

**VERMONT STATE BOARD OF NURSING
POSITION STATEMENTS**

The Board provides position statements as a service to the profession. While an opinion represents the Board's current thinking on the questions presented, it is neither a duly adopted nor a declaratory ruling.

List of subject matter of Position Statements issued by the Board. These opinions are advisory only and are subject to change as changes in nursing practice occur.

1. Death Pronouncements
2. Administration on Non-prescription Medications by Registered Nurses
3. Role of the Registered Nurse as First Assistant
4. Role of the Nurse in Holistic Health
5. Role of the Nurse in Delegating Nursing Interventions
6. Role of the Licensed Practical Nurse in Triage
7. Role of the Nurse in Administration of Homeopathic Remedies And/or Food Additives
8. Administration of Immunizations in an Immunization Clinic
9. Role of the Clinical Specialist in Psychiatric and Mental Health in Caring for Clients Across the Life Span
10. Administration of Medication on School Field Trips by School Nurses
11. Role of the Nurse in Performing Dermatological Laser Therapy
12. Role of the RN in the Care of a Pregnant Woman Receiving Analgesia/anesthesia Through an Epidural Catheter
13. Abandonment
14. Continuing Education for Nurses
15. Nurses Functioning in Positions Other than for Which They Are Licensed
16. Licensing Requirements of Nurses Performing Telephone Triage
17. Role of the Nurse in Femoral Vein Catherization for Hemo Dialysis Access
18. Peripherally Inserted Central Catheters (Picc Lines)
19. Client Age Perimeters for Adult Nurse Practitioners
20. Role of the Adult and Family Nurse Practitioners Working in Acute Care Facilities
21. Role of the Nurse in the Delegation of Administration of Medications to LNA/Dialysis Technicians
22. The Role of the Licensed Practical Nurse in I.V. Therapy
23. Role of the Nurse in the Delegation of Insulin Pumps in School Settings
24. Role of the Nurse in the Administration of Propofol (Diprivan)
25. Role of the Nurse in the Administration and Monitoring of Moderate Sedation
26. Role of the Nurse in the Administration of Ketamine for Pain Control
27. Role of the Student Nurse in Prelicensure Structured Program Not Associated with a School of Nursing
28. Role of Emergency Medical Personnel in Acute Care Facilities
29. APRN Prescribing to Immediate Family Member

VERMONT STATE BOARD OF NURSING
RESOLUTION DEATH PRONOUNCEMENT

Submitted by: committee on Aging & Long Term Medical Care

WHEREAS: In the care of the elderly and chronically ill anticipated death is a frequent occurrence, and

WHEREAS: In today's practice of medicine, it is not always feasible nor realistic for physicians to be immediately available to pronounce death and

WHEREAS: The impact of death is considerable upon the family and friends of the deceased; making prompt release of the remains to a funeral director advantageous; and

WHEREAS: There is increasing sentiment within the medical community for allowing other qualified individuals to pronounce death, now therefore be it

RESOLVED: The Vermont State Medical Society endorse the following protocol in the event of an anticipated death:

A registered nurse or a physician's assistant who has been attending the patient may determine the person to be dead when an anticipated death occurs in a nursing facility or a private home served by a home health agency care provider. Following notification of the attending physician, or his/her designated alternate, and after receiving a telephone order from the physician or alternate, the nurse or physician's assistant may release the body to a funeral director.

Within 24 hours of the death, the physician shall certify the patient's death and complete the death certificate in the usual manner, in accordance with the laws and requirements of the state of Vermont; and be it further

RESOLVED: The endorsement of this protocol be transmitted to the Vermont Department of Health and the Department of Aging and Disabilities requesting that their regulation and/or procedures be modified accordingly.

As amended and approved by the Vermont State Medical Society's House of Delegates at its annual meeting on September 22, 1990.

VERMONT STATE BOARD OF NURSING

**JOINT STATEMENT OF THE
VERMONT BOARD OF MEDICAL PRACTICE AND NURSING
REGARDING THE. ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS BY
REGISTERED NURSES**

On June 5, 1991, duly appointed committees of the Board of Medical Practice and Board of Nursing met to discuss administration of non-prescription medications by registered nurses. As a result of those discussions and in accord with 26 V.S.A. §1572(E) and 26 V.S.A. §1311, the following joint statement was approved at regularly scheduled meetings of the respective Boards:

While providing nursing care, the utilization of non-prescription medications is within the scope of practice of the registered nurse.

Susan Spaulding, Chair
For the Board of Medical Practice

Jane Campbell, RN., M.Ed.
For the Board of Nursing

**Approved by the Board of Medical Practice on July 3, 1991
Approved by the Board of Nursing on July 8, 1991**

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE REGISTERED NURSE AS FIRST ASSISTANT POSITION STATEMENT

DEFINITION: A Registered Nurse First Assistant serves as a part of perioperative nursing practice.

First assisting is an intra-operative skill as well as a delegated medical function. The first assistant must be able to assess, plan, implement, and evaluate patient care, as well as, perform specific intra-operative skills.

DEFINITION OF RN FIRST ASSISTANT (AORN 1993): The RN First Assistant at surgery collaborates with the surgeon in performing a safe operation with optimal outcomes for the patient. The RN first assistant practices perioperative nursing and must have acquired the necessary specific knowledge, skills, and judgment. The RN first assistant practices under the supervision of surgeon during the intraoperative phase of the perioperative experience. The RN first assistant does not concurrently function as a scrub nurse.

