

OKLAHOMA BOARD OF NURSING
2915 North Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800

Rapid Sequence Intubation Guidelines -
Medication Administration by Registered Nurses

I. Introduction/Purpose:

- A. In accordance with the *Oklahoma Nursing Practice Act*, specifically 59 O.S. § 567.3a.10.a, it is within the scope of practice of a Certified Registered Nurse Anesthetist (“CRNA”) to administer anesthesia, under the supervision of a medical doctor, an osteopathic physician, a podiatric physician or dentist licensed in this state and under conditions in which timely onsite consultation by such doctor, osteopath, podiatric physician or dentist is available, and pursuant to national certification and recognition by the Oklahoma Board of Nursing (“Board”).
- B. Certified Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, Registered Nurses and Licensed Practical Nurses are not allowed to administer deep sedation/analgesia or general anesthesia, except in accordance with the *Oklahoma Nursing Practice Act* and *Rules of the Board* or in compliance with Declaratory Rulings and/or guidelines authorized by the Board.
- C. According to the American College of Emergency Physicians (ACEP), rapid sequence intubation is an important technique for airway management of patients in the emergency department and is in the domain of emergency medicine practice. Neuromuscular blocking agents, sedatives, and analgesic agents are commonly used to facilitate emergent intubation. To require the licensed provider who is managing the patient’s airway to leave the airway in order to administer the agent compromises patient safety (ACEP, 2006).
- D. Registered Nurses may assist a *licensed provider by administering neuromuscular blocking agents, sedatives, and analgesics in situations where the provider is present but unable to personally inject the agents because the provider is performing the critical task of airway management for the patient during rapid sequence intubation, provided the Registered Nurse has the educational preparation and clinical competence to inject such agents.

II. Definitions:

- A. *Licensed providers are defined in these guidelines as physicians or CRNAs authorized by state law and by facility credentialing and policies to select, order, obtain and administer deep sedation/analgesia and/or general anesthesia.
- B. Rapid-sequence intubation is defined as a technique where a potent sedative or induction agent is administered virtually simultaneously with a paralyzing dose of

a neuromuscular blocking agent to facilitate rapid tracheal intubation (ACEP, 2006). The technique includes specific protection against aspiration of gastric contents, provides excellent access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

- C. Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully** following repeated or painful stimulation. 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 [American Society of Anesthesiologists (ASA), 2009].
****[NOTE: In accordance with definitions of general anesthesia and levels of sedation/analgesia, approved by the ASA House of Delegates on October 13, 1999, “Reflex withdrawal from a painful stimulus is NOT considered a purposeful response.”]**
- D. General Anesthesia Sedation/Analgesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired (ASA, 2009).

III. Policy/Guidelines:

- A. It is within the scope of practice of a Registered Nurse to administer IV push medications during rapid sequence intubation of a patient at the direction of a licensed provider in the periparturient and perioperative period or of a physician in all situations. Medications, such as neuromuscular blocking agents, sedatives and analgesics, may be administered by the registered nurse unless the drug manufacturer’s general warning advises the drug should be administered and monitored only by persons experienced in the use of general anesthesia, provided the following criteria are met:
 - 1. The registered nurse is educated and competent in all aspects of rapid sequence intubation, mechanical ventilation and advanced cardiovascular resuscitation, including knowledge of all equipment and medical devices to be used and medications to be administered. This knowledge base includes, but is not limited to:
 - a. Assessment and monitoring of the patient receiving the medication.
 - b. Dosing, indications and use, actions, side effects and contraindications for each drug to be administered.
 - c. Potential complications of each drug and/or combination of drugs.

- d. Recognizing emergency situations and instituting appropriate nursing interventions.
 - e. The education and competence of the Registered Nurse must be documented initially and on an ongoing basis.
2. The licensed provider selects and orders the medication(s) to be administered (AANA, 2005).
 3. The procedure is performed and the patient is monitored according to accepted standards of practice and facility policies and procedures for rapid sequence intubation.
 4. Written facility policies and procedures are developed in conjunction with licensed providers performing rapid sequence intubations and must be available within the employing facility and to the Registered Nurse administering neuromuscular blocking, sedative and analgesic agents. Policies and procedures must include, but are not limited to:
 - a. Licensed provider's role and supervision during rapid sequence intubation.
 - b. Emergency equipment and medication that must be available immediately to the patient receiving any medication classified as a neuromuscular blocking, sedative, or analgesic agent, as provided below:
 - i) An emergency cart must be immediately accessible to every location where rapid sequence intubation is performed. This cart must include emergency resuscitative drugs, airway and ventilatory adjunct equipment, defibrillator, and a source for administration of 100% oxygen.
 - ii) A positive pressure breathing device, oxygen, suction, and appropriate airways must be placed in each room where rapid sequence intubation is performed.
 - iii) Supplemental oxygen shall be available for any patient after rapid sequence intubation.
 - c. Education and competency validation of the registered nurse administering the medication by order of the licensed provider.
 - d. Drug administration.
 - e. Patient Monitoring.
 - f. Protocols for handling potential complications or emergency situations.
 5. If in a health care facility, the licensed provider who is performing the intubation *is present at the bedside of the patient* when the Registered Nurse is administering neuromuscular blocking, sedative and analgesic agents. Registered Nurses may use their systematized body of nursing knowledge to identify those factors that could potentially injure the patient, including the variety of responses the patient could have to the medication.

