

THE ROLE OF THE PROFESSIONAL REGISTERED NURSE IN
VENIPUNCTURE AND INTRAVENOUS ADMINISTRATION IN
LAKE CHARLES, LOUISIANA

by

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A THESIS

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CHAPTER I

THE NATURE AND SCOPE OF THE PROBLEM

Introduction

For thirty years the question whether a registered professional nurse may lawfully do venipuncture and administer intravenous therapy, except in emergency, has remained unanswered for the nursing profession in Louisiana.

In 1955, the Louisiana Attorney General gave the opinion that the Nurse Practice Act was broad enough to cover venipuncture and intravenous therapy as a nursing function (21). It is common knowledge among Louisiana Registered Nurses that in 1963, 1964 and 1965, two medical doctors on the Louisiana State Board of Nurse Examiners were of the opinion that nurses doing venipuncture were practicing medicine. In the interim it has been common practice for some nurses to perform venipuncture and administer intravenous fluids.

Because of such differences, these opinions raise questions of whether a nurse who performs an intravenous procedure in a non-emergency situation is liable to (24):

1. Criminal prosecution for violating Louisiana's Medical Practice Act,
2. Disciplinary action for violating the Nurse Practice Act, and
3. Civil action by any patient injured by the therapy.

This brings about the need for research of the following problem:

Statement of the Problem

The problem is that of the professional registered nurse's proper role in venipuncture and intravenous administration. There are differences of opinion, legal (38) and medical (43), regarding the nurse's role. The law governing the practice of nursing in Louisiana neither substantiates nor negates the practice of nurses doing venipunctures and administering intravenous therapy (27). Because some nurses carry out these functions frequently and others hesitate or refuse to do so, it becomes important to find out what is common practice. The following questions form the nucleus of the study:

1. Do nurses perform venipuncture at the present time?
Do they administer fluids, blood, plasma, and medications intravenously?
2. Have the nurses in this area been prepared for performing venipuncture and for intravenous administration?
What experience do they have to prepare them for these practices?

3. What are the local hospitals' official policies with regard to venipuncture and intravenous administration of fluids, blood, plasma and medication? Are these practices approved nursing functions? Should they be?

Definitions of Terms

For purposes of this study the following definitions have been accepted:

Active Nurse.--A licensed nurse who is gainfully employed in Lake Charles, Louisiana, on either a full time or part time basis.

Blood Plasma.--The liquid part of blood, as distinguished from corpuscles. For purposes of this study, it denotes a process, and "is prepared by collecting the blood, centrifuging it to remove the cells, and then bottling and storing it in the same manner as whole blood. Dried plasma is prepared by commercial concerns who send it out packaged with physiological saline solution, and, in some cases, with tubing and needles sterilized and ready for instant use" (9).

Community.--A cluster of people, living within a continuous small area, who share a common way of life. A community is a local territorial group (5).

Criminal liability.--"is to be distinguished from tort liability. In criminal action the state seeks the punishment of the wrongdoer. In a tort action, which is a civil action, the person who has been wronged seeks to be compensated for

the injury or wrong he has suffered on account of the act of the wrongdoer. The same set of circumstances, such as negligence causing the death of a person, may give rise to a criminal action and a civil action; but these actions are tried in different courts with different procedures. In a criminal case there is a heavy burden on the prosecution to prove its case beyond a reasonable doubt, whereas in a civil action all that the plaintiff has to do to make out his case is show it by a preponderance (excess of weight or influence) of the evidence. Therefore, it may happen that a person may escape punishment for a crime and yet be liable to a civil suit arising out of the same event" (3).

Drug or Medicine.--Any substance used for treating disease, including food substances administered by intravenous infusion or injection (43).

Function.--A term applied to those nursing procedures, techniques, and activities which the nurse carries out in the performance of the requirements of her position (4).

Indirect Transfusion.--A process by which blood is first drawn from the donor into a flask containing a measured quantity of sodium citrate solution to prevent clotting. After the blood is drawn, the flask is rotated gently to mix the two liquids; the blood may then be given directly to the recipient or stored in a refrigerator (9).

Intravenous Administration of Fluids.--The introduction of fluids into a vein (23).

Intravenous Injection.--A process by which medicine is introduced directly into the blood stream by putting it into a vein by means of a syringe and needle (43).