SCOPE OF PRACTICE: It is the opinion of the Vermont State Board of Nursing that the role of the First Assistant is within the scope of practice of the RN provided:

1. the RN has received appropriate education which emanates from a recognized body of knowledge
2. the RN meets the criteria established by the Association of Operating Room Nurses (AORN) and is certified as an RN First Assistant.
3. the RN has demonstrated adequate knowledge and skill in performing the role
4. the RN has demonstrated continuing competency in performing the role
5. the agency/facility has established policies and procedure regarding the role of first assistant
6. guidelines for emergency situations are well established

In addition, the Board recommends that all education and training including evidence of initial and continuing competence be documented in the nurses personnel file and other criteria be so noted in institution files or policy manuals.

FIRST ASSISTANT/ADVANCED PRACTICE RN (APRN):

In addition to the above statements, the Vermont State Board of Nursing supports the AORN position (1998) that APRNs "whose practice needs require an educational component of first assisting at surgery may be included in RNFA education program attendance. An advanced practice nurse who first assists is doing so under the provision of advanced practice certification and not as an RN First Assistant.

It is recommended that a pre-test demonstration/assessment regarding perioperative clinical skills specific to surgical aseptic technique be administered. If it is determined that additional knowledge and skills need to be addressed for a specific student(s), faculty will develop a plan to correct the deficiency."

This Position Statement represents the Board's current thinking. Position statements are not legally binding

Approved: October 1998

VERMONT STATE BOARD OF NURSING
THE ROLE OF THE NURSE IN HOLISTIC HEALTH
POSITION STATEMENT

Introduction: Holistic Modalities are becoming increasingly more integrated into the practice of patient care, are included in nursing education programs' curricula and are part of the content tested on the NCLEX-RN Exam.

Definition: The National Institutes of Health (NIH) define a holistic perspective as one that "considers the whole person, including physical, mental, emotional and spiritual aspects"

Examples of holistic modalities and therapies include massage, therapeutic touch, Reiki, reflexology/acupressure, imagery, art, dance, music therapy, aromatherpy, shiatsu, biofeedback, meditation, diet and nutrition (for the purpose of this advisory, the use of herbal medicines is not included in the modalities considered).

Scope of Practice:

It is within the scope of practice of an RN as defined by §1572 (2) to employ holistic modalities and therapies into nursing practice by using a holistic approach to assess and evaluate the health status of an individual, to implement measures to relieve pain, promote comfort and relaxation, improve coping mechanisms, reduce stress and increase an individual's sense of well being. Nurses who utilize holistic modalities and therapies should:

- 1) demonstrate appropriate education that emanates from a recognized body of knowledge
- 2) demonstrate adequate skill in applying the modality/therapy.
- 3) obtain informed consent from the client.

This Position Statement represents the Board's current thinking. Position statements are not legally binding

Approved: November 1998

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN DELEGATING NURSING INTERVENTIONS POSITION STATEMENT

Introductions:

Licensed nurses have the authority to delegate nursing intervention that may be performed by others. (26 V.S.A.,§1572(G)(F))

Definitions:

Delegation:

- Transferring to a competent individual the authority to perform a selected nursing task in a selected situation.

Authority:

- The licensed nurse retains accountability for the delegation.

Supervision:

- The provision of guidance and oversight by the licensed nurse for accomplishment of the nursing task delegated.

Assistive Personnel:

- Individuals who are trained to function in an assistive role to the licensed nurse in the provision of patient care activities as delegated by the licensed nurse. This term includes but is not limited to licensed nursing assistants and unlicensed personnel.

Overview:

- The licensed nurse delegates tasks based on the needs and conditions of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, and the abilities of the staff to whom the task is delegated. Although a variety of tasks and services may be performed by assistive personnel, assessment, evaluations and nursing judgement cannot be delegated.
- Tasks being performed by assistive personnel are delegated to be performed under specific circumstances and after proper assessment. These tasks are not transferable by assistive personnel to another care setting for another patient without proper assessment and redelegation.

The Board of Nursing supports the National Council of State Boards of Nursing Delegation: Concepts and Decision-Making Process and the Delegation Decision-Making Tree(1995) and the Joint Statement on Delegation of the American Nurse Association (ANA) and the National Council of State Boards of Nursing (NCSBN) (2006).

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: May 2007

VERMONT STATE BOARD OF NURSING

THE ROLE OF LICENSED PRACTICAL NURSES IN TRIAGE POSITION STATEMENT

The Board received a request for a position statement on Telephone Triage in the physician's office.

The Board's interpretation of the question is :

May LPN's or unlicensed personnel use physician-approved protocols to determine if patients need emergency treatment or offer other options over the telephone.

Facts considered:

Definition of LPN Practice: - Title 26 V.S.A. Chapter 28, Subchapter 1 1572 , 3, A-F.

(3) "Licensed practical nursing" means a directed scope of nursing practice which includes, but is not limited to:

- (A) Contributing to the assessment of the health status of individuals and groups.
 - Participating in the development and modification of the strategy of care.
 - Implementing the appropriate aspects of the strategy of care as defined by the Board.
 - Maintaining safe and effective nursing care rendered directly or indirectly.
 - participating in the evaluation of responses to interventions.
 - Delegating nursing interventions that may be performed by others and that do not conflict with this chapter. A licensed practical nurse functions at the direction of a registered nurse, advanced practice registered nurse, licensed physician or licensed dentist in the performance of activities delegated by that health care professional.

