

OKLAHOMA BOARD OF NURSING
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Rapid Sequence Intubation Guidelines -
Medication Administration by Registered Nurses

- I. Introduction/Purpose: This guideline addresses educational needs for Registered Nurses (non-anesthesia providers) who assist with medication administration for rapid sequence intubation. Registered Nurses collaborate with other health professionals in the management of health care; and may perform additional nursing functions in accordance with knowledge and skills acquired beyond basic nursing preparation [59 O.S. § 567.3a.3.l.m].

For the administration of moderate sedation by an RN for short term therapeutic, diagnostic or surgical procedures see *Moderate (Conscious) Sedation Guidelines for Registered Nurses Managing and Monitoring Patients, #P-06.*

- A. 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. (ACEP, 2018) Emergent patient care requiring rapid sequence intubation is not limited to the emergency department and can occur in other patient care settings. 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.
- B. Registered Nurses may assist a licensed provider¹ by administering certain 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 (RN) has the educational preparation and validated clinical competence to inject such agents. The RN should use the *Decision-Making Model for Scope Practice Decisions, #P-10* and proceed with caution in deciding whether or not he or she has the competence to administer the specific pharmacologic agents ordered by the physician, APRN or Physician Assistant. The RN should be aware of all Federal Drug Administration (FDA) drug manufacturer's general warnings before administration of medication(s). Note: The FDA *Black Box* Warning is the strictest labeling requirement that the FDA mandates.

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- C. This guideline does not limit 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”) [59 O.S. § 567.3a.10.a].

II. Definitions:

- A. **Licensed providers¹** are defined in these guidelines as physicians, Physician Assistants, or APRNs authorized by state law, appropriately certified, privileged and credentialed to order medications for rapid sequence intubation.
- 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, 2018). 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.

III. Policy/Guidelines:

- A. It is within the scope of practice of a Registered Nurse to administer certain IV push medications, such as neuromuscular blocking agents, sedatives and analgesics, during rapid sequence intubation of a patient at the direction and order of a licensed provider, if the Registered Nurse has specific education, initial and ongoing, validated competence and follows the facility’s policies and procedures. The licensed nurse should be aware of all FDA drug warnings before administration of any medication(s). The following criteria must be met:
 - 1. The registered nurse is educated and competent in assisting with 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 allowed by facility policy.
 - e. The education and competence of the Registered Nurse must be documented initially and on an ongoing basis.
 - 2. The licensed provider¹ select and orders medication(s) to be administered.

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's¹ 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 ***must be 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(s).
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.
- C. For additional guidance, licensed nurses are strongly advised to use the *Decision-Making Model for Scope of Practice Decisions: Determining Advanced Practice Registered Nurse, Registered Nurse and Licensed Practical Nurse Scope of Practice Guidelines*, #P-10

¹ Licensed providers are defined as physicians, Physician Assistants or APRNs authorized by state law, appropriately certified, privileged and credentialed to order medications for rapid sequence intubation.

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: February 2018. Retrieved 4/10/2018, from: <http://www.acep.org/content.aspx?id=29662>
- 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 4/11/2018, from: <http://www.azbn.gov/advisoryopinions>
- Bottor, L. (2009). Rapid sequence intubation in the neonate. K. Zukowsky (Ed.) *Advances in Neonatal Care* 9(3), 111-117
- Kentucky Board of Nursing. Administration of Medications for Procedural Sedation and Analgesia by Nurses. Adopted: 4/1995. Revised: 12/2017. Retrieved 4/13/18 from: <http://kbn.ky.gov/practice/documents/aos32%20.pdf>
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Minnesota Board of Nursing. Statement of Accountability by the Registered Nurse for Administration of Medications Classified as Anesthetics. Adopted: October 2005, Reaffirmed: October 2016. Retrieved 4/13/18 from:
<https://mn.gov/boards/nursing/practice/nursing-practice-topics/rn-admin-anesthetics.jsp>

North Carolina Board of Nursing. (2015). Rapid sequence intubation: Position statement for RN Practice. Origin: 12/2007. Revised: 1/2015. Retrieved 8/18/2016 from:
<http://www.ncbon.com/dcp/i/nursing-practice-position-statements-decision-trees>

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 September 2013. Retrieved 4/13/2018, from:
<http://www.llr.state.sc.us/POL/Nursing/AdvisoryOp/AO25.pdf>

V. Regulatory Authority

59 O.S. § 567.3.a