

INFUSION THERAPY/INSERTION/ACCESS PROCEDURES



POSITION STATEMENT for RN, LPN, AND UAP Practice

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

The following table outlines the Board approved Infusion Therapy, Insertion, and Access Procedures based on current practice standards. (Note the exceptions for LPN Practice on Page 2 of 2.) **IMPORTANT: BEFORE assigning, delegating, or accepting responsibility for any of these procedures, agency policies/procedures, formal education/training, and competency validation for the authorized level of provider MUST first be in place.**

The determination of scope of practice or of the appropriateness of delegation to UAP for a specific activity requires consideration of the standards of practice, evidence-based support, and appropriateness of the activity in a particular setting for a specific client or client population.

For assistance with scope of practice questions, review the NCBON Scope of Practice Decision Tree for the RN and LPN. For assistance with delegation questions, review the NCBON Decision Tree for Delegation to UAP. (Both decision trees are available at www.ncbon.com in the Nursing Practice-Position Statements and Decision Trees section.)

Activity	Procedure	RN	LPN	UAP**
Collection of blood samples	Phlebotomy/venous access	X	X	X*
	Arterial puncture	X	X	
	Central line access/implanted port access	X	X	
	PICC Line/Midline Catheter access	X	X	
Pressure monitoring and manipulation of catheters	Pulmonary artery wedge pressures/Cardiac outputs	X		
	Central Venous Pressure	X		
Assistive Activities	Assemble/flush tubing during set up	X	X	X
	Monitor flow rate	X	X	X
	Site care/dressing change	X	X	X
Infusion device insertion	Peripheral vein	X	X	
	Femoral vein cannulation	X		
	Jugular vein cannulation	X		
	Umbilical artery	X		
	Umbilical vein	X		

	Intraosseous	X	X	
	Peripheral insertion of Central Catheter (PICC) line	X		
	Peripheral Insertion of Midline Catheter	X		
	Arterial Cannulation/ Arterial Line Insertion	X		
Access infusion device to administer Medication, Fluid, or Blood Products (see LPN exceptions on next page)	IV Push	X	X	
	Peripheral route	X	X	
	PICC line	X	X	
	Midline catheter	X	X	
	Central catheter/implanted port	X	X	
	Epidural/Caudal catheter	X		
	Intrathecal catheter	X	X	
	Intraosseous	X	X	
	Intraoral infiltrates	X		
Activity	Procedure	RN	LPN	UAP**
Access infusion device to administer Medication, Fluid, or Blood Products (see LPN exceptions below)	Body cavity/organ via existing access device	X	◇	
	Cranial intraventricular via reservoir	X	X	
Removal of infusion device	Peripheral	X	X	X
	PICC line	X	X	
	Midline catheter	X	X	
	Central venous/arterial catheters	X	X	
	Epidural/Caudal catheter	X	X	
	Intrathecal catheter	X	X	
	Intraosseous	X	X	

Exceptions for LPN Practice: Due to the level of client assessment, evaluation and professional judgment required, LPNs are **not** approved to administer IV thrombolytic medications, IV conscious sedation medications, or IV Pitocin (during the labor/delivery phase). LPN's are also **not** approved to administer prostaglandin suppositories. The administration of all other medications by the LPN is determined by facility policies and procedures.

The LPN requires continuous availability of an RN who is able to be on site when necessary.

***Note:** The performance of venipuncture for lab samples is a non-nursing function that can be performed by educated, competent licensed and unlicensed personnel.

◇ Both RNs and LPNs can infuse fluids and medications into the stomach and bladder per physician (healthcare provider) order.

****Notes regarding Delegation to UAP (Unlicensed Assistive Personnel):**

1. The **Nurse Aide II** Curriculum includes Infusion Assistive Activities (i.e., assemble/flush tubing during set-up; monitor flow rate; and site care/dressing change) and Removal of Peripheral IV Access Devices as listed on this table for UAP delegation. Before delegation of these tasks to an **NAII** or an **NAI+4** educated and approved to perform these activities using the NAII curriculum, the RN must validate competence and assure agency policies and procedures are in place.
2. Before delegation of Infusion Assistive Activities (i.e., assemble/flush tubing during set-up; monitor flow rate; and site care/dressing change) and Removal of Peripheral IV Access Devices as listed on this table to **Nurse Aide Is** or **other UAP**, formal education by an RN in performing these activities (using the NCBON-approved NAII Curriculum) is required in addition to RN validation of competence and assurance that agency policies and procedures are in place.
3. It is NOT PERMITTED for RNs and LPNs to delegate Infusion Therapy and Access Procedure activities beyond those noted on this chart to UAP.
4. Delegation of the technical task of medication administration to UAP via intravenous (IV), epidural/caudal, intrathecal, intraosseous, intraoral, cranial intraventricular, or body cavity/organ routes is NOT PERMITTED within current standards of practice.

Origin: 5/98

Revised: 6/91, 6/00, 3/02, 4/07; 10/07; 2/09; 5/09; 8/09; 12/09; 8/11; 5/14; 9/14; 6/16; 9/19

Reviewed: 2/13