Professional Nurse.-- A person who performs any professional service requiring the application of principles of nursing based on biological, physical, social sciences, and knowledge of prudent nursing practices in the community, such as responsible supervision of a patient requiring skill in the observations of symptoms and reactions, and the accurate recording of the facts and carrying out of treatment and medications as prescribed by a licensed physician, and the application of such nursing procedures as involve the understanding of the cause and effect in order to safeguard the life and health of a patient and others (27).

Registered Nurse.-- In the State of Louisiana, any person who has graduated from an accredited school of nursing and has passed the State Board of Nurses' Examination, and is licensed to practice nursing, and who is legally permitted to add R.N. (Registered Nurse) as title. In this study, the term, Registered Nurse, will be used interchangeably with Professional Nurse.

Role.--The manner in which a position is supposed to be filled; the group expectation of conduct in a status (5).

"When the term is used in reference to the nurse's role in intravenous therapy, it reflects her endeavor to put into effect

the responsibilities she has been delegated regarding this activity" (43).

To Administer.--In reference to intravenous therapy, the penetration of the vein by a needle and the initiation of the flow of solution for treatment (43).

Venipuncture.-- The term applied to the penetration of a vein with a needle for the purpose of withdrawing a blood sample or of introducing a medicinal agent (43).

Limitations

This study was limited to data collected by questionnaires from those professional registered nurses in Lake Charles engaged in, or in contact with, the actual practice of venipuncture and intravenous administration of fluids, blood, plasma, and medication. This included nurses employed in the three local hospitals, the two nursing homes, the public health unit, and in private duty nursing. The study excluded school nurses, industrial nurses, and nurses who are not presently active in the field of nursing. Also excluded were registered nurses employed in physicians' office, even though they may occasionally practice venipuncture and intravenous administration. They were excluded because few doctors in the area employ registered nurses, hence the data received would be negligible.

Veni-section (cut down) for purposes of venipuncture has been excluded because this is universally considered a medical practice.

Assumptions

It was assumed that the size of the sample (130 nurses) was large enough to be significant. It was also assumed that the registered nurses and directors of nursing service would answer the questionnaires fully and objectively, even though there were legal questions involved (as well as questions of prestige in the case of the directors) which might well have made them hesitant or otherwise affected their answers.

It was assumed that Lake Charles is a typical community in Louisiana and that the results of the study would have significance for a wider application.

Importance of the Problem

There is a question as to whether venipuncture is a legal nursing function in the State of Louisiana (27). The statutes of the state which define professional nursing are too nebulous to provide a usable guide in determining the functions in which a nurse may legally engage (38)(31).

Nursing and medical practice are interrelated and frequently indistinguishable from each other (4). The same act may be clearly the practice of medicine when performed by a physician and likewise a practice of nursing, depending on the circumstances, when performed by a nurse.

The Attorney General of Louisiana has stated that in his opinion the Louisiana Statutes are broad enough to allow the

performance of venipuncture by the registered nurse under the order of a qualified physician (21). This opinion is not legally binding and might carry no weight at all should a case be tested in court (26). However, in actual practice, the opinions of the Attorney General are usually followed, and there can be no question that his advice and opinions are of great influence in affecting public interest and the rights of all persons within the state (27).

The intensification of demands upon the physician today greatly increase his dependence on the education, skills and discretion of the nurse. The ability of the nurse is dependent upon her education and experience according to Lena Dietz (4), Dixon B. Holland (38), and Ilse Steg (43). The physician rightfully expects her to be capable of assuming responsibilities, as delegated by him, without further instruction on his part (30)(14)(15)(16)(20). If physicians delegate to professional nurses, the function of venipuncture and intravenous administration, it is important that nurses have the preparation and experience necessary to fulfill the function (27).

Justification

The fact, that in Louisiana a nurse who administers intravenous therapy is not specifically authorized under state laws to do so, nor is she denied this function, tends to cause concern among professional nurses, even though such actions

are carried out at the direction of a licensed physician. It is felt that the position of the nurse should be clarified and, since all nurses in Louisiana and most other states are similarly affected, this study serves to reveal the extent that nurses in one community perform the functions of intravenous therapy. An outcome could be that the appropriate body which represents nurses, namely the Louisiana State Nurses' Association, would introduce legislation to clarify the nurses' status in respect to venipuncture and intravenous administration, or that the State Board of Nurses' Examiners would initiate action that has the effect of law.

