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Replaces DR 95-2

## MARYLAND BOARD OF NURSING

### DECLARATORY RULING 2002-1

TUESDAY  
MAY 28, 2002

#### RE: REGISTERED NURSE ADMINISTRATION OF MEDICATIONS CLASSIFIED AS ANESTHETIC AGENTS.

Based on the request of the Board's committee convened to study registered nurse administration of procedural sedation and on several telephone contacts requesting clarification in discriminating procedural sedation from the use of an anesthetic agent for sedation in the acute care setting, the Maryland Board of Nursing (the "Board") has determined the need to review and update the declaratory ruling addressing the administration of medications classified as anesthetic agents. Questions posed by the nursing community and the Board's committee on procedural sedation include:

1. May the registered nurse administer the anesthetic agent, Propofol:
  - A) by intravenous drip to an intubated ventilator dependent adult patient in the critical care setting, for purposes of sedation?
  - B) by infusion drip (intermittent or continuous) to a non-intubated patient in a critical care setting?
2. May a registered nurse administer Ketamine an anesthetic agent, intravenously for a neonate/pediatric patient to relieve bronchospasm?
3. May a registered nurse administer Thiopental, an anesthetic agent,:
  - A) intravenously for purpose of rapid sequence intubation for a patient with head trauma in the emergency room?
  - B) intravenously, for an intubated head injury patient who is experiencing an acute rise in intracranial pressure.
4. May the registered nurse administer the anesthetic agent Isoflurane to the intubated patient for purposes of sedation or reducing intracranial pressure?

5. May the registered nurse administer an anesthetic agent for purpose of sedation which has been prescribed by a physician assistant, certified registered nurse practitioner, certified registered nurse midwife, licensed podiatrist or licensed dentist.
6. What educational preparation is necessary for the registered nurse to safely administer, monitor and manage the patient receiving these anesthetic medications for purposes of sedation.
7. What are the circumstances or limitations or requirements for the registered nurse to administer, monitor and manage the care of patients receiving these anesthetic medications for purpose of sedation.

The Board is authorized to issue declaratory rulings pursuant to State Government Article 10-301 et seq. and the Maryland Board of Nursing Regulations found at COMAR 10.27.08 Governing Issuance of Petitions for a Declaratory Ruling.

1. For purposes of clarity, the following terms are defined for this document.
2. "Intravenous infusion" means a solution, medication, nutrients or agent injected into a vein.
5. "Sedation" means an agent that exerts a soothing or tranquilizing effect.
4. "Anesthetic agent" means a medication whose initial drug classification is an anesthetic agent.

#### **BOARD RULING**

The Board has determined that the administration of medication classified as an anesthetic agent is within the scope of practice of the registered nurse in an **ACUTE CARE SETTING** when administered for purposes other than anesthesia or non-procedural sedation, such as clinical circumstances requiring sedation, and/or rapid sequence intubation. The specific circumstances which would permit the registered nurse to administer an anesthetic agent for sedation are:

1. The facility has written policies and procedures identifying the specific anesthetic agents with dosage parameters which are permitted to be administered by the registered nurse. These policies and procedures are readily available within the unit where the activity shall occur.
2. The written policies and procedures have been approved by the facility's Medical staff and the Departments of Anesthesia, Pharmacy and Nursing prior to implementation.

The written policies include descriptive discriminatory statements relative to the use of the specific anesthetic agent as a non-procedural sedative or analgesia medication versus its use as an anesthetic agent.

The written policies for the use of the anesthetic agent as a non-procedural sedative describes what constitutes the registered nurse assessment; the frequency with which the assessment will be performed; the availability of the responsible physician; and, the minimal required frequency the patient will be physically evaluated by the responsible physician.

5. The registered nurse who is managing the care of the patient including assessing, monitoring and administering the medication to the patient, will have additional documented education and training in assessment and monitoring of the patient according to currently recognized national nursing professional specialty standards.
6. Theoretical instruction must include, but is not limited to anatomy and physiology, nursing management and monitoring of the patient, potential patient complications and emergency situations.
7. The registered nurse administering the medication and/or monitoring the patient receiving the

medication shall have documented evidence of advanced life support knowledge and skills appropriate to the patient population served. The documented evidence must meet the established standards, reflected in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Neonatal Resuscitation Program (NRP) educational models or substantially equivalent educational program and standards.

