STATEMENT ON THE ROLE OF REGISTERED NURSES IN THE MANAGEMENT OF CONTINUOUS REGIONAL ANALGESIA

Committee of Origin: Pain Medicine

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The management of acute and chronic pain, including the pain of labor, via continuous epidural, intrathecal, interpleural and peripheral nerve catheter techniques is safe and effective. In order to provide optimum patient care, it is essential that registered nurses participate in the management of these analysesic modalities. This is the current and established standard of care.

A registered nurse (RN) qualified by education, experience and credentials who follows a patient-specific protocol written by a qualified physician should, under the direction of a physician, be allowed to:

- Initiate, adjust and discontinue catheter infusions,
- Administer analgesic boluses through the catheter,
- Replace empty syringes and bags with new, pre-filled syringes and bags,
- Monitor the catheter site,
- Discontinue the catheter.
- Monitor the patient for analgesic efficacy and side effects,
- Treat analgesic-related side effects.

The RN has been actively and safely participating in these aspects of acute and chronic pain management for over 15 years. Major nursing organizations strongly support involvement of the RN in these specific aspects of continuous regional analgesia. Their participation in small community hospitals, large medical centers, hospices, long-term care centers and patient homes has contributed significantly to the success of these techniques in the management of pain. The RN has been active in all aspects of aspects of established catheter and infusion care in all settings where the techniques are employed, including the post anesthesia care unit, intensive care unit, hospital ward, labor and delivery ward and on an outpatient basis.

The safe and excellent pain control achieved by this team approach to pain care has been thoroughly evaluated by scientific study published in the world's peer-reviewed literature and has become well established in routine clinical practice throughout the world. Should such involvement by the RN be prohibited, pain relief for patients in labor, for patients with post operative and other acute pain, and for patients terminally ill with cancer will be radically impaired and, in many settings, effective pain management using these techniques will become impossible.