Procedures for Solution

Sources of data.--The primary sources of data were the results of 130 questionnaires sent to directors of nursing and registered nurses in Lake Charles, Louisiana.

The secondary sources of data were derived from the literature, related studies, and correspondence with authorities in nursing organizations, the State Boards of Nursing, Armed Services, and the Veterans Administration.

Description of Questionnaire

The questionnaires sent to registered nurses were modified from that developed by Miss Ilse Steg for her study at the University of Colorado. The modification is described in Chapter III. The questionnaire may be found in Appendix B.

The questionnaires sent to the professional registered nurses were presented in three sections:

Section I set forth area of employment, type of duties performed, years of experience as a registered nurse, and specified the personal experience of each in the areas of the starting of venipuncture and the administration of intravenous fluids.

Section II inquired into the source of their development of skill in venipuncture.

Section III inquired into the nurses' opinions as to whether a nurse should, as part of her professional nursing duty, start intravenous fluids, give blood transfusions and plasma, or give medications intravenously.

In addition, the unmodified questionnaires were mailed to the three Directors of Nursing Service in Lake Charles, inquiring into policies related to in-service education, qualifications of new personnel as to preparation and experience in administering intravenous therapy and written hospital directives concerning the nurse's role in venous practices. This questionnaire may be found in Appendix A.

Plan of the Study

The steps by which this study has been carried out may be described as follows:

1. The literature was searched for information in regard to venipuncture and intravenous therapy

with particular emphasis on the nurse's role and legal status.

2. Extensive correspondence was initiated with professional personnel in key leadership positions in the Nursing Organizations, Public Health Service, Armed Services, Hospital Associations, and others for the purpose of eliciting current information in regard to venipuncture and intravenous policies in effect elsewhere. Copies of the correspondence may be found in appendix C.
3. Contact was made by mail and in person with the Louisiana State Board of Nurse Examiners through the Executive Secretary, Miss Imogene Yarbrough, to determine interest in the study and, if such interest was present, to solicit cooperation.
4. Purposes of the study were formulated; the study was delimited.
5. General areas were identified for which information would be sought during the study.
6. A questionnaire constructed by Ilse Steg as the data collecting tool for a master's thesis presented to the University of Colorado was located.
7. Permission from Miss Steg to use her tool with slight modification to meet local needs was obtained.
8. A questionnaire and a cover letter were prepared.

9. A letter was obtained from Miss Imogene Yarbrough.
10. A questionnaire was mailed to 130 nurses in staff, head nurses, and supervisory positions, and to three nursing service directors. Enclosed was a letter from Miss Yarbrough, a cover letter from the investigator, and a stamped reply envelope. (See Appendices A and B).
11. Data was compiled, and the findings were tabulated.
12. A summary was made, conclusions were drawn, and recommendations were made for further study.

Overview

This study is divided into four chapters, as follows:

Chapter I introduced the nature and scope of the problem.

Chapter II consists of a review of literature and related studies.

Chapter III will describe the study and the findings, and will present an analysis and interpretation of data.

Chapter IV will consist of a summary, findings, conclusions, and recommendations for further study.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

Introduction

In preparation for this study extensive correspondence was carried on with authorities in nursing and allied organizations. This correspondence, found in Appendix C, includes numerous comments in reference to the scope of the nurses' responsibility in the performance of venipuncture and intravenous administration. This correspondence will not be abstracted in this chapter, nor quoted extensively because it is included in the report.

Examination of the literature revealed that many factors would have to be considered before an answer could be furnished to the question: "Is the starting and administration of intravenous fluids and medications as ordered by a licensed physician a dependent nursing function?" The American Nurses' Association has brought these influencing variances into focus by stating that (32):

1. "nursing practice", "nursing function", and "dependent area of function" would have to be clarified,

2. the differences in nursing and medical practice acts from state to state must be discussed,
3. the environmental setting and broad range of situations in which the nurses' practice would have to be considered,
4. the lack of uniformity in nursing preparation and competencies have to be acknowledged.

The above factors have produced a state of confusion and frustration for professional registered nurses who are assuming more and more responsibilities for the care of patients having intravenous therapy (9) (25)(40) and it is becomingly increasingly more important for them to understand the rationale of this type of nursing functions (40).