Definition of Triage: a process in which a group of patients are sorted according to their need of care (Mosby's 5th)

Definition of Telephone Triage: "a process of collecting information over the telephone to determine the urgency of a health problem and to determine whether medical interventions is needed and how soon treatment should begin" (Simonsen)

Triage ensures that clients receive immediate attention in emergencies. Research supports the use of experienced nurses with expert assessment skills and strong communication and interviewing skills in making decisions regarding prioritizing care (Polaski & Tatro).

The establishment of algorithms by physicians serve as guides for making an assessment and reaching a decision for a plan of care.

Scheduling of appointments and other non-health related calls for information do not constitute triage.

POSITION STATEMENT

Telephone triage requires assessment, decision making, and skills that may be guided by approved algorithms or health assessment guidelines. Contribution to the assessment of the health status of individual's is part of the definition of LPN practice (Title 26 3(A)).

Based upon these assumptions it is the Board's opinion that telephone triage/assessment is within the scope of practice of an RN/APRN.

LPN's may collect data and ask questions that are delineated in an algorithm to assist the physician, RN or APRN in making an assessment of a client's condition.

References

Polaski, Al & Tatro, SE (1996)Luckman's Core : Principles and Practices of Medical Surgical.

Mosby's Medical, Nursing and Allied Health Dictionary 5th Edition (1998).

Simonsen, Sandra (1996) Telephone Health Assessment Guidelines for Practice.

Smith, Kelly (1999) Pediatric Nursing July/Aug Vol. 25/ No. 4

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: February 2000

VERMONT STATE BOARD OF NURSING

**THE ROLE OF THE NURSE IN THE
ADMINISTRATION OF HOMEOPATHIC REMEDIES AND/OR FOOD ADDITIVES.
POSITION STATEMENT**

QUESTION

The Board received a request for an Advisory opinion on the role of the nurse in the administration of homeopathic remedies and/or food additives.

BOARD OPINION

The Board believes that in the administration of any substance, the nurse must be aware of and have access to current valid information regarding the action, desired effects, side effects, toxic effects and possible chemical and drug interactions with other substances.

Information on homeopathic and food additives may be obtained from a monograph written by a physician or naturopath if published data is not available.

Validation in writing from the medical physician should be obtained if the client is receiving medication, indicating that the homeopathic substances are not contraindicated.

Nurses have the right to refuse to administer substances if they feel that the substances may harm the client or if information regarding the substance is unknown.

This opinion is advisory only and is subject to change as changes in nursing practice occur.

Approved: May 2000

VERMONT STATE BOARD OF NURSING
ADMINISTRATION OF IMMUNIZATIONS
IN AN IMMUNIZATION CLINIC
POSITION STATEMENT

The Vermont State Board of Nursing discussed a request to clarify whether “LPNs or RNs working in an immunization clinic can administer immunizations under a general physicians order or must immunization orders be client specific and provided by the client’s primary health care provider”.

The Board agrees that it is permissible to provide vaccines through a general order in clinics to eligible people who have given an informed consent in writing. The vaccine should be administered using an approved agency policy identifying information on specific vaccines and the person’s eligibility and the emergency measures that will be provided if necessary.

This Position Statement represents the Board’s current thinking. Position statements are not legally binding.

Approved: August 2000

VERMONT STATE BOARD OF NURSING
CLINICAL SPECIALIST IN PSYCHIATRIC AND MENTAL HEALTH
CARING FOR CLIENTS ACROSS THE LIFE SPAN
POSITION STATEMENT

Introduction:

The Board of Nursing was asked to review the role of the Clinical Specialist in Psychiatric and Mental Health in caring for clients across the life span.

Process:

The Board of Nursing appointed six Advanced Practice Registered Nurses endorsed in various specialties to an Ad Hoc committee to study and make recommendations to the Board regarding appropriate age parameters of clients of Clinical Specialists in Psychiatric/Mental Health. The committee convened two meetings and heard testimony and considered letters from six psychiatric clinical specialists and reviewed surveys, documents and reference material.

Facts considered:

The National Certification Exam (ANCC) has two examination processes which define the scope of the practice of the Psychiatric Clinical Specialist: Clinical Specialist in Adult Psychiatric and Mental Health and Clinical Specialist in Child and Adolescent Psychiatric and Mental Health.

The American Nurses Credentialing Center's Commission on Certification (ANCC/COC) has stipulated "that for Psychiatric Clinical Specialists certification the candidates clinical practicum must be primarily focused either (1) on children and adolescents for those candidates who are seeking certification as a clinical specialist in child and adolescent psychiatric and mental health nursing or (2) adults for those candidates who are seeking certification as a clinical specialist in adult psychiatric and mental health nursing."

The Scope and Standard of Psychiatric Mental Health Clinical Nursing Practice 2000 [proposed] indicates that "APRN-PMHs in Adult Psychiatric Mental Health may appropriately work with children as part of a family approach, either in family or adjunctively in the treatment of the child's parents".

Chapter 4, Nursing Board Rules VIII, II (A) defines the educational requirements of an APRN as one certified by a national certifying organization which is recognized by the Vermont State Board of Nursing and that certifying organization shall have developed standards and scope of practice statements for the nurse in advanced practice. (Chapter 4 Rule VIII B (1).

The Board has determined that Advanced Practice Registered Nurses in Pediatrics (PNP) and in Adult Health (ANP) must practice only within the age groups defined by the national certifying examination.

