



SOUTH DAKOTA BOARD OF NURSING

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Role of the Registered Nurse in Monitoring the Care of a Pregnant Woman Receiving Analgesia by Catheter Techniques

The South Dakota Board of Nursing is authorized by the state of South Dakota, pursuant to SDCL 36-9-1.1, to safeguard life, health and the public welfare; and to protect citizens from unauthorized, unqualified and improper application of nursing practices.

The practice of registered nurses, pursuant to SDCL 36-9-3 (14,) allows registered nurses to perform other acts that require education and training consistent with professional standards as prescribed by the board, by rules promulgated pursuant to chapter 1-26, and commensurate with the registered nurse's education, demonstrated competence, and experience.

The South Dakota Board of Nursing issues opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. An opinion is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

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Practice Statement

Registered nurses who are not licensed anesthesia care providers should monitor, not manage, the care of pregnant patients receiving analgesia/anesthesia by catheter techniques. Safe anesthesia administration is a complex and specialized practice that relies on the education, experience, competence and attentiveness of those responsible for its initiation and management. The requisite education and clinical skill acquisition necessary to provide safe management of regional analgesia/anesthesia for the pregnant woman are not included in basic education programs for entry into practice as a registered nurse; therefore, such analgesia/anesthesia management should be reserved exclusively for licensed, credentialed anesthesia care providers.

Purpose

The following guidelines are intended to promote safe care. Registered nurses and institutions are encouraged to also refer to other national standards of practice and evidence-based literature to identify additional guidelines or considerations specific to a practice setting or patient population served.

Guidelines

Only licensed professionals educated in the specialty of anesthesia should perform the following procedures:

- Insertion, initial injection, bolus injection, rebolus injection or initiation of a continuous infusion of catheters for analgesia/anesthesia;
- Verification of correct catheter placement; and
- Increasing or decreasing the rate of the continuous infusion.

Following stabilization of vital signs after initial insertion, initial injection, bolus injection, rebolus injection, or initiation of continuous infusion, a registered nurse may:

- Monitor the patient's vital signs, mobility, level of consciousness, and perception of pain;
- Monitor the status of the fetus;
- Replace empty infusion syringes or infusion bags with new, pre-prepared solutions containing the same medication and concentration, according to orders provided by the anesthesia care provider;
- Stop the continuous infusion if there is a safety concern or the woman has given birth;
- Remove the catheter, if educational criteria have been met and institutional policy allow. Removal of the catheter by a RN is contingent upon receipt of a specific order from a qualified anesthesia or physician provider; and
- Initiate emergency therapeutic measures according to institutional policy and/or protocol if complications arise.



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Registered nurses should not:

- Rebolus an epidural either by injecting medication into the catheter or increasing the rate of a continuous infusion;
- Increase/decrease the rate of a continuous infusion;
- Re-initiate an infusion once it has been stopped;
- Manipulate Patient Controlled Epidural Analgesia (PCEA) doses or dosage intervals; and
- Be responsible for obtaining informed consent for analgesia/anesthesia procedures; however, the nurse may witness the patient signature for informed consent prior to analgesia/anesthesia administration.

Physiologic and anatomic changes of pregnancy increase the risk of regional analgesia/anesthesia complications. Pregnant women are especially susceptible to cardiovascular and central nervous system disturbances as a result of local anesthetics. Analgesia/anesthesia complications not only impact the mother, but the fetus as well. The fetus is dependent on maternal physiology and can suffer the effects of maternal physiologic changes first. Fetal effects may be significant with only minimal maternal compromise. Clinicians responsible for managing regional labor analgesia/anesthesia must be prepared to handle both patients' complications, some of which may be life-threatening. Qualified, credentialed, licensed anesthesia care providers are trained to manage all anesthesia-related complications.

Patients receiving regional analgesia/anesthesia should have a specific pain management plan developed in consultation with an anesthesia care provider. This plan is ongoing and dependent on thorough assessments of the appropriateness of regional analgesia/anesthesia. These assessments, based on a patient's medical history, physiologic condition, and desire for pain management options, determine the optimal type and amount of medication to use in each individual circumstance. A multitude of anesthetic medications are used during labor and birth, each with specific indications, possible side effects, and potential adverse reactions. Because of the complexity of providing regional analgesia/anesthesia, only professionals specifically trained in anesthesia administration and management should alter the course of a patient's regional analgesia/anesthesia in any way, including rebolusing a catheter or changing the rate of a continuous infusion.

Reference

1. Association of Women's Health, Obstetric, and Neonatal Nurses (2001). Position statement: Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia by Catheter Techniques.

Applicable South Dakota Laws and Rules

1. [SDCL 36-9-3. Practice of registered nurse](#)
2. [ARSD 20:48:04. The Practice of Nursing](#)