In 1957 Sister Irene Prendergast made a study (25), in which she is concerned with the starting and administering of intravenous therapy as a nursing function, the replies are summarized as follows: 1) of the 42 states replying, 5 had criteria and 37 had none; 2) of the 24 states replying, registered nurses may start and administer intravenous therapy (venipuncture) at the direction of a licensed physician, and 14 states considered intravenous infusions as a nursing function; and 3) 6 states had laws protecting nursing practices conducted by accredited nurses under the supervision of licensed physicians. A brief of the study is in Appendix F. A repetition of this study is in order. The lapse of seven years has no doubt altered the validity of Sister Prendergast's findings.

Consequently, the nurses in this dilemma conclude that there is something not only drastically but also chronically wrong with a system of government that cannot meet the demand for legal support and protection as the nursing functions required by the position are performed.

Clarification of Terms

It is only natural, then, that in their need for clarification, the nurses turn to allied organizations before making decisions. The American Hospital Association states that what is a nursing practice is usually decided by state licensure laws and individual hospital policy (17). In further support, Richard P. Bergen, attorney representing the American Medical Association writes (12):

In general, the law determines what functions of a medical nature may be properly delegated to registered nurses on the basis of the medical profession in a community.

Also, in general, the kind of direction and supervision by a licensed physician which is required is decided on the same basis.

M. Annie Leitch, Director, American Nurses' Association Program for State Boards of Nursing, consulted with Delores LeHoty of the ANA Economic Welfare Program as to the attitude of insurance companies. In reply, Miss LeHoty stated (19):

Our insurance consultants have stated, when asked this question previously, that the ANA policy protects the nurse in the performance of the duties for which she was employed and which

she is regularly expected to perform. They understand that present Nurse Practice Acts do not specifically include venipunctures as a professional nurse's function, but they also realize that the law is frequently far behind current practice. The insurance company would, therefore, defend an insured nurse in any action arising out of performing venipunctures and would pay any judgment that might be made against her to the extent of the protection she had purchased.

By "action", it is understood that the claim would be one of liability for negligence, and not for a criminal violation of the law. Liability insurance does not extend to criminal action.

Obviously, the nurses realize that the law is slow to catch up with the practice and that the accepted element of local custom is the primary element causing pressure, so community groups of nurses directed appeals to their official national, state, and local organizations for better understanding and assistance. In response, the American Nurses' Association has defined a dependent area of nursing function as meaning, "the administration of medications and treatments prescribed by a licensed physician" (32).

The foregoing definitions most emphatically draw attention to the Louisiana state's "Nurse Practice Act", for it is from these definitions that the explanatory excerpt was extracted. Hence, the practitioners are interested in an interpretation of "Nurse Practice Act" and "nursing function".

Nathan Hershey explains: (31)

Nursing practice legislation is not consistent from state to state, even in its description of what is being defined. Some states define

the "Practice of Nursing"; some use the phrase "Professional Nursing"; while in others the phrase, "Registered Nurse" is defined in the statute in terms of what the registered nurse may do. The definitions of these terms or phrases while similar are not identical. This is the reflection of the federal nature of our government system, which is occasionally ignored. Since licensing of professions is a function of the individual states, each state legislature is free to define the scope of practice of the practitioners it licenses, as well as the nature of the licensing law itself.

Helen Creighton comments (3):

The control of nursing practice protects the nurse not only as a member of society, but also in her professional capacity. Licensing is undoubtedly the most important method of legal control and enforcement today.

Miss Creighton further describes the nursing areas and functions as follows (3):

In general the areas of the professional nurses are (1) supervision of a total comprehensive nursing care plan for the patient; (2) observation, interpretation and evaluation of the patients' symptoms and needs (mental and physical); (3) carrying out of legal orders of physicians for medications and treatments; (4) supervision of auxiliary help (practical nurses, student nurses, other health workers) who give patient care; (5) carrying out of nursing procedures and techniques, especially those which require judgment, modification or calculations based on technical information; (6) giving health guidance and participating in health education; (7) accurately recording and reporting facts and evaluations of patient care.

Intravenous therapy administration is included in all seven of the above classifications of a professional nurse's responsibility if this function is accepted by the nursing profession. Therefore, it must be noted that the administration of intravenous fluids and medications by the nurse carries far more responsibilities and risks than the actual performance of venipuncture.

