



Interpretive Guideline

Title: Registered Nurse Insertion of an Internal Jugular Central Venous Catheter (IJCVC) in Adults

A RN is not authorized to utilize the RN-inserted IJCV until an authorized provider has confirmed the intended placement and authorized its use.

Guidelines for RN insertion of an IJCV for the purpose of initiating intravenous therapy in adults.

For purposes of this Interpretive Guideline, an authorized provider is an individual who is authorized to practice in the state of Ohio and is acting within the course of the individual's professional practice.

RN insertion of an IJCV for the purpose of initiating intravenous therapy may be within the scope of registered nursing practice, if the following guidelines are observed:

- A. The RN has a valid order from an authorized provider to insert an IJCV.
- B. The RN has acquired and documented knowledge, skills and competency including proctored bedside experience, regarding insertion of IJCVs for the purpose of initiating intravenous therapy consistent with an authorized provider's order, and has acquired and documented knowledge, skills and competency in the management of potential complications.
- C. An authorized provider, who is qualified to manage complications of CVC insertion, is present in the facility and readily available to manage or assist with management of complications.
- D. The RN inserts IJCVs only in a facility that maintains and implements written policies developed in accordance with currently accepted standards of practice that address at minimum:
 1. The minimum qualifications for RNs who may insert IJCVs that may include, but not be limited to, RNs with extensive practice experience caring for patients with CVCs in a Critical Care Unit or elsewhere, and/or with extensive practice experience as a member of a CVC team;
 2. RN education, training and competency requirements, including continuing competency requirements, relevant to insertion of an IJCV and management of

- complications, and policies for facility retention of documentation to demonstrate the RN's education, training and competency; and
3. The conditions under which the RN may insert the IJCVC, including but not limited to a clinical environment that supports patient safety and well-being through appropriate:
 - a. Monitoring and documentation of physiologic measurements (e.g., blood pressure, oxygen saturation, cardiac rate and rhythm);
 - b. Immediate availability of emergency equipment and supplies, and authorized providers designated to respond to complications; and
 - c. Procedures for authorized provider confirmation of intended placement of the IJCVC prior to RN insertion.
- E. The RN has a valid order, prior to insertion, from an authorized provider for the IJCVC insertion that includes all of the following:
1. The purpose of the IJCVC;
 2. The type of IJCVC to be inserted;
 3. The method by which placement is to be confirmed; and
 4. Infusion parameters and/or patency methods.
- F. In executing a nursing regimen, the RN should perform the following activities:
1. Complete a review of the patient's medical records and a physical examination to determine and document the patient's anatomical landmarks necessary for the IJCVC insertion prior to implementing the order to insert the IJCVC;
 2. Identify and document the patient's baseline physiologic measurements including but not limited to blood pressure, oxygen saturation, and cardiac rate and rhythm prior to implementing the order to insert the IJCVC;
 3. Notify the authorized provider of the presence of any patient parameter(s) or other information for which IJCVC insertion is contraindicated prior to implementing the order to insert the IJCVC; and
 4. Insert the IJCVC only in clinical settings and environments where the patient's safety and well-being will be supported by the use of required sterile techniques, availability of monitoring of physiologic measurements including but not limited to blood pressure, oxygen saturation, cardiac rate and rhythm, and availability of an authorized provider and additional health care personnel to respond to complications.

A registered nurse should not:

1. Engage in activities that constitute the practice of medicine or surgery in Ohio;
2. Diagnose a medical condition or determine the need for the IJCVC;
3. Insert an IJCVC without a valid order to do so;
4. Insert an IJCVC on pediatric patients;
5. Insert an IJCVC in circumstances where it is contraindicated; or
6. Utilize the RN-inserted IJCVC before an authorized provider has confirmed intended placement of the IJCVC and authorized its use.

Considerations in RN Insertion of IJCVs (Rule 4723-4-03, OAC)

1. The RN should maintain documentation of his/her acquisition of education, demonstrated competency, and continuing competency with respect to both RN insertion of the IJCV and management of complications as well as documentation that ensures practice is guided by the facility/institutional policies and procedures, and the manufacturer's published information for the use of the devices utilized in both IJCV insertion and management of complications.
2. The RN's education, training and demonstrated competence, that is verified through proctored bedside experience, should include, but is not limited to, the following:
 - a. Anatomy and physiology of the vasculature and adjacent structures of the neck, chest, axillary, veins, and nerve structures;
 - b. Indications and contraindications for placement of central venous lines in general and IJCVs in particular;
 - c. Techniques and procedures for insertion of IJCVs including use of technology such as ultrasound and EKG devices;
 - d. Anchoring and suturing techniques;
 - e. Interpretation of physiologic measurements including but not limited to blood pressure, oxygen saturation, and cardiac rate and rhythm;
 - f. Signs and symptoms of potential complications related to central lines generally and Internal Jugular Catheterization specifically, and actions to be taken in the event of complications;
 - g. Proper use of devices utilized in CVC insertion and in management of complications, consistent with the authorized provider's orders and manufacturer's published information; and
 - h. Types of CVCs and their indications and contraindications for use.

Accountability and Responsibility of Nurses

Section 4723.01(B) of the Ohio Revised Code (ORC) defines the scope of practice for the registered nurse. Rule 4723-4-03, Ohio Administrative Code, (OAC) holds registered nurses responsible for maintaining and demonstrating current knowledge, skills, abilities, and competence in rendering nursing care within their scope of practice.

The registered nurse must apply the Nurse Practice Act (Chapter 4723, ORC) and rules regulating the practice of nursing (Chapters 4723-1 to 4723-27, OAC) to the specific practice setting. Further, the registered nurse must utilize good professional judgment in determining whether or not to engage in a given patient-care related activity, consistent with the law and rules, and guided by the Board's *RN and LPN Decision Making Model*. It is critical to note that the law and rules require that the licensee provide nursing care only in circumstances that are consistent with their education, experience, knowledge, and demonstrated competency.

In this statement the Board does not announce a new rule but instead gives licensees specific instructions regarding their obligations under existing law and rules.

Licensees should also review the following:

Section 4723.01(B), ORC

Section 4723.151, ORC

Rule 4723-4-03, OAC

Rule 4723-4-06, OAC

Rule 4723-4-07, OAC

Utilizing Interpretive Guidelines

A complete copy of the Nurse Practice Act and the administrative rules are available for review and download from the Board website at www.nursing.ohio.gov on the Law and Rules page. All Interpretive Guidelines and the Utilizing Interpretive Guidelines document are available on the Practice RN and LPN page.

Approved: September 13, 2017

Revised: March 13, 2019