

## 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

The following skills may **NOT** be delegated by the RN due to their complex nature, the potential for harm, and the sound nursing judgment 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
- mixing medications requiring reconstitution

LPN's 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 LPN's in I.V. Therapy
- 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**

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