Conflicting Legal and Medical Opinion

A search of the writings dealing with intravenous administration establishes these facts, namely:

1. Nurse practice is influenced by the accepted practice of the medical profession within the community (11)(12)(43).
2. Nursing and medical practice are interrelated and frequently indistinguishable from each other. For example, venipuncture may be clearly the practice of nursing depending on the circumstances, when performed by a nurse (38).
3. Physicians cannot agree among themselves as to whether or not venipuncture is a nursing function; likewise, nurses also differ in their opinion (43).
4. The statutes of various states which define professional nursing are too nebulous to provide usable guides in determining the functions in which a nurse may legally engage (38) (31).

5. A nurse's negligent action, as well as her failure to take the appropriate action can be the basis of liability (27)(3).
6. Hospitals should have policies stating specifically the conditions and limitations to which a nurse should adhere if intravenous administration is an accepted nursing function (28)(23)(32)(29).
7. The nurse is responsible for her own professional acts (4).
8. The starting and administering of intravenous therapy as a nursing function is a controversial question of concern to the nursing profession nationwide (25).

At this point, the practitioner may become apprehensive that a delegated duty has been accepted and that the legal vacuum which could result in prosecution for violation of the medical practice act; or that the nurse may receive disciplinary action for violating the nurse practice act (24).

This statement evidences serious concern over the scope of practice. Employing agencies, doctors, and nurses seek authorization and reliable guidelines and answers on which they can rely (31).

Nursing is faced with evaluating the past and designing new patterns compatible with present and future needs. Refusal to state frankly a clean differentiation between medical and nursing practice constitutes one of the most significant problems

facing the nursing profession today. The future demands a clear unequivocal design consistent with the world in which the nurse functions (32).

Effects of Environmental Settings and Situations on Nursing Practice

The effect of environmental settings in which the nurse practices should be considered. For example, modern nursing was initiated and developed within hospital reform; yet, each hospital is supported in a different way. Hospitals may be classified in two general ways: first by type of service offered and second by ownership or control(8). For example, public (government) hospitals, private non-profit charitable hospitals, and private hospitals run for profit (proprietary hospitals)(3).

The sociocultural characteristics of the population served needs to be studied. The services rendered is affected by the race, creed, and color of the patient. To illustrate: A Jehovah's Witness would not accept treatment via intravenous route due to religious tenets; an Indian on reservation is ruled by tribal law.

Geographic location of the institution is important, and the type of case may designate the person admitted. The name, address, age, sex, occupation, and condition affects admission and treatment (9). The medical opinion of the

open or closed staff dictates hospital policy (43). The number of physicians available in a community or on the hospital staff is important (43).

Environmental settings and the range of situations are so closely allied and dependent upon each other that the nurse must have a complete compilation of the information before she can evaluate the patient's problem and make sound judgments to direct good nursing care. All of these factors, and others, influence the nature of medical and nursing practice and contribute accordingly toward determining the nurse's responsibility for performing such specific functions as venipuncture.

Variations of the Nurse's Preparation and Competencies

Attention must now be shifted from the patient to the nurse and her preparation and competency to start and administer infusions. Since the purpose and philosophy of hospitals vary, and the majority of graduate nurses completed their nursing education in diploma schools, the result is a lack of uniformity in preparation and competency among graduates. The remaining group is divided between the associate degree and baccalaureate degree graduates, and this, too, produces a wide variance of competence (4). It would be impossible to create a basic universal curriculum, nor is such a curriculum feasible (8). The mental, physical, moral or spiritual attributes of the practitioner could limit her competency and skill to perform intravenous therapy.

Misinformation, as well as lack of information, has contributed heavily to confusion among nurses and in society. It is essential that nurses learn to respect the differences in preparation and responsibilities of the several kinds of nurses and, at the same time, maintain a feeling of high self-worth in their individual areas of competency (8).

Charles Richard, Attorney-at-Law in Louisiana, states that in his opinion if nurses are expected to start and administer intravenous therapy, they should be taught the fundamentals and given supervised practice in schools of nursing (27). The title "Registered Nurse" confers neither knowledge nor skill but is frequently used to imply both. Experience cannot be matched with knowledge, nor can a nurse's performance reflect more than the knowledge she brings to a situation (33)(27). Consequently, decisions made as to accepted nursing functions are evaluated to meet demands at the local level.