Position Statement:

The Board's opinion is that Clinical Nurse Specialists who practice in Vermont because of their specialized education and experience and who are endorsed to perform acts of medical diagnosis and to prescribe medications, therapy or corrective measure shall care for and treat clients in the age group for which they are certified by an approved national certification exam.

The Board agrees that Psychiatric Clinical Specialists may work with all age groups using a family approach **if the primary client is defined in accordance with their specialty.**

The Board further agrees that Psychiatric Clinical Nurse Specialists **currently endorsed** in Vermont who have successfully passed a national certifying examination in **either** Adult or Child and Adolescent Psychiatric and Mental health may continue to care for all age groups through a waiver, providing they can document that they have received the appropriate education and experience.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: September 2000

References

American Nurses Credentialing Center- Certification Candidate Handbook and Reference Materials- Clinical Specialists in Adult Psychiatric/Mental Health (2000)

American Nurse Certification Eligibility Requirement Change For Advanced Practice Nurses.(Jan/Feb. 2000)

American Nurses Credentialing Center- Recertification Catalog (1999)

American Nurses Credentialing Center - Certification Candidate Handbook Clinical Specialist in Child/Adolescent Psychiatric/Mental Health. (2000)

American Nurses Association - Scope and Standards of Psychiatric Mental Health- Clinical Nursing Practice (2000) [proposed]

American Psychiatric Nurse Association (April 1997)

Paisley, Laura Clarity and Parity :

“Understanding the Roles of the Advance Practice Psychiatric Nurse” Journal of Issues in Nursing (January 27, 1998) on line.

*Position Statement: prescriptive authority for Advance practice psychiatric nurses (on-line)
(April 1997)*

Russell Sage College - Psychiatric Clinical Specialists curriculum outline. (1999)

Survey of selected state's rules and regulations governing Psychiatric Clinical Specialist practice:(CT., NH., ME., TX , N.Y.)

Vanderbilt University- Psychiatric Clinical Specialist curriculum outline. (1999)

**JOINT STATEMENT OF THE VERMONT BOARDS OF
PHARMACY, STATE BOARD OF NURSING AND THE DEPARTMENT OF EDUCATION**

**REGARDING THE ADMINISTRATION OF
MEDICATION ON SCHOOL FIELD TRIPS BY SCHOOL NURSES
POSITION STATEMENT**

On December 6, 2000, duly appointed committees of the above boards met with representative of the Department of Education to discuss administration of student medication on school field trips. As a result of those discussions and in accord with the Nurse Practice Act the following statement was approved.

When it is necessary for a school nurse to delegate responsibility for administering students' medications on field trips, the nurse should attempt to obtain a labeled container from the prescribing pharmacy for the dose needed. It is within the scope of the Nurse Practice Act for the nurse to delegate the administration of the medication to a responsible adult attending the field trip.

The nurse remains responsible for the delegation and must follow proper procedures for delegation of medication as described in the Vermont Standards of Practice for School Health Services manual Appendix 37-1. The nurse should place the medication in a properly labeled container, in adherence with safe nursing practice. The nurse must inform the student's parent or legal guarding of the delegation procedures to be used on the field trip and must give complete instructions to the responsible adult administering the medication. The nurse must ensure that there are clear procedures in place for the receiving, administering, and documenting of the medication administered on the field trip.

Carla Preston
For the Board of Pharmacy

David Wolk
For the Department of Education

Anita Ristau
For the State Board of Nursing

Approved by the above on December 6, 2000

VERMONT STATE BOARD OF NURSING
THE ROLE OF THE NURSE IN
PERFORMING DERMATOLOGICAL LASER THERAPY
POSITION STATEMENT

Question: The Board received a request for an opinion on the role of the nurse in performing dermatological laser therapy.

Dermatologic laser therapy is a medical treatment that may include laser and light based hair removal, sub surface light rejuvenation technology, chemical peels, and micro dermabrasion. The role of the nurse in laser therapy may vary upon the degree of invasiveness, the condition of the patient and the setting in which the therapy is performed.

It is the Board's opinion that nurses may perform laser therapy a) if there is a policy and procedure in place in the health care facility, if the following criteria is met:

- Appropriate education that includes didactic and clinical experience related to laser technology including safety standards.
- Demonstrated skill in performing the therapy.
- Demonstration of continuing competency in performing the therapy.
- Protocols are in writing and include emergency procedures.
- The therapy has been prescribed by a physician.
- Written acknowledgment that the therapy has been delegated by a currently licensed physician.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: December 2001

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE RN IN THE CARE OF A PREGNANT WOMAN RECEIVING ANALGESIA/ANESTHESIA THROUGH AN EPIDURAL CATHETER POSITION STATEMENT

INTRODUCTION: Obstetrical epidural analgesia is a method used for pain management for a woman in labor. It is a type of regional block in which an anesthetic is injected via an epidural catheter into the epidural space in the vertebra.

ADVISORY OPINION:

The Board of Nursing supports the position statement of the Association of Women's Health Obstetric and Neonatal Nurses (AWHONN) entitled, "Role of the Registered Nurse (RN) in the care of the Pregnant woman receiving analgesia/anesthesia by catheter techniques (Epidural, Intrathecal, Spinal, PCEA Catheters)-

Specifically the Board emphasizes the statements made in the position paper that "non-anesthetist registered nurses in communication with the obstetric and anesthesia care providers, may:

- Monitor the patient's vital signs, mobility, level of consciousness, and perception of pain
- Monitor the status of the fetus
- Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to standing orders provided by the anesthesia care provider
- Stop the continuous infusion if there is a safety concern or the woman has given birth
- Remove the catheter, if educational criteria have been met and institutional policy and law allow. Removal of the catheter by an RN is contingent upon receipt of a specific order from a qualified anesthesia or physician provider.
- Initiate emergency therapeutic measures according to institutional policy and/or protocol if complications arise.

