Ohio Board of Nursing *www.nursing.ohio.gov*
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Interpretive Guideline

Title: Role of the Registered Nurse in Monitoring Obstetrical Patients Receiving Epidural Infusions

Guidelines for Intrapartum Monitoring of Obstetrical Patients Receiving Epidural Infusions:

The registered nurse should not assume care of the epidural infusion of an intrapartal patient until the authorized provider who placed the catheter has verified and documented correct catheter placement, the vital signs of the patient and fetus have stabilized, and the infusion has been initiated.

An authorized provider is an individual who is authorized to practice in this state and is acting within the course of the individual's professional practice.

Monitoring sedation levels, analgesic effect, and other clinical parameters of patients receiving epidural infusions may be within the scope of registered nursing practice if the following guidelines are observed (Section 4723.01(B), Ohio Revised Code (ORC)):

A. With a valid order from an authorized provider, the registered nurse may:
   1. Administer and monitor medication infused through an epidural catheter;
   2. Replace a bag or syringe with identical, Pharmacy prepared solution containing the same medication and concentration;
   3. Stop the continuous infusion after the patient has given birth;
   4. Remove the epidural catheter* after delivery, if the catheter insertion was documented as uncomplicated and no catheter-related complications have occurred.

B. In executing a nursing regimen, the registered nurse should:
   1. Monitor the patient's vital signs, mobility, level of consciousness, and perception of pain;
   2. Monitor the status of the fetus;
   3. Communicate any changes in patient or fetal status to the authorized provider as indicated by institutional policy;
   4. Stop the continuous infusion if complications arise and initiate emergent therapeutic measures.

The registered nurse caring for an intrapartal patient receiving an epidural infusion should not:

1. Prepare solutions for infusion, decrease or increase the rate of infusion, inject, bolus, or re-bolus the epidural infusion, or re-initiate an infusion once it has been stopped;
2. * Remove the following types of epidural catheters:
   a. a tunneled epidural catheter,
   b. an epidural catheter with exposed metal; or
   c. a spinal cord stimulator placed in the epidural space; or
3. Insert or reposition an epidural catheter.

Considerations in Providing Care to Obstetrical Patients Receiving Epidural Infusions: (Rule 4723-4-03, OAC)

1. The registered nurse providing care to obstetrical patients receiving intrapartum epidural infusions should maintain documentation of his/her acquisition of education and demonstrated competency, and other documentation required to ensure that practice is in compliance with written employer/institutional policies and procedures. A licensed authorized provider should be readily available as defined by employer/institutional policy, to manage any complications that might arise when the registered nurse is monitoring or administering intrapartal epidural infusions.

2. The registered nurse's education/training and demonstrated competence should include, but is not limited to, the following:
   a. Epidural anatomy and physiology;
   b. Indications, contraindications, and potential complications related to analgesia technique or medications relative to the patient or fetus;
   c. Pharmacology of analgesia medications administered during the intrapartum period via the epidural route;
   d. Catheter maintenance and removal;
   e. Utilization of appropriate monitoring modalities, infusion devices, and related equipment;
   f. Patient care responsibilities during intrapartal epidural infusions including, but not limited to: observation and monitoring of sedation levels and other patient/fetal parameters; applicable teaching for patients and family/significant other; and other nursing care responsibilities as defined and approved in the employer/institutional policy.

Accountability and Responsibility of Registered Nurses

Section 4723.01(B), ORC, defines the scope of practice for the registered nurse. Rule 4723-4-03, 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 the administrative 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, 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 policy but instead gives licensees specific instructions regarding their obligations under existing law and rules.

Licensees should review the following:
Section 4723.01(B), 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.

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