

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

EMERGENCY AMENDMENT

20 CSR 2200-6.030 Intravenous Infusion Treatment Administration by Qualified Practical Nurses; Supervision by a Registered Professional Nurse. The Board of Nursing proposes to amend section (6)(D) and (E) to approve the administration of medications via the intravenous (IV) push or IV bolus mode of delivery and amend section (7) by removing (G) and listing two (2) additional classes of IV medications that will be restricted from use by qualified practical nurses.

PURPOSE: This emergency 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.

EMERGENCY STATEMENT: Pursuant to 536.041, RSMo, any person may file a written petition with an agency requesting the adoption, amendment, or repeal of any rule. On November 30, 2023, during an open public meeting, an LPN presented a petition to the Missouri State Board of Nursing explaining the patient safety risk with the current restrictive rule. He described that when one of his patients requires an IV push medication for pain, for example, he must stop his care of all his patients and locate a registered nurse (RN) to administer the IV push pain medication. This causes a tremendous delay in patient care. The RN then must leave his or her patients and administer the medication to the LPN's patient. Often the RN does not know any history about the patient and may have to ask the LPN for information about the patient in order to better understand the patient's needs. This activity may occur multiple times during a shift and with multiple qualified practical nurses and patients. Missouri, like most other states across the country, is experiencing a nursing and healthcare workforce shortage. The Missouri State Board of Nursing understands that qualified practical nurses and other health care providers need to be permitted to practice to the fullest extent of their education, skill, and ability.

Pursuant to the criteria in section 536.175, RSMo, the Missouri State Board of Nursing approved the petition for the proposed amendment to 20 CSR 2200-6.030(6) and (7). Regulations impacting patient care that have been longstanding, obsolete, and not based upon evidence should be removed.

*The Board of Nursing believes this emergency amendment will permit facilities who employ qualified practical nurses to immediately develop their educational program and begin educating their nurses on this practice in order to address the interruption and delay in patient care related to the above-described practice issue. As a result, the Board of Nursing finds a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri and United States Constitutions**. The Board of Nursing*

believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed January 5, 2024, becomes effective January 22, 2024, and expires July 19, 2024.

- (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—
- (A) Change central venous line administration set tubings and site dressings;
 - (B) Obtain blood specimens for laboratory testing from established central venous catheters, which includes implanted vascular access port devices that have already been accessed;
 - (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:
- (A) Administer anti-neoplastic drugs, commonly referred to as chemotherapy, via any intravenous infusion treatment modality. However, the qualified practical nurse may stop the flow of an infusion if an adverse reaction or complication is observed and immediately notify a RN to assess the situation;
 - (B) Begin the initial or sequential administration of a transfusion of whole blood or blood product including, but not limited to, serum albumin;
 - (C) Access the port reservoir of a central venous implanted vascular access port device;
 - (D) Perform an intravenous admixture in which a syringe/needle is used to add drug(s) to a parenteral fluid container, prior to the administration of the infusion;
 - (E) Add drug(s) to the fluid container of an existing intravenous infusion;
 - (F) Add drug(s) to an existing volume control set chamber;
 - ~~[(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. 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**. Emergency rule filed January 5, 2024, effective January 22, 2024, expires July 19, 2024. A proposed rule covering this same material is published in this issue of the **Missouri Register**.*

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

PRIVATE COST: This emergency amendment will not cost private entities more than five hundred dollars (\$500) in the time the emergency is effective.