Nonanesthetist registered nurses should not:

- Rebolus an epidural either by injecting medication into the catheter or increasing the rate of a continuous infusion
- Increase/decrease the rate of a continuous infusion
- Re-initiate an infusion once it has been stopped
- Manipulate PCEA doses or dosage intervals
- Be responsible for obtaining informed consent for analgesia/anesthesia procedures; however, the nurse may witness the patients signature for informed consent prior to analgesia/anesthesia administration.

This Position Statement represents the Board's current thinking. Position statements are not legally binding

Approved: February 2002

VERMONT STATE BOARD OF NURSING

ABANDONMENT POSITION STATEMENT

DEFINITION OF PATIENT/CLIENT ABANDONMENT

Abandoning or neglecting a patient/client who is in need of nursing care without notifying appropriate personnel and/or making reasonable arrangements for continuation of care.

For abandonment to occur the licensee must have first accepted a patient assignment, thus establishing a nurse - patient relationship.

ISSUES NOT CONSIDERED TO CONSTITUTE ABANDONMENT BY THE BOARD OF NURSING.

The licensee does not report for employment and does not assume an assignment.

The licensee leaves the assignment after notifying the direct supervisor.

The licensee refuses to accept an assignment to a unit when there has been no orientation and no education preparation or employment experience.

The licensee refuses to work beyond his/her scheduled shift.

The licensee resigns without giving a specific day's notice.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: September 2002

VERMONT STATE BOARD OF NURSING
CONTINUING EDUCATION FOR NURSES
POSITION STATEMENT

The Board of Nursing is committed to the belief that practitioners of nursing have the personal responsibility for continuous professional growth through individual study and participation in continuing education programs. In view of the divergent points of view that have emerged regarding continuing education for nurses, i.e. a statutory requirement versus voluntary, the Board of Nursing adopted the following position on the issue:

The Board of Nursing firmly supports a voluntary system of recognition for continuing education for registered nurses and licensed practical nurses. To this end, the Board will lend its assistance to the development and implementation of such a voluntary system of recognition.

The Board of Nursing endorses the definition of continuing education published by the American Nurses' Association.

“ Continuing Education refers to those professional learning experiences designed to enrich the nurses contributions to quality health care and his or her pursuit of professional career goals. Continuing Education includes program offerings and independent studies that meet specific criteria for contact hours”.^①

Further, the Board endorses the principles of this definition as applicable for licensed practical nurses.

① Standards for Nurse Professional Development: Continuing Education & Staff Development - ANA 1994

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: February 2003

VERMONT STATE BOARD OF NURSING

**NURSES FUNCTIONING IN POSITIONS
OTHER THAN FOR WHICH THEY ARE LICENSED
POSITION STATEMENT**

Individuals who hold an active licence as a registered nurse or licensed practical nurse in Vermont are responsible and accountable to adhering to the Nurse Practice Act and Administrative rules enacted by the State of Vermont. Standards of nursing practice require that each RN and/or LPN practice to the level of their knowledge and skill.

Registered nurses or licensed practical nurses who are employed in nursing positions other than that for which they are licensed and which require fewer responsibilities are nonetheless held to the standard of the license representing the highest level of education and skill possessed.

Nurses must work in a position for which they are licensed in order to meet the practice requirement for renewal

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: February 2003

VERMONT STATE BOARD OF NURSING
LICENSING REQUIREMENTS OF NURSES
PERFORMING TELEPHONE TRIAGE
POSITION STATEMENT

If clients receive their primary care in a state other than Vermont, the nurse may provide an assessment and information as a follow-up to that care via telephone triage without obtaining a license in Vermont.

Nurses who are providing nursing assessment and nursing directions to clients living in Vermont via telephone triage must be currently licensed in Vermont.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: February 2003

VERMONT BOARD OF NURSING

**THE ROLE OF THE NURSE IN FEMORAL VEIN CATHERIZATION FOR
HEMO DIALYSIS ACCESS**

POSITION STATEMENT

DEFINITION:

The insertion of single or double lumen catheters into the left or right femoral vein and advanced into the inferior vena cava for the purpose of hemo dialysis access.

SCOPE OF PRACTICE:

An insertion of a femoral vein catheter is a procedure that is not within the scope of practice of a registered nurse.

The nurses role is in the management of venous access by assessing and caring for the site, preventing and identifying complications, educating the patient and family and making referrals as appropriate.

This Position Statement represents the Board's current thinking. Position statements are not legally binding

Approved: July 2004

VERMONT STATE BOARD OF NURSING
INSERTION OF PERIPHERALLY INSERTED CENTRAL CATHETERS
(PICC LINES)
POSITION STATEMENT

QUESTION: Can an RN insert a PICC Line?

DEFINITION:

Peripheral Inserted Central Catheter (PICC)

An intravenous access device inserted in the ante cubital fossa region or upper arm utilizing the basilic, cephalic or median cubital vein with distal tip terminating in the lower third of the superior vena cava.

