National Infusion Center Association (June 2019). *Minimum Standards for In-Office Infusion*
<https://infusioncenter.org>
Oregon's Nurse Practice Act

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice in order to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of policies and interpretive statements, which are advisory in nature and used as guidelines for safe nursing practice.