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Sent via email: jschulder@pa.gov

December 28, 2018

Judith P. Schulder, Esquire
Board Counsel
State Board of Nursing
P.O. Box 2649
Harrisburg, PA 17105-2649

RE: Request for Review | 49 Pa. Code § 21.413(d)(1)
Statement of Policy | Administration of Conscious Sedation
Medication by Registered Nurse

Dear Ms. Schulder:

On behalf of the PA Coalition of Nurse Practitioners (PCNP), I am seeking the consideration of the PA Board of Nursing (Board) to review the statement of policy related to the administration of conscious sedation medication by a registered nurse (RN), which states in pertinent part:

§ 21.413. Interpretations regarding the administration of drugs—statement of policy.

(d) As used in this subsection, “conscious sedation” is defined as a minimally depressed level of consciousness in which the patient retains the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal commands. The registered nurse who is not a certified registered nurse anesthetist may administer intravenous conscious sedation medications, under § 21.14, during minor therapeutic and diagnostic procedures, when the following conditions exist:

- (1) The specific amount of intravenous conscious sedation medications has been *ordered in writing by a licensed physician and a licensed physician is physically present* in the room during administration.

49 Pa. Code § 21.413 (emphasis added).

The above statement of policy by the Board for the administration of drugs by a RN, specifically related to conscious sedation, is of concern to the PCNP because such interpretation limits the ability of the RN to administer the conscious sedation medication that is ordered by the nurse practitioner (NP). The above interpretation by the Board specifically notes that the medication orders must be written by a physician and the physician must be present during the administration of the intravenous conscious sedation medication by the RN. This interpretation by the Board may lead to delays in the patient receiving the appropriate treatment, including in both the inpatient and ambulatory settings, as the models of care have changed with 24-hour coverage being provided by NPs.

Based on a survey of nurse practitioners who are members of PCNP, some specific examples are provided below where the above interpretation by the Board has provided difficulties:

Inpatient (Acute) and Ambulatory (Outpatient) Settings with 24-hour coverage being provided NPs:

Acute Care settings:

- During the hospitalization of an individual, there are many bedside procedures in which the NP is the primary caregiver and if it is necessary to have a physician write and be present for the administering of the conscious sedation medication, long delays of patient care could result. Examples include critical care, cardiothoracic surgery, and neurosurgery services.
- The hospital ICU has many instances where no physician is available over night and conscious sedation may be needed. Examples include ventilator patients, a cardioversion procedure or the necessity of intubating a patient.

Emergency Department Situations: A physician and a NP may be simultaneously handling independent cases and an NP recognizes the need for conscious sedation medication. However, the physician would need to write the order and be physically present for the RN to administer such medications. Requiring two provider's involvement is redundant and inefficient.

Pre-hospital: Pre-hospital pericardial tap, a flight nurse or a pre-hospital RN providing sedation for intubation.

Ambulatory Care settings: Urgent Care facilities and hospice/palliative care facilities.

Therefore, below is suggested revised language to section 21.413(d)(1) for the Board's further consideration:

(1) The specific amount of intravenous conscious sedation medications has been ordered in writing by a licensed physician or nurse practitioner and a licensed physician or nurse practitioner is physically present in the room during administration.

We would welcome the opportunity to further explain this issue to the Board at an upcoming Board meeting. Please let us know when the PCNP may be able to be placed on a Board agenda for further discussion of this matter. The PCNP appreciates the opportunity to work with the Board on this issue.



**PENNSYLVANIA COALITION OF
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Should you have any questions, please do not hesitate to contact me at 814-221-3028 or by email at mbattista@pacnp.org.

Thank you.

Very respectfully,

Maria Battista, J.D., Ed.D.
Director of Policy and Government Affairs
PA Coalition of Nurse Practitioners