8. The registered nurse administering the medication is required to have the same knowledge base regarding these medications and their effect as a non-procedural sedative, as with any other medication he/she would administer to any other patient in any other practice setting. This knowledge base would include, but is not limited to:

- A) Assessment and monitoring of the patient receiving the medication.
- B) Effects and potential side effects of the medication.
- C) Contraindications to the administration of the medication.
- D) Ability to anticipate and recognize potential complications of the medication.
- E) Ability to recognize emergency situations and institute appropriate nursing interventions.
- F) Preparation, storing and handling of the medication.

9. The written policies and procedures shall specify the required emergency equipment and medications which must be immediately available to the patient receiving any medication classified as an anesthetic agent. This shall include any and all emergency equipment and medication required to regain and/or maintain the patient's cardiac and respiratory state.

10. The specific dosage parameters and/or IV flow rate are established by the prescribing physician prior to the registered nurse administering the medication.

11. The registered nurse may titrate and discontinue the infusion based on the facility's approved written policies, procedures and the prescribing physician's written orders.

12. The practice setting/facility assures that the Performance Improvement/Risk Management Review Process includes a review of the prescribing, administration and monitoring of patients receiving anesthetic agents for sedation include but are not limited to:

- A) Frequency of patient complications;
- B) Type of patient complication;
- C) Appropriate identification and management of the patient's complication; and,
- D) Review and modification of the practice setting/facility policies, procedures, and the training program as dictated by the Performance Improvement /Risk Management Review outcomes.

13. The registered nurse, who meets all the conditions and requirements stated in this declaratory ruling **MAY** administer the anesthetic agent Propofol by intravenous infusion (not IV push/Bolus) to an intubated ventilator dependent adult patient in the critical care setting for purposes of sedation. The registered nurse may **NOT** administer propofol for a client who is not intubated or for non-emergent intubation.

14. For the intubated ventilator dependent adult patient in the critical care setting receiving a

Propofol infusion for sedation, the registered nurse may **NOT** titrate the propofol infusion for purposes of procedural sedation.

15. A registered nurse, who meets all conditions and requirements stated in this declaratory ruling, **MAY** administer Ketamine, an anesthetic agent, by intravenous solution to the neonate/pediatric patient to relieve bronchospasm in a critical care setting.

16. The registered nurse, who meets all conditions and requirements as stated in this declaratory ruling, **MAY** administer Thiopental, an anesthetic agent, via intravenous infusion in a critical care setting:

A) for purpose of rapid sequence emergency intubation with the physician present at the bedside.

B) for the intubated head injury patient who is experiencing an acute rise in intracranial pressure.

17. The registered nurse may **NOT** administer the anesthetic agent Isoflurane.

18. The registered nurse may **NOT** administer anesthetic agents for purpose of sedation or analgesia prescribed by a physician assistant, certified registered nurse practitioner, certified registered nurse midwife, licensed podiatrist or licensed dentist (for further information regarding the dentist prescribing please contact the Maryland Board of Dentistry).

### **Concluding Statement:**

The registered nurse is responsible and accountable for all nursing functions that have been assigned to patients under his or her care. The decisions regarding this care are based on education and experience. Any professional decision or judgment is based on consideration of a number of variables which include but are not limited to: the number of patients assigned; availability of medical staff; the environment; the availability of other licensed nursing personnel; and the written policies and procedures specific to the acute care facility and critical care setting. In the clinical situations posed in this petition, in addition to above identified variables, the registered nurse must also consider the expected outcome which may result from administering the specific medication to the specific patient, given the individual patient's risk factors and presenting clinical picture.

The Board in this declaratory ruling, permits an appropriately educated and clinically competent registered nurse to administer medication, classified as an anesthetic agent, for purposes other than anesthesia. However, this Declaratory Ruling can **NOT** be construed as approval for the registered nurse to administer anesthesia, or to monitor and manage the patient receiving anesthesia or permitting the certified registered nurse anesthetist to be replaced with a registered nurse. The certified registered nurse anesthetist has substantial specialized knowledge, judgment and skill that is essential for the care and management of a selected patient population requiring anesthesia.

