



South Dakota Board of Nursing

South Dakota Department of Health

4305 S. LOUISE AVENUE SUITE 201 ♦ SIOUX FALLS, SD 57106-3115

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Role of the Registered Nurse in the Management of Analgesia by Catheter Technique for the Client Experiencing Acute or Chronic Pain

The South Dakota Board of Nursing is authorized by the state of South Dakota, pursuant to SDCL 36-9-1.1, to safeguard life, health and the public welfare; and to protect citizens from unauthorized, unqualified and improper application of nursing practices.

The practice of registered nurses, pursuant to SDCL 36-9-3 (14,) allows registered nurses to perform other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience.

The South Dakota Board of Nursing issues opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. An opinion is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

Approval Date: September 1993
Revised: April 1998, January 2002

Practice Statement

It is within the scope of practice for the registered nurse to manage the care of clients receiving analgesia by catheter techniques when the following criteria are met:

1. Management and monitoring of analgesia by catheter techniques, including the alteration of infusion rate or administration of medication after the initial or test dose by registered nurses, is established by institutional policy and procedure.
2. The attending physician or qualified anesthesia provider, placing the catheter or infusion device, selects and orders the drugs, doses, and concentrations.
3. Guidelines for client monitoring, drug administration and procedures for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia or physician provider.
4. Intravenous access must be continuously maintained for administration of reversal agents and other required medications.
5. Validation of initial and ongoing competence must occur related to the management of nursing care provided to clients receiving analgesia by catheter or nerve infusion devices for all registered nurses who provide such care.

Purpose

The following guidelines are intended to promote safe care. Registered nurses and institutions are encouraged to also refer to other national standards of practice and evidence-based literature to identify additional guidelines or considerations specific to a practice setting or patient population served.

Guidelines

Management and Monitoring

For the client experiencing acute or chronic pain, the registered nurse may:

- Monitor the client's response to the analgesia;
- Replace empty infusion syringes or bags with new pre-prepared solutions;
- Stop the infusion and initiate emergency therapeutic measures, under protocol, if complications arise;
- Administer subsequent doses of medications after the initial or test dose following the established therapeutic range and/or adjustment of drug infusion rates in compliance with the anesthesia provider's or physician's client-specific written order.
- A registered nurse may not alter the rate of a continuous infusion or administer additional doses of analgesia by way of standing orders or protocols.



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Catheter Placement, Initial Test Dose, and Establishing Analgesic Dosage Parameters

Insertion and determination of placement of a catheter or infusion device, administration of the test dose or initial dose of medication, and establishment of analgesic dosage parameters for clients who need acute or chronic pain relief should be done only by licensed professionals educated in the specialty of anesthesia and physicians in other specialties who have been granted clinical privileges by the institution.

Removal of Catheter

Upon receipt of a specific order from a qualified anesthesia provider or physician, the registered nurse may remove or discontinue epidural catheters, if educational criteria have been met and institutional policy allow.

Reference

1. Fulk C., and Hadley, J.C., (1990). Something for Pain: New trends In Epidural Analgesia. Journal of Post Anesthesia Nursing, 5 (4), 247-253.
2. American Association of Nurse Anesthetists (1995). Position Statement: Provision of Pain Relief by Medication Administered Via Continuous Epidural, Intrathecal, Intrapleural, Peripheral Nerve Catheters, Or Other Pain Relief Devices; No. 2.8.
3. American Association of Nurse Anesthetists (1989). Position Statement: Removal of Epidural Catheters, No. 2.9.

Applicable South Dakota Nursing Laws

1. [36-9-3. Practice of registered nurse](#)
2. [20:48:04:01. Scope and standards of nursing practice -- Basic role.](#)