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

PROPOSED AMENDMENT

20 CSR 2200-6.040 Venous Access and Intravenous Infusion Treatment Modalities Course Requirements. The board is adding new section (3), renumbering as necessary, and amending newly renumbered paragraph (4)(B)1.

PURPOSE: This amendment clarifies intravenous (IV) treatment modalities course requirements.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(3) Course providers may offer the venous access and intravenous (IV) infusion modalities course to licensed practical nurses who hold an active multistate license to practice under the nurse licensure compact as preparation for IV competency to be verified by the employer.

*[(3)]***(4)** Curriculum.

(A) The curriculum of a venous access and intravenous infusion treatment modalities course shall include the following components:

1. Review of the Missouri Nursing Practice Act including the current venous access and intravenous infusion treatment modalities regulations;
2. Review of the policies and procedures of the clinical agency where practical experience is received;
3. Structure of the circulatory system including anatomical location and physiology of veins used for venous access;
4. Relationship between parenteral fluid treatment administration and the body's homeostatic and regulatory function with attention to the clinical manifestation of fluid and electrolyte imbalance and cellular physiology;
5. Principles of infection control in venous access and parenteral fluid administration;
6. Identification of various types of equipment used in venous access and parenteral fluid administration, with content related to criteria for use of each, and means of troubleshooting for malfunctions;
7. Principles and practices related to intravenous drug and/or fluid administration across the life span;
8. Nursing management of venous access and parenteral fluid administration procedures that are commonly used in patient care settings;

9. Procedure for obtaining venous access including appropriate equipment selection, psychological preparation of the patient, site selection, aseptic skin preparation, insertion and stabilization of the venous access device, application of dressing to insertion site, and documentation of procedure;
10. Maintenance of venous access site and parenteral fluid administration system components according to established current practices;
11. Monitoring venous access site for evidence of local complications, parenteral fluid infusion flow rate, and response to treatment;
12. Adjusting parenteral fluid flow rate in various clinical situations;
13. Procedure for removal of peripheral venous access device upon completion of the prescribed treatment or if suspected or confirmed complications arise;
14. Calculation of drug dosage and parenteral fluid administration flow rates; and
15. Principles of phlebotomy.

(B) The curriculum to be offered shall be approved by the board.
1. The course provider shall develop the curriculum. The course provider may select an IV Therapy text of choice. The text may be utilized as the curriculum stem. Content specific to IV Therapy certification in Missouri shall be added. The curriculum shall contain all of the components listed in paragraphs ***[(3)]*****(4)**(A) 1.–5. of this rule and be submitted to the board for approval.

(C) A course shall, at a minimum, consist of:
1. Thirty (30) hours of classroom and skills laboratory instruction or its equivalent, (e.g., faculty-student interactive study); and
2. Eight (8) hours of supervised clinical practice, which shall include at least one (1) successful performance of peripheral venous access and the initiation of an intravenous infusion treatment modality on an individual.

(D) There shall be written course outcomes that identify the expected competencies of the participant upon completion of the course.

(E) The course participant shall complete a pretest(s) in pharmacology, anatomy and physiology, and asepsis to determine the participant's level of knowledge at the beginning of the course.

(F) All classroom and clinical instruction and practice shall be supervised by a registered professional nurse designated by the provider and who meets the faculty qualifications as stated in section (4) of this rule.

[(4)]**(5)** Faculty Qualifications and Responsibilities.

(A) Nursing faculty shall hold a current, undisciplined license or temporary permit to practice as a registered professional nurse in Missouri; and the license to practice professional nursing has never been disciplined in any jurisdiction. Nursing faculty shall have a minimum of two (2) years of clinical experience within the last five (5) years that included responsibility for performing venous access and intravenous infusion treatment modalities.

(B) All non-nurse faculty shall possess the professional preparation and qualifications to teach the specific content for which they are responsible.

(C) For the clinical component of the course, the maximum faculty to student ratio shall be one to three (1:3) for observational experiences and the performance of non-invasive procedures and functions. The faculty to student ratio shall be one to one (1:1) during the performance of peripheral venous access and initiation of an intravenous infusion treatment

modality on an individual.

(D) The course provider shall designate a registered professional nurse to be the course coordinator who shall be responsible for all aspects of the course.

*[(5)]***(6)** Classroom and Clinical Facilities.

(A) Classrooms shall be of sufficient size and contain the necessary equipment and teaching aids to implement the course.

(B) The clinical facilities utilized shall be sufficient to allow for appropriate implementation of the course and may include, but are not limited to, acute care, long-term care, ambulatory care, and community agencies that provide intravenous infusion treatment modalities.

(C) Faculty and course participants shall have access to the necessary intravenous treatment equipment and patients/clients receiving intravenous treatment modalities, including pertinent medical records.

(D) There shall be a signed written agreement between the course provider of the course and each cooperating clinical facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement will not be required if the only clinical facility to be used is also the provider of the course.

*[(6)]***(7)** To successfully complete a venous access and intravenous infusion treatment modalities course for the purpose of becoming IV-Certified, the qualified participant shall:

(A) Achieve a minimum grade of eighty percent (80%) on a written final examination of no fewer than fifty (50) multiple choice items;

(B) Demonstrate clinical competency in the mastery of the course objectives; and

(C) Perform at least one (1) successful peripheral venous access and initiate an intravenous infusion treatment modality on an individual.

*[(7)]***(8)** Record Keeping.

(A) The provider of an approved course shall maintain records documenting each participant's attendance, scores, and competencies. These records shall be kept for a period of at least five (5) years. A copy of this record shall be provided to the course participant.

(B) The provider of an approved course shall award a certificate, using a form provided by the board, to each participant who successfully completes the course.

(C) Within thirty (30) days of a participant's successful completion of an approved course, the designated course coordinator shall submit the required participant information to the board on a form provided by the board.

AUTHORITY: section 335.017, RSMo [2000] ***2016****, and section 335.036, RSMo Supp. [2012]* ***2022****.* This rule originally filed as 4 CSR 200-6.040. Original rule filed Sept. 1, 2005, effective April 30, 2006. Moved to 20 CSR 2200-6.040, effective Aug. 28, 2006. Amended: Filed March 8, 2013, effective Aug. 30, 2013. Amended: Filed April 3, 2023.*

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.*