SCOPE OF PRACTICE:

It is within the scope of practice of a registered nurse to insert PICC lines providing there is documented evidence of the following:

- completion of a formal education program which includes a theoretical and clinical component in patient assessment, equipment use, insertion techniques such as microintroducer technique and ultra sound, and PICC management strategies;
- demonstration of knowledge and skill in performing the procedure including knowledge of actions to be taken if an emergency or a problem with the patient's condition occurs;
- institution policies and procedures supportive of the PICC insertion by RNs;
- available resources necessary to provide safe implementation and monitoring of this procedure; and
- signed medical order to perform the procedure.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: January 2008

VERMONT STATE BOARD OF NURSING

**CLIENT AGE PARAMETERS FOR ADULT NURSE PRACTITIONERS
POSITION STATEMENT**

The Board of Nursing has determined that Adult Nurse Practitioners may care for clients no younger than Adolescence which is generally 13 to 17 years of age.

This opinion is based on a review of the Adult Nurse Practitioner Board Certification exam which is given by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. The outline of the exam indicates that test content spans Adolescence (13-17 years) and Adult (18 + years).

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: November 2004

VERMONT STATE BOARD OF NURSING
THE ROLE OF THE ADULT AND FAMILY NURSE PRACTITIONERS
WORKING IN ACUTE CARE FACILITIES
POSITION STATEMENT

General Information:

Nurse Practitioners who are authorized to practice in the State of Vermont because of specialized education and experience are endorsed to perform acts of medical diagnosis and to prescribe medical, therapeutic or corrective measures under Administrative Rules adopted by the Board §1572(4).

Nurse practitioners may practice in a wide range of health care settings.

The focus of education and practice for Adult Nurse Practitioner (ANP) and Family Nurse Practitioner (FNP) is on health promotion and disease prevention and on the development of treatment plans for acute and chronic diseases.

The focus of education and practice for the Acute Care Nurse Practitioner (ACNP) is on advanced skills in clinical practice to clients with acute conditions.

The American Nurses Credentialing Center (ANCC), recognized by the Board of Nursing, provides an examination for certification for Nurse Practitioners which delineates separate and distinct content for the ACNP compared to the Adult and Family Nurse Practitioners.

Adult and Family Nurse Practitioners are not qualified to take the certification examination for Acute Care Nurse Practitioners solely on their education and practice as Adult and Family Nurse Practitioners.

POSITION STATEMENT:

The Board of Nursing supports Adult and Family Nurse Practitioners working in acute care settings in their role for which they were educated and working in an expanded role as reflected in their practice guidelines with added education and experience; however if the role encompasses the entire scope of practice of an Acute Care Nurse Practitioner it is the Board's position that education and certification as Acute Care Nurse Practitioner is essential.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: December 2004

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN THE DELEGATION OF ADMINISTRATION OF MEDICATIONS TO LNA/DIALYSIS TECHNICIANS POSITION STATEMENT

Definition:

Dialysis Technician

- Dialysis Technicians are members of a health care team that provide care to patients requiring hemodialysis treatment. Dialysis Technicians provide direct care to patients under the supervision and delegation of a Registered Nurse.

Preparation:

- The Dialysis Technician is certified by the national certifying body or has completed an educational program offered by a health care facility and has demonstrated an ability to provide safe care to dialysis patients.

Authority:

- Dialysis Technicians are not licensed in the State of Vermont but are licensed as Licensed Nursing Assistants (LNAs). They practice under the authority of the RN to delegate appropriate procedures.

Extracorporeal:

- The extracorporeal circuit is an extension of the patient's blood vessels outside of the body. The circuit carries the patient's blood from the access to the dialyzer, and back to the patient. Components of the extracorporeal circuit include the arterial bloodline, dialyzer, venous bloodline, and extracorporeal circuit monitors (Core curriculum for Dialysis Technicians 2001) (Contemporary Nephrology Nursing 1998)

The Board of Nursing's position on delegation states that the "practice-pervasive functions of assessment, evaluation and nursing judgement must not be delegated" and that "all decisions related to delegation of nursing tasks must be based on the fundamental principle of protection of the health, safety and welfare of the public." (NCSBN 1995)

The American Nephrology Nurse Association's (ANNA) position paper on Delegation of Nursing Care Activities states:

- Administration of medication is a nursing responsibility requiring knowledge of the indications, pharmacokinetic action, potential adverse reactions, correct dosage and contraindications, and it is beyond the scope of practice of unlicensed assistive personnel. Administration of medications by unlicensed assistive personnel shall be limited to those medications considered part of the routine hemodialysis treatment, that is, normal saline and heparin via the extracorporeal circuit and intradermal lidocaine. (ANNA 2003)

OPINION STATEMENT

The Board of Nursing supports the position of the American Nephrology Nurse Association (ANNA) as a framework the nurse can use in the delegation of medications to dialysis technicians.

This Position Statement represents the Board's current thinking. Position statements are not legally binding

Approved: April 2005

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE LICENSED PRACTICAL NURSE IN I.V. THERAPY POSITION STATEMENT

The Registered Nurse may delegate responsibilities to the Licensed Practical Nurse when the anticipated patient response is routine and predictable. The RN remains accountable and responsible for all delegated tasks and must have clear knowledge of the nursing scope of practice relative to assessment, planning, implementation and evaluation, as well as legal responsibility of delegating nursing care activities (Intravenous Nursing Society 2000).

Definitions:

1. Peripheral Inserted Catheter

An intravenous access device, less than 3 inches in length inserted into a peripheral vein.

2. Peripheral Mid-Line Inserted Catheters

An intravenous access device inserted into the basilic or cephalic vein in the antecubital fossa, extended 6-7 inches and terminating in the proximal portion of the extremity.