How Other States Have Handled the Problem

In the review of the literature, one predominant fact becomes evident: "Each state must independently make its own decision as to whether or not venipuncture and intravenous administration is a nursing function"(32).

In the State of Oregon, the statements regarding the role of the professional nurse in parenteral therapy were developed by the Oregon Nurses' Association, the Oregon State Medical

Society, and the Oregon Association of Hospitals. The Oregon Law regulating the practice of Professional Nursing apparently neither supports nor negates the performance of intravenous therapy by a nurse. These guidelines, therefore, attempt to spell out basic principles which should be observed before any one other than a physician is authorized to carry out this procedure. The responsibility has been accepted by the medical, nursing, and administrative staffs of the individual employing agency (28).

To assist states, the American Nurses' Association has published procedural suggestions for state nurses' associations to follow in developing policy statements (32).

California has followed the American Nurses' Association suggested procedural routine but the general criteria stated by the California Supreme Court when it considered the legality of another nursing function in the case of *Chalmers-Francis v. Nelson*, was used as a guide. (Cited in Appendix E).

New York is using an Attorney General's opinion, published in 1961, as the legal authorization that venipuncture and intravenous administration is a nursing function, and that all nursing schools should include the teaching of it in the nursing curriculum. (Cited in Appendix E).

Nathan Hershey writes (31) "In the State of Virginia, special legislation stating nurses were permitted to give intravenous infusions and inspections provided the answer."

In the same study, Hershey discusses the advantages and disadvantages to the nurse of the four methods used for resolving practice issues. These methods are: 1) The state passed special legislation stating intravenous therapy is a nursing function, 2) in some states the Attorney General rendered opinions interpreting the medical practice acts as not forbidding nurses to engage in intravenous procedures, 3) in other states the private allied medical organizations, most intimately involved with the intravenous controversy, issued joint statements recognizing intravenous procedures as within the practice of nurses if they received special training in techniques, and 4) in some states the intravenous question was resolved through opinions or interpretations issued by state boards of nursing (31).

One of the purposes of this study was to ascertain the nurse's role in regard to venipuncture and intravenous therapy in Lake Charles, Louisiana. A local Attorney-at-Law, Charles Richard, reviewed the Louisiana Medical Law, the Louisiana Practice Act, the Louisiana Civil Code of Negligence, and the Louisiana Attorney General's opinion. Copies may be found in Appendix D.

The findings were, as follows:

1. The nurse engaging in venipuncture violates sections one and thirteen of the Louisiana Medical Law.

2. The Louisiana Nurse Practice Act defines professional nursing, but neither supports nor negates intravenous therapy as a nursing function.
3. The nurse may be sued by the patient if she injures him.
4. The Louisiana Attorney General's opinion is that he believes that the Nurse Practice Act is broad enough to cover intravenous administration as a nursing function.

In 1954, the Louisiana State Board of Medical Examiners presented a resolution to the State Board of Nurses Examiners, "that a nurse performing venipuncture as prescribed by a licensed physician was in compliance of nursing practice" in the terms of R. S. 37:911, Section 3 (22). There seems to be some difference of opinion, hence the existing confusion. The Board of Medical Examiners agreed that venipuncture was a regular function, but two physicians on the Board of Nurses Examiners said, "Nurses were infringing on the practice of medicine when they performed venipunctures".

Lake Charles Assistant District Attorney, Charles Richard, in a written opinion, states that (27)(26):

1. If it is the usual procedure for graduate nurses to give venipuncture in the community, then the nurse would be held to the same degree of skill and competence that other nurses in the community possess.

2. A registered nurse could, as a nursing function, carry out intravenous therapy when prescribed by a licensed physician and, naturally, for a named patient.
3. The order should preferably be issued in writing by the attending physician.
4. Even though a physician prescribes intravenous therapy for a patient, the nurse performing the venipuncture must be qualified to carry out the order or any damage caused the patient by her inattention or negligence will make her liable for damages.
5. Nurses should carry insurance for their own protection.
6. Some form of instruction should be given to nurses after graduation if venous administration is the accepted common practice and nurses lack preparation and experience.

Nathan Hershey, in "The Law and the Nurse-Standard of Care," in The American Journal of Nursing, comments (37):

A jury faced with deciding what a nurse should do in a specific situation must sometimes choose between the conflicting view of two or more experts, each of whom has credentials attesting to describe the applicable standard of care.

