Society Position Statement/White Paper

Registered Nurse Management and Monitoring of Analgesia by Catheter Techniques

Janette E. Elliott, MSN, RN, CNS, AOCN, PMGT-BC 1,*, Margaret Fischer, MSN, PMGT-BC, ANP-BC 2, Kathy Meloche, BSN, RN, PMGT-BC 3, Ann Quinlan-Colwell, PhD, CNS, PMGT-BC, RN, AHNBC 4, Teri Reyburn-Orne, MSN, PPCNP-BC/CPNP-AC, PMGT-BC, AP-PMN 5

1 From the Independent Consultant, Los Osos, California
2 Independent Consultant, Stony Brook, New York
3 Detroit Medical Center, Detroit, Michigan
4 Independent Consultant, Wilmington, North Carolina
5 University of Colorado, Denver, Aurora, Colorado

A R T I C L E   I N F O
Article history:
Received 26 January 2023
Accepted 6 February 2023
Available online xxx

Issue Addressed

Updated guidance is needed for Registered Nurses (RN) who care for patients receiving analgesia via a catheter technique.

Background

Administration of analgesic medications (i.e., opioids and/or local anesthetics) through neuraxial (epidural [EPC]; intrathecal catheter [ITC]; implanted intrathecal pump [IITP]) or peripheral nerve catheters (PNC) and intrapleural catheters (IPC) is an important component of multimodal post-surgical pain management to improve opioid sparing analgesia (Beverly et al., 2017; Chou et al., 2016; Gabriel et al., 2019). Including neuraxial techniques in a multimodal analgesic plan of care is beneficial for patients with chronic malignant and non-malignant pain (Chou et al., 2016). Appropriate management of the catheters and monitoring of the patient by RNs is essential for optimizing patient safety and comfort (Pasero et al., 2007). Management and monitoring include: (1) assessment of the catheter site; (2) reports of pain; (3) medication actions and side effects; (4) sedation; (5) respiratory depression; (6) neurologic assessment as indicated by catheter and solution utilized; (7) any pharmacologic or metabolic coagulopathy; and (8) potential complications (e.g., site infection, epidural hematoma, local anesthetic systemic toxicity) (Cooney & Quinlan-Colwell, 2021; Pasero et al., 2007). All related responsibilities and actions must be within the scope of practice delineated in the state where the RN practices and supported by policies, protocols, and annual competencies within the institution.

Position

This position statement reinforces the 2007 American Society for Pain Management Nursing (ASPMN) position that the administration of analgesics, including analgesia by catheter techniques are within the registered nurse scope of practice. The ASPMN supports the role of RNs in the administration and management of analgesia via catheter technique including monitoring for potential side effects or complications of care among patients of all ages and in all settings.

References

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