3. Peripheral Inserted Central Catheter (PICC)

An intravenous access device inserted in the ante cubital fossa region or upper arm utilizing the basilic, cephalic or median cubital vein with distal tip terminating in the lower third of the superior vena cava.

The Vermont Board of Nursing believes that a Licensed Practical Nurse who has appropriate knowledge and skill may perform selected interventions in the nursing management of I.V. Therapy through the delegation and direction of an RN.

These procedures include:

- initiating an I.V. using peripheral veins;
- monitoring and regulating infusion of prescribed I.V. solutions;
- monitoring patients' responses to blood and blood products;
- flushing peripheral intermittent devices with physiological saline or a heparin solution;
- administering medication by intermittent infusion via peripheral lines; and

The following skills may **NOT** be delegated by the RN due to their complex nature, the potential for harm, and the sound nursing judgement required to perform such skills:

- initiating a patient controlled analgesia (PCA) pump;
- administering medication via I.V. push or solutions via a venous central line (including PICC lines), insertion of central lines;
- drawing blood from a central or arterial line;
- administration of blood and blood products;
- changing a central line dressing; and
- mixing medications requiring reconstitution.

LPNs whose practice includes the management of selected I.V. Therapy shall have the following:

- documentation of completion of a formal I.V. Therapy program which includes a theory and clinical component;
- documentation of continuing competency;
- policies and procedures of health care agency supporting the practice of LPNs in I.V. Therapy; and
- resources necessary to provide safe implementation of these procedures.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Adopted:: 1982/1996
Revised: October 2004
Revised: June 2005
Revised: October 2005

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN THE DELEGATION OF INSULIN PUMPS IN SCHOOL SETTINGS

POSITION STATEMENT

QUESTION: Can the school nurse delegate the management of care for children with diabetes who use insulin pumps in school settings?

OVERVIEW:

Diabetes has been determined as a disability under the Diabetes Education Act and The Americans with Disabilities Act. Under these laws accommodations should be provided within the student's usual school setting with as little disruption to the student's routine as possible and allowing the student full participation in all school activities.

POSITION:

- Appropriate diabetic care in the school setting is a responsibility of the school nurse.
- Care of students with health care needs must be individualized and supervised by a Registered Nurse who is accountable for the care provided.
- The delegation of procedures/treatments is a nursing decision based on the guidelines delineated in the Board of Nursing's Position Statement on Delegation.
- Delegation of care for children on insulin pumps should be confined to procedures that do not require nursing assessment, judgement, evaluation or complex skills.
- Procedures that may be appropriate to delegate include inputting carbohydrate counts and blood sugar levels, and activation of the pump to infuse a pump-calculated insulin bolus, correction, or total dose.
- Inserting a new infusion set, disconnecting and reconnecting tubing, filling and priming a pump are not appropriate to delegate since they involve complex skills.
- The Registered Nurse is responsible for the coordination and oversight of assistive personnel and will:
 - Identify the task to be performed;
 - Provide education and training;
 - Evaluate the ability of the assistive personnel;
 - Evaluate the performance of the task;
 - Develop detailed protocol procedures;
 - Develop an individualized health care plan with parent involvement and input from the Medical Team; and
 - Provide for immediate accessibility to a health care provider to answer questions and provide direction if the school nurse is not on site.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: January 2007

VERMONT BOARD OF NURSING
THE ROLE OF THE NURSE IN THE
ADMINISTRATION OF PROPOFOL (DIPRIVAN)
POSITION STATEMENT

Question: Is it within the scope of practice of a Registered Nurse to administer Propofol?

Definitions

Propofol - (Diprivan, Disoprofol)

- A general anesthetic used to induce or maintain anesthesia as part of balanced anesthetic technique; or used for sedation in mechanically ventilated patients.

Palliative Sedation

- Monitored use of medication intended to provide relief of refractory or unendurable symptoms by inducing various degrees of unconsciousness, but not death, in imminently dying patients.

Deep sedation/analgesia

- A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimuli. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Scope of Practice

It is within the scope of practice of an RN, under the direction of an attending physician, to administer Propofol in the following settings and specific patient conditions:

- In critical care settings to intubated, ventilated patients;
- In critical care settings during intubation procedures (Rapid Sequence Intubation RSI); and
- In settings where patients are receiving palliative sedation at end-of-life.

Administration, Management and Monitoring

The specific circumstances which would permit the RN to administer Propofol are:

- The physician will order the dosage and titration of the drug;
- There are well defined institutional policies and procedures supportive of the administration and monitoring of this drug;
- There are resources necessary to provide safe implementation and monitoring of the administration of this drug
- The nurse has the knowledge skills and abilities to administer this drug as evidenced by the completion of a theoretical and clinical component of an educational program; and
- There is documentation of continuing competence.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: May 2007

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN THE ADMINISTRATION AND MONITORING OF MODERATE SEDATION POSITION STATEMENT

DEFINITION

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

Administration, Management and Monitoring

1. It is within the scope of practice of a registered nurse to administer pharmacological agents for moderate sedation and manage and monitor the care of patients receiving intra venous moderate sedation during therapeutic, diagnostic or surgical procedures provided the following criteria is met:
 - A. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac arrhythmia recognition and complications related to IV moderate sedation and medications.
 - B. Assess total patient care requirements during IV moderate 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 moderate 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 moderate sedation and/or monitoring patients receiving IV moderate sedation, including the RN's responsibility and liability in the event of an untoward reaction or life-threatening complications.
2. The RN managing the care of patients receiving IV moderate sedation has no other responsibilities that would compromise continuous monitoring.
3. A qualified anesthetist provider or physician selects and orders the medications to achieve moderate sedation.
4. 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.