In summary it is to be noted that it is inappropriate and inconsistent with generally accepted standards of nursing practice for a registered nurse to administer a medication and/or to perform a nursing function which is beyond the parameters of the registered nurse's education, capabilities and experience.

It is noted that the Board has determined that under certain conditions, it is within the scope of practice of a registered nurse to administer and monitor the patient receiving procedural sedation. **The specific conditions permitting the registered nurse to administer procedural sedation are addressed in a separate declaratory ruling Registered Nurse Administration of Procedural Sedation for Operative, Invasive and Diagnostic Procedures and for Episodic Treatment or Therapies for the Adult and Pediatric Patient, (e.g. Intravenous, Intramuscular, Inhalation, Oral Rectal and Intranasal).**

### **RESOURCES**

**(Written)**

1. Petrillo TM, Fortenberry JD, Linzer JF and Simon HK. " Emergency Department Use of Ketamine in Pediatric Status Asthmaticus. Journal of Asthma. Vol 38, No. 8.

Dec. 2000 pp. 657-64.

2. Lau TT, and Zed PJ "Does Ketamine Have a Role in Managing Severe Exacerbation of Asthma in Adults?" Pharmacotherapy. Vol 21, No. 9. Sept. 2001 pp. 1100-6.

3. DiNiciola LK., Gayle MO, Blake KV. "Drug Therapy approaches in the Treatment of Acute Severe Asthma in Hospitalized Children". Pediatric Drugs. Vo. 7, No. 3. 2001 pp. 509-37.

Nechyba, Christian MD and Gunn, Veronica L. MD, Editors. The Harriet Lane Handbook: A Manual For Pediatric House Officers. 16<sup>th</sup> Edition. C.V. Mosby.

St. Louis 2002.

5. American Academy of Pediatrics. Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures. January 2001.

6. American Society of Peri-Anesthesia Nurses Standards. Advanced Life Support (ACLS) /Pediatric Life Support/PALS and ACLS/PALS Equivalent Programs.

7. American Society for Gastrointestinal Endoscopy:

A) Practice Guidelines for Sedation and Analgesia by Non-Anesthesiologist. February 1996.

B) Technology Assessment Status Evaluation - Monitoring Equipment for Endoscopy. November 1994.

C) Guidelines for Training in Patient Monitoring and Sedation and Analgesia. October 2000.

D) Sedation and Monitoring of Patients Undergoing Gastrointestinal Endoscopic Procedures. October 2000.

8. American Association of Nurse Anesthetist:

A) The Certified-Registered Nurse Anesthetist in Alternative Practice Settings. Policy No. 2.1. May 1988.

B) Qualified Providers of Conscious Sedation. Policy No. 2.2. June 1996.

C) The Separation of Operator/Anesthetist Responsibilities. Policy No 2.3.

May 1998.

D) Suggested Guidelines for Registered Professional Nurses Engaged in The Administration of IV Conscious Sedation. Addendum to Policy No. 2 .2.

April 1991.

E) Administration of Nitrous Oxide by Qualified Anesthesia Providers. Policy No. 2.4. June 1989.

F) Scope and Standards For Nurse Anesthesia Practice. October 1999.

G) Standards For Office Based Anesthesia Practice. October 1999.

H) Code of Ethics. October 1999.

I) Preparedness For Treatment of Malignant Hyperthermia. October, 1999.

J) Latex Allergy Protocol October 1999

9. American Society of Anesthesiologists:

A) Basic Standards for Pre-Anesthesia Care. October 1987.

B) Standards For Basic Anesthesia Monitoring: October 1986 and Amended/Revised October 1998.

C) Standards For Post Anesthesia Care. October 1988 and Amended/Revised October 1994.

D) Guidelines for Ambulatory Anesthesia and Surgery. October 1973 and Amended/Revised October 1998.

E) Guidelines for Non-Operating Room Anesthesiology Locations. October 1994.

F) Practice Guidelines For Sedation and Analgesia by Non-Anesthesiologists: Report of Task Force. October 1999. pp. 1-8.

10. Vanderbilt Medical Center, Anesthesiology Educational Guide:

A) The Patient Evaluation Process. October 1999.

B) Laboratory Tests and Their Preoperative Indications. October 1999.

C) Guidelines for Perioperative ElectroCardiology. October 1999.

D) Guidelines for Preoperative Chest Radiography. October 1999.

