02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

380 BOARD OF NURSING

Chapter 10: REGULATIONS RELATING TO ADMINISTRATION OF INTRAVENOUS THERAPY BY LICENSED PRACTICAL NURSES AND REGISTERED PROFESSIONAL NURSES

SUMMARY: This chapter identifies the roles of licensed practical and registered professional nurses in the administration of intravenous therapy.

1. Roles of Licensed Practical Nurses and Registered Professional Nurses

A. Definitions

For the purposes of this chapter of the Rules and Regulations, the following definitions pertain:

- (1) supervision shall mean that the registered nurse is on-site and immediately available to assess and evaluate nurse performance
- on-site the registered nurse is physically present within the facility when intravenous therapy is being administered by the licensed practical nurse
- (3) except as limited those procedures that shall NOT be performed by the licensed practical nurse or registered professional nurse
- (4) peripheral- beginning and ending in an extremity. For the purpose of this chapter, midlines (beginning peripheral and ending in the axilla) is included.
- (5) central catheter/line-is one whose tip is located in a central venous vessel. This includes peripherally inserted central lines (PICC). A peripherally inserted central catheter is a catheter that begins in a peripheral site and ends in a central vessel.

B. Category I

Because of the knowledge and skills acquired in approved educational programs in practical nursing and the medical corps of any branch of the Armed Forces of the United States, a Maine licensed practical nurse, or a licensed practical nurse holding a valid multistate licensure privilege through the Nurse Licensure Compact, may perform the following procedures, under the delegation and supervision of a registered nurse:

- (1) perform simple calculation, and adjust flow rates of a peripheral infusion by a mechanical infusion pump, gravity, or other rate controller device;
- (2) observe, report and document subjective and objective signs of adverse reactions to intravenous administration; and
- (3) inspect insertion site, change dressing and remove intravenous needle or catheter from peripheral veins, except as limited by the board. (Removal of the intravenous needle does not include midlines.)

C. Category II

The curricula taught in approved educational programs in practical nursing and the curricula taught in the medical corps of the branches of the Armed Forces of the United States provide the basic background knowledge for the licensed practical nurse to develop new skills and upgrade knowledge through continuing education. Therefore, after the licensed practical nurse receives educational training based on policies and procedures of the organization/facility at which the licensed practical nurse is employed, the licensed practical nurse may perform any and all of the following procedures under the delegation and supervision of a registered nurse:

- (1) perform venipuncture to administer intravenous fluids in peripheral veins of the upper extremities (Venipuncture does not include midlines, peripheral inserted central catheters and ultrasound guided peripheral catheters.;
- (2) change or add premixed fluid container and tubing;
- (3) administer intravenous fluids without added medication and/or administer commercially prepared intravenous solutions via peripheral or central lines;
- (4) administer intravenous fluids containing medications that have been prepared and labeled by a pharmacist, registered nurse, physician, dentist or manufacturer via peripheral or central lines:
- (5) reconstitute and administer unit dose medication for intravenous therapy, e.g., ADD-vantage, Mini-Bag Plus:
- (6) flush peripheral or central intravenous catheter and intermittent device with premixed heparin solution or saline:
- (7) change a patient controlled analgesia (PCA) cassette, program the PCA pump pursuant to a physician order that prescribes a specific dosage and assist patient with self-bolus when necessary;
- (8) administer solution for total parenteral nutrition;
- (9) change dressing and intravenous administration set on a central line;

- (10) administer intradermal lidocaine for the purpose of pain control when inserting an intravenous catheter per established protocols and with the necessary emergency equipment available:
- (11) administer morphine or other narcotic medications such as dilaudid by a peripheral and central intravenous line using a continuous infusion pump such as a CADD PCA; and
- (12) draw blood specimens on initial insertion of an intravenous line.

D. Category III

The registered nurse may perform all procedures in Categories I and II. Because the basic curricula taught in state-approved educational programs in professional nursing include the in-depth application of principles of psychological, biological, physical and social sciences for the performance of those acts requiring substantial specialized knowledge, judgment and nursing skills, ONLY the REGISTERED NURSE may perform, but not be limited to, the following intravenous procedures:

- (1) assess the patient in relation to appropriateness of specific order for intravenous therapy:
- (2) administer blood and blood components;
- (3) administer chemotherapeutic agents;
- (4) administer medication via intravenous route:
 - a. inject medication into an auxiliary fluid chamber, e.g., volutrol, buretrol; and
 - b. inject medication via direct intravenous route, e.g., bolus, push;
- (5) prepare admixtures;
- (6) flush or aspirate an intravenous line, arterial line, needle or catheter;
- (7) remove an intravenous cannula from the following: femoral, subclavian, or jugular vein; any venous or arterial site in which a central line is inserted; or any arterial site or cutdown site;
- (8) change dressing and intravenous administration set on any arterial site;
- (9) draw blood specimens from an intravenous_site;
- (10) insert and remove midline and peripherally inserted central catheters (PICC); and
- (11) provide initial intravenous therapy instruction to the patient.

2. General Regulations Pertaining to the Licensed Practical Nurse Performing Intravenous Therapy

A. Authorization to Practice

- (1) Authorization to practice intravenous therapy administration (Adults and Pediatrics) limits the licensed practical nurse to such practice where there is on-site supervision by a registered nurse.
- (2) Authorization to practice intravenous therapy administration does NOT permit the licensed practical nurse to perform procedures that involve arterial sites/lines.

B. Requirements Related to Patient Care Settings

- (1) Utilization of the licensed practical nurse in intravenous therapy administration shall be determined by the individual patient care setting.
- (2) Each patient care setting in which intravenous therapy is administered by the licensed practical nurse must have intravenous therapy administration policies and procedures developed and approved by the nursing staff and, if appropriate, the medical staff; such policies should include a listing of premixed solutions containing drugs that should NOT be administered by the licensed practical nurse, e.g., antihypertensives, vasopressors and anticonvulsants.

STATUTORY AUTHORITY: 32 M.R.S.A. §2153-A(1), 32 M.R.S.A. 2102 (2)(c)

EFFECTIVE DATE:

October 30, 1985

AMENDED:

February 20, 1991

EFFECTIVE DATE (ELECTRONIC CONVERSION):

September 24, 1996

AMENDED:

July 7, 1999 March 23, 2004 - filing 2004-85 February 26, 2020-filing 2020-030

NON-SUBSTANTIVE CORRECTIONS:

April 27, 2004 - punctuation and capitalization only

AMENDED:

December 21, 2009 – filing 2009-651

AMENDED: February 26, 2020-filing 2020-030