5. Provisions are in place for the immediate availability of personnel who are experts in airway management, emergency intubation and advanced CPR if complications arise.
6. While the registered nurse who administers intravenous sedation is acting on a specific medical order for a specific client, the registered nurse has the right and obligation to refuse to administer and/or continue to administer medication(s) to clients with significant medical conditions or amounts that may induce deep sedation and/or loss of consciousness.

References: Kost, Michael - Moderate Sedation/Analgesia 2nd edition
American Society of Anaesthesiologists Guidelines for Sedation and Analgesia by Non Anesthesiologists 2002

American Nurses Association's Position Statement on the Role of the Registered Nurse in the Management of Patients Receiving IV Conscious Sedation for Short Term Therapeutic, Diagnostic or Surgical Procedures

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: June 2005

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE NURSE IN THE ADMINISTRATION OF KETAMINE FOR PAIN CONTROL POSITION STATEMENT

Question: Is it within the scope of practice of a Registered Nurse to administer Ketamine for pain control?

Definitions

Ketamine

- Ketamine (Ketalar) is a rapid acting general anesthetic. Its pharmaceutical effects produce analgesia, normal pharyngeal - laryngeal reflexes, skeletal muscle tone, cardiovascular and respiratory stimulation and transient respiratory depression.¹

Scope of Practice

Nurses are responsible for assessing and monitoring clients and have the ultimate responsibility and accountability for the management and provision of safe nursing care.

It is the position of the Board that the intravenous administration of sub-anesthetic doses of Ketamine for analgesia is not within the scope of practice of a nurse for the following reasons:

- Ketamine, although given in sub-anesthetic doses, is an anesthetic agent that may move along the continuum of anesthesia.
- Currently there are no available protocols for monitoring the long-term use of Ketamine as an analgesic via I.V. drip outside of a research or clinical trial setting protocols.
- There is great variance in individual responses to the drug and its effects.
- There is lack of consensus on acceptable and appropriate doses of Ketamine for analgesic use.

This Position Statement represents the Board's current thinking. Position statements are not legally binding.

Approved: June 2007

¹1974-2006 Thomson Micro Medex.

VERMONT STATE BOARD OF NURSING

THE ROLE OF THE STUDENT NURSE IN PRELICENSURE STRUCTURED PROGRAM NOT ASSOCIATED WITH A SCHOOL OF NURSING

POSITION STATEMENT

Objective of Program:

Provide nursing students with an opportunity to enhance their clinical nursing skills.

Definition:

A program designed by an agency to provide nursing students with an opportunity to enhance their clinical nurse skills in a health care setting outside of their academic nursing program.

Position Title:

Title 26 §1584 (a)(4) prohibits any person who is not either a licensed registered nurse or a licensed practical nurse to “use in connection with [their] name any words, letters, signs, or figures which imply that [the] person is a registered or practical nurse or an advanced practice registered nurse.”

Requirements:

- Student nurses employed to provide nursing care must be licensed and identified as nurse assistants and held accountable at their level of licensure;
- Students who are Licensed Nursing Assistants may perform skills beyond the scope-of-practice of a Licensed Nursing Assistant under supervision through the process of Registered Nurse delegation; and
- Delegation concepts must be adhered to as delineated in the Board’s Position Statement on Delegation; specifically noting that assessment, evaluation and nursing judgement are not delegatable.

This Position Statement represents the Board’s current thinking. Position statements are not legally binding.

Approved: May 2007

VERMONT STATE BOARD OF NURSING

**THE ROLE OF EMERGENCY MEDICAL PERSONNEL IN
ACUTE CARE FACILITIES
POSITION STATEMENT**

“Emergency Medical Personnel” means persons, including volunteers, certified by the department of health to provide emergency medical treatment on behalf of an organization such as an ambulance service or first responder service whose primary function is the provision of emergency medical treatment. The term does not include duly licensed or registered physicians, dentists, nurses or physicians’ assistants when practicing in their customary work setting.

(Vermont Department of Health - Title 24 Chapter 71)

Emergency medical personnel who are **employed in emergency departments** function as unlicensed personnel and may perform tasks that are properly delegated by a licensed nurse. Tasks delegated must be in compliance with the Vermont Board of Nursing rules and advisory opinion entitled “Delegation: Concepts and Decision-Making Process”.

Intravenous Therapy initiation on clients admitted to a health facility involves nursing assessment and nursing judgement and therefore is not an appropriate delegatable act.

This Position Statement represents the Board’s current thinking. Position statements are not legally binding.

Approved: May 2005

**APRN PRESCRIBING TO IMMEDIATE FAMILY MEMBER
POSITION STATEMENT**

QUESTION: Can an Advanced Practice Nurse with prescriptive authority write a prescription for a controlled substance for his or her own use or for an immediate family member?

DEFINITION:

Immediate family includes the following: a spouse (or spousal equivalent), parent, grandparent, child, sibling, parent-in-law, son/daughter-in-law, brother/sister-in-law, step-parent, step-child, step-sibling, or any other person who is permanently residing in the same residence as the licensee.”

POSITION:

It is the opinion of the Board of Nursing that prescribing controlled substances listed in DEA Schedules II, III, and IV for his or her own use or for that of an immediate family member is inappropriate and unacceptable practice.

This Position Statement represents the Board’s current thinking. Position statements are not legally binding.

Approved: December 2007