



# Oregon

John A. Kitzhaber, M.D., Governor

**State Board of Nursing**

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Marjorie Gold, RN, MPA  
Leader/Manager Family Birthing Center  
St. Charles Medical Center  
2500 N.E. Neff Road  
Bend, Oregon 97701-6015

Dear Ms. Gold:

This letter is in response to your correspondence of July 21, 2001 requesting the Board issue a formal written position statement on the scope of practice for registered nurses in Oregon who provide care for obstetric patients receiving epidural analgesia for labor. Specifically, your letter referenced concerns relating to the following issues:

- 1) Whether the registered nurse could adjust the rate of infusion of a continuous epidural infusion, and
- 2) Whether the registered nurse could administer additional (bolus) doses of epidural medication.

Your letter referenced the guidelines adopted by the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) which takes the position that non-anesthetist registered nurses should not increase or decrease the rate of a continuous epidural infusion nor should they rebolus an epidural in an obstetrical patient.

As a result of your letter, the Oregon State Board of Nursing has studied this issue for more than a year. At their November 2001 meeting, the Board heard a panel of experts discuss the role of the registered nurse in the management and monitoring of epidural analgesia for laboring obstetric patients. The panel members described widely varying practices throughout the state. Subsequently, the Board convened a task force to study this issue and make a recommendation to the Board. The Board identified certain parameters within which the Task Force should consider this issue.

This Task Force met over a period of one year. Despite a considerable amount of research and hard work on their part, they were unable to arrive at consensus. In November 2002, the Task Force submitted a proposed position statement to the Board supporting the AWHONN position. A minority report also was submitted at that time.

After hearing additional testimony at the November 2002 Board meeting, and realizing consensus could not be obtained even if the issue was referred back to the Task Force, the Board appointed a subcommittee of the Board to further study this issue. After reviewing all materials submitted and considering the issue from various perspectives, the Board subcommittee recommended the Board be guided by their adopted basic foundations expressed in their Administrative Rules regarding scope of practice. This recommendation was subsequently adopted at the February 2003 Board meeting.

As a result, the Board of Nursing is declining to issue a formal position statement supporting the AWHONN guidelines. The rationale for this decision is as follows:

1. In formulating decisions, the Board has consistently recognized that the practice of nursing is subject to evolution over time. This principle is reflected in OAR 851-045-0000(2) which states: "The Board recognizes that the role of the licensed practical nurse and registered nurse will change over time. Basic education which leads to licensure as a licensed practical nurse or registered nurse establishes entry level competencies. The licensee may add technical skills to practice following initial licensure through such methods as in-service education, on the job training or continuing education. Advanced roles or specialization in nursing may be achieved through a formal program of study or graduate education. The addition of either technical skills to practice or specialization in an advanced role in nursing requires

documentation of the method by which competency was gained and evidence that competence has been maintained.”

- 2) The Board has been presented with information showing that Registered Nurses in Oregon have developed competency, through education, training and experience, and have maintained competency, to adjust epidural rates and rebolus catheters, as well as perform other tasks associated with management and monitoring of the epidural line and catheter. The Registered Nurses who have developed this competency may be in a substantial minority, yet nevertheless, evidence exists that the competency has been developed and maintained.
- 3) The intent of our Administrative Rules, as stated above, is to allow for safe practice development of competencies, through education, training and experience in different facilities and different locations. The rigidity of the AWHONN position rules out these variations and opportunities for scope of practice development. The Board has always considered flexibility important to meet the diverse geographical needs of Oregon communities. Many well-accepted Registered Nurse tasks that are performed today were not considered within the Registered Nurse scope of practice even a few years ago. Education, training and experience over time changes competencies.
- 4) In Oregon, a substantial percentage of patients in labor choose epidural anesthetic. We have been presented with no evidence-based morbidity or morality data indicating that Registered Nurse management or monitoring of epidural tasks, including medication flow rate adjustments and rebolusing, is unsafe. In fact, testimony relating to clinical experience is to the contrary. Registered Nurse competencies as developed in this practice are safe and in the public interest.

Although the Board has no authority over health care facilities, those individual institutions that wish to develop the competencies to allow the Registered Nurse to expand their role in the management and monitoring of epidural analgesia for laboring obstetrical patients, the Board strongly recommends that the following guidelines be in place:

- 1) The sole decision whether to develop competency in epidural management and monitoring is with the Registered Nurse. Employers should not require nurses to do the procedure unless they provide adequate training and maintain opportunities for ongoing competency.
- 2) Competency education, training and expertise must be thorough, collaborative, complete and continuing.
- 3) The licensed anesthesia provider must be readily available and be able to manage any complication which may arise. Readily available is to be defined by institutional policy, developed by obstetrical nurses and anesthesia providers to ensure patient safety.
- 4) The primary reason for the facility to develop Registered Nurse competency in epidural management/monitoring should be for the benefit of the patient. This statement of Registered Nurse practice should not be interpreted as obviating the current assessed need for anesthesia providers.

Although the Board has declined to issue a formal policy statement, this letter is a public statement and serves as the Board's position at this time.

We thank you for bringing this issue to the attention of the Board. Although the outcome may not be as you desired, we hope the process that the Board used was indicative of how public policy can be developed, with representation from a broad perspective and based on public safety and access to health care in Oregon communities.

Sincerely,

Rolf Olson  
Board President  
Oregon State Board of Nursing

RO:kc

cc: AWHONN  
Task Force Members  
Directors of Nurses  
Interested Parties