

**TITLE 20—DEPARTMENT OF COMMERCE
AND INSURANCE
Division 2200—State Board of Nursing
Chapter 6—Intravenous Infusion Treatment Administration**

PROPOSED AMENDMENT

20 CSR 2200-6.030 Intravenous Infusion Treatment Administration by Qualified Practical Nurses; Supervision by a Registered Professional Nurse. The board is amending sections (6) and (7).

PURPOSE: This amendment will lift the IV push or bolus medication administration restriction on qualified practical nurses and list two (2) additional types of IV medication that qualified practical nurses will not administer. The need for these changes was determined after the Board of Nursing reviewed a petition for rule review sent by a practicing Licensed Practical Nurse (LPN). It has been determined that restricting qualified practical nurses from utilizing the IV push or bolus route of medication administration places an undue interruption and delay in patient care.

- (6) In addition to the functions and duties set forth in sections (4) and (5), and with additional individualized education and experience that includes documented competency verification by the individual's employer, graduate practical nurses, IV-Certified licensed practical nurses, and licensed practical nurses who hold an active multistate license to practice under the nurse licensure compact may—
- (C) Administer premixed pain medications via patient controlled analgesia pump (PCA), which includes assembling and programming of the pump[and]
 - (D) Administer premixed drugs that will infuse [over a minimum of thirty (30) minutes] via mechanical infusion devices, including, but not limited to, syringe pumps and disposable elastomeric devices[.]; and
 - (E) Administer drug(s) via the intravenous push or intravenous bolus mode of delivery.**
- (7) Graduate practical nurses, IV-Certified licensed practical nurses, and licensed practical nurses who hold an active multistate license to practice under the nurse licensure compact shall not, under any condition, perform the following functions or duties:
- [(G) Administer drug(s) via the intravenous push or intravenous bolus mode of delivery except when life-threatening circumstances require such administration;]*
 - [(H)] (G) Remove a mid-line catheter or any type of central venous catheter; [and]*
 - [(I)] (H) Participate in any intravenous infusion treatment modality involving neonates[.];*
 - (I) Administer intravenous medications used in thrombolytic therapy; and**
 - (J) Administer intravenous medications for procedural sedation/anesthesia or deep sedation.**

AUTHORITY: section 335.017, RSMo 2016, and section 335.036, RSMo Supp. [2022] **2023**. * This rule originally filed as 4 CSR 200-6.030. Original rule filed Sept. 1, 2005, effective April 30, 2006. For intervening history, please consult the **Code of State Regulations**. Amended: Filed Jan. 5, 2024

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the State Board of Nursing, Lori Scheidt, Executive Director, PO Box 656, Jefferson City, MO 65102, by fax at (573) 751-0075, or via email at nursing@pr.mo.gov. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*