6. If in the pre-hospital setting or during inter-hospital air/ground transport, the Registered Nurse administering neuromuscular blocking, sedative and analgesic agents, has direct contact accessibility via telehealth with a physician. The Registered Nurse is educationally prepared and clinically competent in advanced emergency airway management of patients, including rapid sequence intubations, and practices in accordance with written policies and procedures maintained by the facility.
 7. The facility or practice setting has in place an educational/competency validation mechanism that includes a process for evaluation and documenting the individual Registered Nurse's demonstration of the knowledge, skills, and abilities related to the administration of IV push medications for rapid sequence intubation.
- B. It is not within the scope of practice for a Licensed Practical Nurse to administer IV push medications, such as neuromuscular blocking, sedative and analgesic medications, during rapid sequence intubation of a patient based on the comprehensive patient assessment and monitoring skills required.

IV. Selected References:

American College of Emergency Physicians (“ACEP”), “Rapid-Sequence Intubation,” Policy #400177. Approved by the ACEP Board of Directors: September 1996, Reaffirmed by ACEP Board of Directors: October 2006. Retrieved 4/12/12, from: <http://www.acep.org/content.aspx?id=29662>

American Society of Anesthesiologists (“ASA”), “Continuum of Depth of Sedation – Definition of General Anesthesia and Levels of Sedation/Analgesia,” Approved by the ASA House of Delegates on October 13, 1999, and amended 2009. Retrieved 4/12/12, from: <http://www.asahq.org/For-members/Standards-Guidelines-and-Statements.aspx>

American Association of Nurse Anesthetists (AANA). “Considerations for Policy Guidelines for Registered Nurses Engaged in the Administration of Sedation and Analgesia”. Adopted by AANA Board of Directors, June 1996; Revised June 2003 and November 2005. Retrieved 4/12/12 from: <http://www.aana.com/resources2/professionalpractice/Documents/PPM%20Considerations%20for%20RN%20Engaged%20in%20Sedation%20and%20Analgesia.pdf>

Arizona State Board of Nursing. Advisory Opinion – “Anesthetic Agents Administered by a Registered Nurse for Limited Purposes: Airway Management or Peripheral Nerve Block,” approved 01/2003. Retrieved 4/12/12, from: http://www.azbn.gov/documents/advisory_opinion/AO%20ANESTHETIC%20ADMINISTERED%20BY%20RNS%20FOR%20LIMITED%20PURPOSES%2001-03.pdf

- Bottor, L. (2009). Rapid sequence intubation in the neonate. K. Zukowsky (Ed.) *Advances in Neonatal Care* 9(3), 111-117
- Lafferty, K. & Kulkarni, R. (2008). Tracheal intubation, rapid sequence intubation. *EMedicine*, October 27, 2008 and updated June 3, 2011 , retrieved 4/13/12, from: <http://emedicine.medscape.com/article/80222-print>
- Nebraska Board of Nursing. Advisory Opinion - “Extra Pair of Hands” Concept. Adopted 1990; Reaffirmed May 2000. Retrieved on 4/13/12, from: http://dhhs.ne.gov/publichealth/Pages/crl_nursing_rn-lpn_advisory.aspx
- North Carolina Board of Nursing. (2009). Rapid sequence intubation: Position statement for RN Practice. Origin: 12/2007. Revised: 05/2009. Retrieved 4/13/12 from: <http://www.ncbon.com/content.aspx?id=682>
- South Carolina Department of Labor, Licensing and Regulation, Board of Nursing. Advisory Opinion Question 25. “Is it within the role and scope of responsibilities of the registered nurse (RN) to administer pharmacological agents intravenously for sedation?” Formulated May 18, 1989; last revised March 2011. Retrieved 4/15/12, from: <http://www.llr.state.sc.us/POL/Nursing/AdvisoryOp/AO25.pdf>

V. Regulatory Authority

59 O.S. § 567.3., a., and 485:10-18-1, 2, & 5