

BOARDS AND COMMISSIONS

Board of Nursing (Amendment)

201 KAR 20:490. Licensed practical nurse infusion therapy scope of practice.

RELATES TO: KRS 314.011(10)(a), (c)

STATUTORY AUTHORITY: KRS 314.011(10)(c), 314.131(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to promulgate administrative regulations as may be necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.011(10)(c) authorizes the board to promulgate an administrative regulation to establish the scope of practice for administering medicine or treatment by a licensed practical nurse. KRS 314.011(10)(a) requires that licensed practical nurses practice under the direction of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist. This administrative regulation establishes the scope of that practice as it relates to infusion therapy.

Section 1. Definitions.

- (1) "Administration" means to initiate and maintain infusion therapy.
- (2) "Antineoplastic agent" means a medication that prevents the development, growth, or proliferation of malignant cells.
- (3) "Central venous access device" means a catheter inserted into a peripheral or centrally located vein with the tip residing in the superior or inferior vena cava. This includes peripherally inserted central catheters.
- (4) "Direction" means a communication of a plan of care that is based upon assessment of a patient by an advanced practice registered nurse, a registered nurse, physician assistant, licensed physician, or dentist that establishes the parameters for the provision of care or for the performance of a procedure.
- (5) "Peripheral venous access device" means a peripherally-inserted intravenous catheter or needle that is less than or equal to three (3) inches in length.
- (6) "Pharmacology" means information on the classification of intravenous drugs, indications for use, pharmacological properties, monitoring parameters, contraindications, dosing, clinical mathematics, anticipated side effects, potential complications, antidotal therapy, compatibilities, stabilities, specific considerations for select intravenous drugs, and administration of intravenous medications to pediatric, adult, and geriatric populations.
- (7) "Procedural sedation" means the administration of intravenous medications to produce a decreased level of consciousness.
- (8) "Supervision" means the provision of guidance by a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed in a safe manner.
- (9) "Supervisor" means the registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist who provides supervision of the licensed practical nurse's practice as defined in this section.
- (10) "Therapeutic phlebotomy" means removal of a specific volume of blood from a patient as ordered for the treatment of a specific condition or disease.
- (11) "Unstable" means inconsistent, unpredictable, or consistently fluctuating.

Section 2. Education and Training Standards.

(1) Prior to performing infusion therapy, the licensed practical nurse (LPN) shall have completed education and training related to the scope of infusion therapy for an LPN. This education and training shall be obtained through:

(a) A prelicensure program of nursing for individuals admitted to the program after September 15, 2019; or

(b) An institution, practice setting, or continuing education provider that has in place a written instructional program and a competency validation mechanism that includes a process for evaluation and documentation of an LPN's demonstration of the knowledge, skills, and abilities related to the safe administration of infusion therapy. The LPN shall receive and maintain written documentation of completion of the instructional program and competency validation.

(2) The education and training programs recognized in subsection (1) of this section shall be based on the Policies and Procedures for Infusion Therapy and the Infusion Therapy: Standards of Practice and shall include the following components:

(a) Legal considerations and risk management issues;

(b) Related anatomy and physiology including fluid and electrolyte balance;

(c) Principles of pharmacology as related to infusion therapy;

(d) Infusion equipment and preparation;

(e) Principles and procedures for administration of solutions and medications via intravenous route including transfusion therapy and parenteral nutrition;

(f) Principles and procedures for site maintenance for a peripheral venous access device and a central venous access device;

(g) Assessment of and appropriate interventions for complications related to infusion therapy; and

(h) Demonstration and validation of competency for infusion therapy procedures.

Section 3. Supervision Requirements.

(1) An LPN performing infusion therapy procedures shall be under the direction and supervision of a registered nurse (RN), advanced practice registered nurse (APRN), physician assistant, licensed physician, or dentist.

(2) For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may provide supervision of the LPN's provision of infusion therapy without being physically present in the immediate vicinity of the LPN, but shall be readily available.

(3) In the following cases, for the LPN to provide infusion therapy, the LPN's supervisor shall be physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:

(a) If a patient's condition is or becomes unstable;

(b) If a patient is receiving blood, blood components, or plasma volume expanders; or

(c) If a patient is receiving peritoneal dialysis or hemodialysis.

