

**Management of Pain Relief by Catheter Techniques
Epidural, Intrathecal, Intrapleural, Peripheral Nerve Catheter or Other Pain Relief
Devices**

POSITION STATEMENT

The Mississippi Board of nursing is a consumer protection agency with the authority to regulate the practice of nursing provided for by Mississippi Code of 1972, Annotated, Title 73, Chapter 15.

A position statement is a scope of practice determination made by the Board, as to whether performance of an action by a licensed nurse is within acceptable standards. Position statements are administrative and educational tools that can be used to assist providers, licensed nurses, and other interested parties in scope of practice determinations. Position statements of the Mississippi Board of Nursing are formulated in response to the Board's legally mandated charge to protect the public through safe nursing practice.

BACKGROUND

Management of catheters or devices with **non-anesthetic/anesthetic agents** for analgesia to alleviate acute post surgical pain, pathological pain or chronic pain, including re-injection of medication following establishment of appropriate therapeutic range, or adjustment of drug infusion rate by a Certified Registered Nurse Anesthetist (CRNA) or Physician's orders or protocols are often the responsibility of the registered nurse (RN). Established procedures and proper education of the nurses providing care are essential to prevent adverse patient outcomes.

SCOPE OF PRACTICE

It is within the scope of practice of a registered nurse to perform the functions of re-injection of medication or adjustment of infusion for catheter techniques with **non-anesthetic/anesthetic** agents for the purpose of pain control provided:

1. The registered nurse must have documentation of education and competence necessary for the performance of this function on an ongoing basis. The preparation must be beyond the nurse's basic nursing education. Including but not limited to:
 - a. Demonstration and knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique and medication.
 - b. Assessment of the patient during analgesia.
 - c. Interpretation of physiological responses and initiation of appropriate interventions to ensure optimal patient care.
 - d. Recognition of potential complications.

2. The physician or CRNA placing the catheter, or infusion device, selecting and ordering the medication, doses and concentration is available for consultation.
3. The registered nurse may assist the physician or CRNA initiating catheter placement.
4. The registered nurse shall not assume care of the patient until the physician or CRNA who placed the catheter or infusion device has verified correct catheter placement and the patient is stabilized.
5. The registered nurse may adjust the infusion rate or re-inject medication with **non-anesthetic/anesthetic agents** only after the physician or CRNA administers the initial dose, and upon order of the physician or CRNA.
6. The registered nurse may connect the IV administration set to the catheter upon written order from the physician or CRNA after the initial dose has been given.
7. The registered nurse shall monitor the patient according to accepted standards.
8. The registered nurse shall not re-dose or re-inject the catheter and shall notify the patient's physician or CRNA when symptoms or complication arise, including but not limited to:
 - a. Migration of the catheter; and
 - b. Progressive rostral spread of blockage
9. The registered nurse may remove an epidural or intrathecal catheter upon order of the physician or CRNA.
10. The registered nurse must have a thorough understanding of providing this care, including responsibility of their actions.
11. The facility must have written policies and procedures to address all aspects of this procedure, including but not limited to, patient monitoring, drug administration, and emergency intervention.

Licensed Practical Nurse's Role

1. The licensed practical nurse may assist the registered nurse in providing care to the patient with a catheter, excluding care related to the catheter.
2. The licensed practical nurse must have knowledge of complications and risk associated with the procedures.

EXCEPTIONS

Obstetrical laboring patients receiving epidural analgesia may be monitored by an obstetrical nurse appropriately trained and in accordance with established guidelines provided an anesthesia provider is immediately available as defined by institutional policy. This monitored care should only be done following stabilization of vital signs after either bolus injection or establishment of continuous pump infusion.

SOURCES

1. American Association of Nurse Anesthetists (AANA). Position Statement No. 2.8: Title: Provision of pain relief by medication administered via continuous epidural, intrathecal, intrapleural, peripheral nurse catheters, or other pain relief devices. Adopted by the AANA Board of Directors June 1989; Revised June 1990, 1995; Reaffirmed June 2003; Revised by AANA Board of Directors February 2017; Retrieved on December 17, 2021, from [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/care-of-patients-receiving-analgesia-by-catheter-techniques.pdf?sfvrsn=d30049b1_2](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/care-of-patients-receiving-analgesia-by-catheter-techniques.pdf?sfvrsn=d30049b1_2)

HISTORY

Approved: 12/3/1993

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Medical procedures are often contraindicated based on the medical status of the patient. The licensed nurse has the right and the obligation to question orders and decisions, which are contrary to acceptable standards, and to refuse to participate in procedures which may result in harm to the patient.