



Statement on the Role of Registered Nurses in the Management of Continuous Regional Analgesia

Committee of Origin: Regional Anesthesia and Acute Pain Medicine

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The management of pain via continuous epidural, intrathecal, interfascial plane, or peripheral nerve catheter techniques is safe and effective. In order to provide optimal patient care, nursing care is essential in the management of these analgesic modalities. This is the current standard of care.

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

- Initiate, adjust and discontinue analgesic catheter infusions,
- Administer analgesic boluses through the catheter as prescribed by a physician,
- Replace empty medication containers and/or delivery devices using proper aseptic technique,
- Monitor the catheter insertion site,
- Remove the catheter if coagulation status has been assessed and deemed acceptable by a physician supervisor or written policies,
- Monitor the patient for analgesic efficacy and side effects,
- Treat analgesic-related side effects under physician direction.

The role of the RN in actively and safely collaborating with physicians in pain management has been well-established. Major nursing organizations strongly support involvement of the RN in specific aspects of continuous regional analgesia. Their participation throughout the continuum of inpatient, ambulatory, long-term, and hospice care has contributed significantly to the success of these pain management techniques.

The safe and excellent pain control achieved by this team approach to pain care has been thoroughly evaluated by scientific studies published in peer-reviewed literature and has become well established in routine clinical practice throughout the world.