Section 4. Standards of Practice.

(1) An LPN shall perform only those infusion therapy acts for which the LPN possesses the knowledge, skill, and ability to perform in a safe manner, except as limited by Section 5 of this administrative regulation and under supervision as required by Section 3 of this administrative regulation.

(2) An LPN shall consult with an RN or physician, physician assistant, dentist, or advanced practice registered nurse and seek guidance as needed if:

(a) The patient's care needs exceed the licensed practical nursing scope of practice;

(b) The patient's care needs surpass the LPN's knowledge, skill, or ability; or

(c) The patient's condition becomes unstable.

(3) An LPN shall obtain instruction and supervision as necessary if implementing new or unfamiliar nursing practices or procedures.

(4) An LPN shall follow the written, established policies and procedures of the facility that are consistent with KRS Chapter 314.

Section 5. Functions That Shall Not Be Performed. An LPN shall not perform the following infusion therapy functions:

- (1) Administration of tissue plasminogen activators, except when used to declot any central venous access device;
- (2) Accessing of a central venous access device used for hemodynamic monitoring;
- (3) Administration of medications or fluids via arterial lines or implanted arterial ports;
- (4) Accessing or programming an implanted infusion pump;
- (5) Administration of infusion therapy medications for the purpose of procedural sedation or anesthesia;
- (6) Administration of fluids or medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir;
- (7) Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis;
- (8) Repair of a central venous access device;
- (9) Performance of therapeutic phlebotomy;
- (10) Aspiration of an arterial line;
- (11) Initiation and removal of a peripherally inserted central, midclavicular, or midline catheter; or
- (12) Administration of immunoglobulins, antineoplastic agents, or investigational drugs.

Section 6. Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Policies and Procedures for Infusion Therapy: Home Infusion", ~~Fifth~~ Second Edition, ~~2016~~ 2021; and
 - (b) "Infusion Therapy: Standards of Practice", Eighth Edition, 2021, ~~2016~~.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m. Links to this material is also available on the board's Web site at <https://kbn.ky.gov/>.

JESSICA WILSON, President

APPROVED BY AGENCY: June 16, 2022

FILED WITH LRC: June 22, 2022 at 9:50 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on September 26, 2022 at 10:00 AM at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, Kentucky 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by September 19, 2022, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through September 30, 2022. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON: Jeffrey R. Prather, General Counsel, Kentucky Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222, cell (502) 338-2851, email Jeffrey.Prather@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person: Jeffrey Prather

(1) Provide a brief summary of:

(a) What this administrative regulation does:

It sets standards for LPN infusion therapy.

(b) The necessity of this administrative regulation:

It is required by statute.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

By setting standards.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

By setting standards.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

It updates material incorporated by reference to the current versions of the documents.

(b) The necessity of the amendment to this administrative regulation:

The material has been updated.

(c) How the amendment conforms to the content of the authorizing statutes:

By incorporating the current versions.

(d) How the amendment will assist in the effective administration of the statutes:

By incorporating the current versions.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

Licensed Practical Nurses, approximately 18,000.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment:

They will utilize the current versions of the materials to guide their practice.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):

There is no cost.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3):

They will practice according to current standards.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

No cost.

(b) On a continuing basis:

No cost.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:

Agency funds.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

None is necessary.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

It does not.

(9) TIERING: Is tiering applied?

Tiering is not applicable since the amendment applies to all LPNs.

FISCAL NOTE

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation?

Board of Nursing.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation.

KRS 314.131.

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year?

None.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years?

None.

(c) How much will it cost to administer this program for the first year?

No cost.

(d) How much will it cost to administer this program for subsequent years?

No cost.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Revenues (+/-):

Expenditures (+/-):

Other Explanation:

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the regulated entities for the first year?

None.

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years?

None.

(c) How much will it cost the regulated entities for the first year?

No cost.

(d) How much will it cost the regulated entities for subsequent years?

No cost.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings (+/-):

Expenditures (+/-):

Other Explanation:

(5) Explain whether this administrative regulation will have a major economic impact, as defined below.

"Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)] It does not.