E) Guidelines On Pulmonary Function Tests. October 1999.

11. Joint Commission on Accreditation of Hospitals and Organizations:

A) Standards of Conscious Sedation. January 1999.

B) Standards and Intents for Sedation and Anesthesia Care. January 2001.

12. "How to Comply with TX. 8, the New Resuscitation Standard. Briefings on JCAHO. Vol. 11, No 8. August, 2000.

13. \_\_\_\_\_, The Practice of Anesthesiology. Chapter One.

14. \_\_\_\_\_, Nurses Uneasy about IV Sedation for Long Cases. OR Manager. March, 2000.

15. Health Occupations Article, Title 8, The Nurse Practice Act.

16. Declaratory Ruling 96-1, Re: Registered Nurse Administration of Conscious Sedation For Short Term Therapeutic, Diagnostic, and Surgical Procedures.

17. Advisory Opinion-Conscious Sedation. Arizona State Board of Nursing, October, 1997.

18. Position Statement-Registered Nurse Management of Patients Receiving IV Conscious Sedation for Short Term Therapeutic, Diagnostic or Surgical Procedures. Arkansas Board of Nursing, November, 1994.
19. Position Statement-Registered Nurse Administration of Medication for the Purpose of Induction of Conscious Sedation for Short Term Therapeutic, Diagnostic or Surgical Procedures. California Registered Nurse Board of Nursing, 1995.
20. Guidelines-Registered Nurse Administration, Management and Monitoring of the Patient Receiving IV Conscious Sedation During Therapeutic, Diagnostic or Surgical Procedures. Connecticut Board of Nursing
21. Guidelines-Registered Nurse Administration, Management and Monitoring of the Patient Receiving Conscious Sedation During Therapeutic, Diagnostic or Surgical Procedures. Delaware Board of Nursing.
22. Advisory Opinion-Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation for Short Term, Therapeutic, Diagnostic or Surgical Procedures. Kentucky Board of Nursing
23. Declaratory Ruling regarding Registered Nurse Administration Management and Monitoring of the Patient Receiving IV Conscious Sedation. Louisiana Registered Nurse Board of Nursing.
24. Position Statement-Role of the Registered Nurse in the Administration of IV Conscious Sedation During Short Term, Therapeutic, Diagnostic or Surgical Procedures. Massachusetts Board of Nursing, November 1999.
25. Position Statement-Role of the Registered Nurse in the Administration, Monitoring of IV Conscious Sedation. Mississippi Board of Nursing. April, 2000.
26. Position Statement-Registered Nurse Administration, Management and Monitoring of Patients Receiving IV Conscious Sedation. Missouri Board of Nursing.
27. Advisory Opinion-Analgesia/Conscious Sedation. Nebraska Board of Nursing.
28. Advisory Opinion-Conscious Sedation. New Mexico Board of Nursing.
29. Guidelines-Administration, Management and Monitoring of IV Conscious Sedation by Non-Anesthetists RNs. New York Board of Nursing.
30. Position Statement-The Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation. North Carolina Board of Nursing, June, 2000.
31. Position Statement-The Role of the Registered Nurse in the Management of Patients Receiving Conscious Sedation/Analgesia. For Therapeutic, Diagnostic or Surgical Procedures. North Dakota Board of Nursing, May 2000.
32. Guidelines-Administration, Management and Monitoring of IV Conscious Sedation. Oklahoma Board of Nursing.
33. Position Statement-Registered Nurse Administration of Conscious Sedation During Therapeutic, Diagnostic or Surgical Procedures. Oregon Board of Nursing, November, 1997.
34. Position Statement-Role and Scope of Responsibilities of the RN to administer medications fore Pre-Operative Sedation and Conscious Sedation as Ordered by a Licensed Physician or Dentist. South Carolina Board of Nursing.
35. Position Statement-The Role of the Registered Nurse in the Management of Clients Receiving IV Conscious Sedation for the Short Term, Therapeutic, Diagnostic or Surgical Procedure. South Dakota Board of Nursing.
36. Position Statement-Administration of IV Conscious Sedation by the Registered Nurse. Texas Board of

Registered Nurse Examiners.

37. Policy Statement-Registered Nurses Performing Procedural Sedation. The Nursing Care Quality Assurance Commission, State of Washington.

### **Resources**

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