



Arkansas State Board of Nursing

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Position Statement
94-1
Administration of IV Conscious Sedation by the Registered Nurse

The Arkansas State Board of Nursing has determined that it is within the scope of practice of a registered professional nurse to administer pharmacologic agents via the intravenous route to produce conscious sedation. Optimal anesthesia care is best provided by qualified anesthesiologists and certified registered nurse anesthetists. However, the Board recognizes that the demand in the practice setting necessitates non-CRNA RNs providing IV conscious sedation.

Employing facilities should have policies and procedures to guide the registered nurse. The attached guidelines have been adopted by the Arkansas State Board of Nursing.

Adopted November, 1994

**Position Statement on the Rule of the Registered Nurse (RN)
in the Management of Patients Receiving IV Conscious Sedation
for Short-Term Therapeutic, Diagnostic, or Surgical Procedures**

A. Definition of IV Conscious Sedation

Intravenous conscious sedation is produced by the administration of pharmacologic agents. A patient under conscious sedation has a depressed level of consciousness, but retains the ability to independently and continuously maintain a patent airway and respond appropriately to physical stimulation and/or verbal command.

B. Management and Monitoring

It is within the scope of practice of a registered nurse to manage the care of patients receiving IV conscious sedation during therapeutic, diagnostic, or surgical procedures provided the following criteria are met:

1. Administration of IV conscious sedation medications by non-anesthetist RNs is allowed by state laws and institutional policy, procedures, and protocol.
2. A qualified anesthesia provider or attending physician selects and orders the medications to achieve IV conscious sedation.
3. Guidelines for patient monitoring, drug administration, and protocols for dealing with potential complications or emergency situations are available and have been developed in accordance with accepted standards of anesthesia practice.
4. The registered nurse managing the care of the patient receiving IV conscious sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.
5. The registered nurse managing the care of the patient receiving IV conscious sedation is able to:
 - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition and complications related to IV conscious sedation and medications.
 - b. Assess total patient care requirements during IV conscious sedation and recovery. Physiologic measurements should include, but not be limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
 - c. Understand the principles of oxygen delivery, respiratory physiology, transport and uptake, and demonstrate the ability to use oxygen delivery devices.
 - d. Anticipate and recognize potential complications of IV conscious sedation in relation to the type of medication being administered.
 - e. Possess the requisite knowledge and skills to assess, diagnose and intervene in the event of complications or undesired outcomes and to institute nursing interventions in compliance with orders (including standing orders) or institutional protocols or guidelines.
 - f. Demonstrate skill in airway management resuscitation.
 - g. Demonstrate knowledge of the legal ramifications of administering IV conscious sedation and/or monitoring patients receiving IV conscious sedation, including the RN's responsibility and liability in the event of an untoward reaction or life-threatening complication.

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6. The institution or practice setting has in place an education/competency validation mechanism that includes a process for evaluating and documenting the individuals' demonstration of the knowledge, skills, and abilities related to the management of patients receiving IV conscious sedation. Evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

C. **Additional Guidelines**

1. Intravenous access must be continuously maintained in the patient receiving IV conscious sedation.
2. All patients receiving IV conscious sedation will be continuously monitored throughout the procedure as well as the recovery phase by physiologic measurements including, but not limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
3. Supplemental oxygen will be immediately available to all patients receiving IV conscious sedation and administered per order (including standing orders).
4. An emergency card with a defibrillator must be immediately accessible to every location where IV conscious sedation is administered. Suction and a positive pressure breathing device, oxygen, and appropriate airways must be in each room where IV conscious sedation is administered.
5. Provisions must be in place for back-up personnel who are experts in airway management, emergency intubation, and advanced cardiopulmonary resuscitation if complications arise.

Endorsed by:

American Association of Critical-Care Nurses
American Association of Neuroscience Nurses
American Association of Nurse Anesthetists
American Association of Spinal Cord Injury Nurses
American Association of Occupational Health Nurses
American Nephrology Nurses Association
American Nurses Association
American Radiological Nurses Association
American Society of Pain Management Nurses
American Society of Plastic and Reconstructive Surgical Nurses
American Society of Post Anesthesia Nurses
American Urological Association, Allied
Association of Operating Room Nurses
Association of Pediatric Oncology Nurses
Association of Rehabilitation Nurses
Dermatology Nurses Association
NAACOG, The Organization for Obstetric, Gynecologic, and Neonatal Nurses
National Association of Orthopaedic Nurses
National Flight Nurses Association
National Student Nurses Association
Nurse Consultants Association, Inc.
Nurses Organization of Veterans Affairs
Nursing Pain Association

*Attachment to Position Statement 94-1
Adopted November, 1994*