

# NEVADA STATE BOARD OF NURSING

## Practice Decision

### Rapid Sequence Intubation Guidelines

#### Medication Administration by Registered Nurses

The Nevada State Board of Nursing finds that it is within the scope of practice of a registered nurse (RN) to administer IV anesthetic agents for the purpose of Rapid Sequence Intubation (RSI) if the RN is in the presence of a legally authorized practitioner credentialed in emergency airway management and cardiovascular support. The following criteria must be met:

1. A qualified legally authorized practitioner orders the medications to achieve anesthesia for the purpose of RSI.
2. The qualified provider or practitioner is present at the bedside but is unable to personally administer the anesthetic agent because the provider or practitioner is performing other critical tasks for the patient such as airway management.
3. Guidelines for patient monitoring, drug administration and protocols for dealing with potential complications or emergency situations have been developed in accordance with accepted standards of practice and are available in the area of practice.
4. The RN administering the medication shall have no other responsibilities that would leave the patient unattended or compromise continued monitoring.
5. The RN has completed ACLS (for the adult patient) and PALS (for the pediatric patient)
6. The RN has documented current competencies regarding the administration and monitoring of patients who receive anesthetic agents for the purpose of RSI.
7. The RN may administer IV anesthetic agents for the purpose of RSI in an appropriate setting to the practice. For any other administration of anesthetic agents by the RN, please refer to the NSBN Practice Decision regarding: The Role of the RN in Moderate/Procedural Sedation, 2014

#### RATIONALE

Anesthetic agents are often used to manage acutely unstable patients to secure the airway. In most circumstances, qualified providers or practitioners use rapid sequence intubation (RSI) to accomplish this task. RSI combines the use of a rapidly acting sedative (i.e. induction) agent, in addition to a neuromuscular blocking (i.e. paralytic) agent, to create optimal intubating conditions. Selection of the sedative agent and dose most appropriate for the clinical scenario is an important component of RSI (Caro, 2014). The primary objective of RSI is to minimize the time between patient loss of consciousness and tracheal intubation.

To require the licensed provider or practitioner who is managing the patient's airway to leave the airway in order to administer the anesthetic agent may compromise the patient's safety. It is within the scope of practice of the RN to perform additional acts that require education and

training as prescribed by the Nevada State Board of Nursing Nevada Revised Statute (NRS) 632.220 and are recognized by the nursing profession as appropriate to be performed by an RN.

## **COMPETENCIES**

The registered nurse must be competent to perform the function, and the function must be performed in a manner consistent with the standard of practice. In administering medications to induce anesthesia for RSI, the RN is required to have the same knowledge and skills as for any other medication the nurse administers. This knowledge base includes but is not limited to:

- Effects of the medication, potential side effects of the medication
- Contraindications for the administration of the medication
- The accepted dose of the medication to be administered based on the prescribing practitioner's order

The requisite skills include the ability to:

- Competently and safely administer the medication by the specified route
- Anticipate and recognize the potential complications of the medication
- Recognize emergency situations
- Institute emergency procedures
- Show evidence of current ACLS/PALS

The RN shall be held accountable for knowledge of the medication and for ensuring that the proper safety measures are followed. The institution shall have in place a process for evaluating and documenting the RN's demonstration of the knowledge, skills and abilities for the management of patients receiving agents to render anesthesia in RSI. Evaluation and documentation of competency shall occur on an annual basis.

## **SAFETY CONSIDERATIONS**

The safety considerations for the use of anesthetic agents for the purpose of RSI include but are not limited to: continuous cardiac monitoring, oxygenation saturation, blood pressure and respiratory rate. The RN shall ensure the immediate, on-site back-up personnel for airway management are available; have immediately available resuscitative and reversal agents, airway and ventilator adjunct equipment, defibrillator, suction and a source for administration of the medications in the patient's best interest. The RN shall ensure that all safety measures are in force.

## **MANAGEMENT OF NURSING CARE**

The RN is held accountable for any act of nursing provided to a patient. The RN managing the care of the patient receiving anesthetic agents for RSI shall not leave the patient unattended or engage in tasks that would compromise the continuous monitoring of the patient during RSI. The

complex nursing functions, including vital signs, shall not be assigned to unlicensed assistive personnel. The RN has the right and obligation to act as the patient's advocate by refusing to administer any medication not in the patient's best interest.

### **DEFINITION OF ANESTHETIC INDUCTION AGENTS FOR USE IN RSI**

The use of induction agents (sedatives) are integral to the performance of RSI. They provide amnesia, blunt sympathetic responses, and can improve intubating conditions. Sedative-hypnotic agents and dissociative anesthetic agents are often used for the purpose of anesthetic induction in RSI.

### **REFERENCES**

Arizona State Board of Nursing (2003). Advisory Opinion: Anesthetic agents administered by registered nurses for limited purposes: Airway management or peripheral nerve block.

Caro, D. (2014). Sedation or induction agents for rapid sequence intubation in adults. Up-to-Date. Retrieved from: [www.uptodate.com](http://www.uptodate.com).

National Council of State boards of Nursing (NCSBN). Retrieved on June 23, 2014. RN procedural sedation rules and nurse administered anesthesia.

Oklahoma State Board of Nursing (2012). Rapid sequence intubation guidelines. Medication administration by registered nurses.

Schlesinger, S. and Blanchfield, D. (2001). Modified rapid-sequence induction of anesthesia: A survey of current clinical practice. *American Association of Nurse Anesthetists Journal*. 69(4). 291-298.

Approved by Board: May, 2018

Reviewed by NPAC April 10, 2018