AWHONN
Association of Women's Health, Obstetric and Neonatal Nurses

Role of the Registered Nurse (RN) in the Care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PCEA Catheters)

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. Whenever regional analgesia/anesthesia is administered, a qualified, credentialed, licensed anesthesia care provider should be readily available as defined by institutional policy.

Only qualified, credentialed, licensed anesthesia care providers as described by the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, and/or as authorized by state law 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
- Increasing or decreasing the rate of the continuous infusion

Following stabilization of vital signs after either initial insertion, initial injection, bolus injection, rebolus injection, or initiation of continuous infusion by a licensed, credentialed anesthesia care provider, non-anesthetist registered nurses, in communication with the obstetric and anesthesia care providers, <u>may:</u>

- 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 standing 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 and law allow. Removal of the catheter by a RN is contingent upon receipt of a specific order from a qualified anesthesia or physician provider.
- Initiate emergency therapeutic measures according to institutional policy and/or protocol if complications arise

Nonanesthetist 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 PCEA doses or dosage intervals
- 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.

The non-anesthetist registered nurse, as a member of the multi-disciplinary health care team monitoring the pregnant woman receiving analgesia/anesthesia by catheter techniques, should communicate any nursing assessments or changes in patient status to the obstetric and anesthesia care providers as indicated by institutional policy.

Background: In order to protect the well being of all patients; in this case, the mother-baby dyad, there should ideally be a substantial and compelling amount of clinical evidence before any changes in practice recommendations are made. AWHONN maintains that there is no such body of research or evidence available to support the management of regional labor analgesia by non-anesthetist registered nurses as a safe practice.

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; non-anesthetist registered nurses are not.

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 her 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. AWHONN maintains that these responsibilities are outside the proper scope of practice for non-anesthetist registered nurses.

AWHONN recognizes that providing continuously available analgesia/anesthesia care to laboring patients can be a challenge for some institutions. AWHONN supports the increased use of certified registered nurse anesthetists (CRNAs) to meet this challenge. CRNAs provide safe and effective anesthesia services for millions of patients each year. They are already the sole anesthesia providers in more than 65% of rural hospitals in the United States.[1] CRNAs have the professional education and specialty training needed to manage the care of the patient receiving analgesia/anesthesia by catheter techniques.

This statement reflects AWHONN's position on optimal conditions for promoting the health of women and newborns. The statement was developed in conjunction with AWHONN's new Evidence-based Clinical Practice Guideline: Nursing Care of the Woman Receiving Analgesia/Anesthesia in Labor (2001).

Approved by AWHONN Board of Directors, 2002
Re-approved by the AWHONN Board of Directors, September 2005, June 2007.

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[1] American Association of Nurse Anesthetists. Nurse Anesthesia in Rural Hospitals: a fact sheet on sole anesthesia providers. 1997.