

## NH Board of Nursing

### Position Statement and Clinical Practice Advisories Regarding the Role of the RN in Medication-Related Processes

It is the expectation of the NH Board of Nursing that registered nurses whose job responsibilities include medication administration and other related processes will follow established facility policies designed to support the “5 rights” of medication administration as promoted by the Institute for Safe Medication Practices – right drug, right patient, right dose, right route, and right time (ISMP, 2007). There are new recommendations beyond the five rights (see attached).

The following grid contains responses to specific frequently asked questions pertaining to this topic. Training and competency required pursuant to Nur 405.01.

#### Clinical Practice Advisory Summary – Medication/Immunization FAQ, RN Scope

Activity/Question	Within RN Scope of Practice?	Comments
Acceptance of medication orders from an office nurse	No	
Acceptance/transcription of orders from pharmacist based on clarification with provider	Yes	
Accountability for unlabeled medications at the bedside in a hospice house	No	RN not accountable for unlabeled medications found at bedside
Administration of medications brought into a facility from home when containers not sealed and pharmacist unavailable to verify contents	No	RN must follow medication administration standards and facility policies.
Administration of medications prepared/drawn up by another clinician	No	Nurses should not give medications prepared by anyone else
Administration of medications substituted by pharmacist based on protocol	Yes	Change should reflect established policies and procedures/functions of Pharmacy and Therapeutics Committee
With a provider order, is it within the scope of practice of an RN/LPN to apply fluoride varnish to the teeth of a pediatric patient as part of the primary care office visit?	Yes	It is within scope of RN/LPN to apply fluoride varnish to teeth with a provider order and appropriate training and competency.
Immunization administration at discharge without a provider order	Yes	Following <a href="#">Nursing Clinical Care Guidelines</a>
Immunization administration in flu clinic	Yes	Following <a href="#">Nursing Clinical Care Guidelines</a>

Intra-articular injections	No	
Intra-articular injections: With a provider order, is it within RN/LPN scope of practice to mix/draw up lidocaine, depomedrol or Marcaine for intra articular injector used by the provider?	Yes – but only in emergencies	During an emergency situation in an operating room or treatment room- a nurse working in the same room, at the same time, attending the same patient may collaboratively prepare an injection for immediate patient administration. Communication between and the provider and nurse should occur regarding validation of the integrity of the medication, and dosing as indicated by the medication order. Documentation should be completed in accordance with organizational policies.
“Off-label” use (Link to position statement)		See Off Label
OTC medication, administration without provider order	No	An RN needs a provider order
OTC medication, recommend based on protocol	Yes	
Medication ordering based on lab value	No	
Medication titration based on lab value	Yes	
Prescription delivery by home health nurses	Yes	
Prescription refill based on protocol	Yes	
Transporting immunizations for home administration	Yes	In joint agreement with Board of Pharmacy and Board of medicine, provided public health, home health care, and hospice agencies have approved written protocols in response to emergency situations and in the interest of public health and safety.
<b>SPECIFIC MEDICATION QUESTIONS</b>		
Baclofen, refill of intrathecal pump reservoir	Yes	
BCG instillation into renal pelvis	Yes	
Bone marrow biopsy slide preparation	Yes	
Apligraf application	Yes	
Botox administration	Yes	

Eye drops with numbing agent	Yes	
Fibrinolytic therapy, administration into intrapleural space	Yes	
Lidocaine gel, instillation into urethra for patient undergoing cystoscopy	Yes	
Lidocaine injection, intradermal for IV insertion	Yes	
Lidocaine, sodium bicarb, triamcinolone, and epinephrine in 0.9% NaCl solution, subcutaneous injection for office-based procedures such as tumescent liposuction	No	Within scope of CRNA only
Nitro sticks	Yes	
Ropivacaine titration via femoral catheter for pain control	*Yes	*via pump only, <i>bolus not within scope</i>
tPA, administration of continuous infusion via intra-arterial sheath for acute limb ischemia after MD insertion and initial tPA bolus	*Yes	*Following placement and verification by physician, and