Thus, the standard of care--what a reasonable and prudent nurse, practicing her profession in a locality would do under similar circumstances is ephemeral.

General Summary

A survey of pertinent statutes, literature and related studies, reveals that the legality of a registered nurse's performance of venipuncture and administration of intravenous medication is a matter of contention that needs clarification in law. No agreement has been reached among doctors, hospital officials and nurses as to the nurse's function in this activity. Both legal and medical authorities differ in their interpretations of the intent of the law and the definition of the practice of medicine and nursing.

All active registered nurses today do not necessarily possess, by virtue of their licenses, the education or technical skill to administer intravenous therapy and perform venipuncture, and there is a necessity for specialized education and technical training of increasing numbers of nurses to meet the requirement.

Specific Findings from the Literature Related to Venipuncture

1. The question of whether or not venipuncture and venous therapy is a nursing function is a problem over the entire United States, but some states have clarified the problem through various means.
2. Recent reports from committees on professional nursing practice of state nurses' associations and

numerous letters received at the American Nurses' Association headquarters clearly indicate that nurses are concerned about the professional and legal scope of their practice within the dependent area of nursing function.

3. Administration of intravenous fluids, plasma, blood and medications carries more weighted responsibilities than the actual performance of venipuncture.
4. Each situation and the environmental setting of an individual patient dictates the specific nursing procedure to be rendered as ordered by the attending physician.
5. In-service education is needed to correct the lack of uniformity in nursing preparation and competencies.
6. The National League for Nursing states that if nurses are expected to do a procedure that the student should be taught to fulfill her role.

Specific Findings for States in General

1. Each state must independently make a decision as to whether or not intravenous administration and venipuncture are a nursing function.
2. Since by law, nursing and medicine are two separately recognized professions, problems of practice within the dependent area of nursing function are best

approached by joint study and collaboration of the medical and nursing associations within the individual states.

3. Specific state legislation, where it exists, gives the nurse performing intravenous therapy the best protection.
4. The Attorney General's opinion carries weight in interpreting the medical and nursing practice acts.
5. Some states have issued statements as a result of agreement between State Nurses Association, State League of Nursing, State Medical Association, and State Hospital Association.
6. In some states, the Board of Nursing has issued a statement clarifying the nurse's responsibility.
7. Some states base decisions on result of a test case in court.

CHAPTER III
REPORT OF THE STUDY

Procedure and Findings

The purpose of this study was to investigate: a) The role of the professional registered nurse in venipuncture and intravenous administration in Lake Charles, Louisiana, b) the nurses' previous experience and preparation for venipuncture and intravenous administration, and c) the local hospital policies with regard to nurses performing venipuncture and intravenous administration of fluids, blood, plasma and medications.

The literature was surveyed to ascertain the legal scope of a dependent nursing function in starting and administering intravenous therapy, and to seek authoritative opinion about the need for nurses to administer intravenous therapy. Correspondence was conducted with national agencies and organizations for the purpose of obtaining statements of policy related to venipuncture in use elsewhere.

Source of Data

The primary source of data was the results of 98 responses to questionnaires sent to 130 registered nurses, plus the responses of questionnaires received from two of three directors of nursing service in Lake Charles, Louisiana.

Secondary sources of data were derived from the literature and from extensive correspondence, the latter to be found in Appendix C.

Description of the Population of the Study

This study was limited to data collected by questionnaires from those professional registered nurses in Lake Charles engaged in, or in contact with the actual practice of venipuncture and intravenous administration of fluids, blood, plasma, and medications. This included nurses employed in the three local hospitals, the two nursing homes, the public health unit, and private duty nursing. The study excluded school nurses, industrial nurses, and nurses not presently active in the field of nursing. Also excluded were registered nurses employed in physicians' offices, even though they may occasionally practice venipuncture and intravenous administration. They were excluded because few doctors in the area employ registered nurses and hence the data received would be negligible.

Veni-section (cut down) for the purpose of venipuncture has been excluded because this is universally considered a medical practice.

Procedure Used in the Collection of Data

Copies of the questionnaires used are to be found in Appendices A and B to this study.

A questionnaire was mailed to every registered nurse in Lake Charles, Louisiana, engaging in venipuncture or intravenous therapy, and to three directors of nursing service. A letter from Imogene Yarbrough, R.N., Executive Director of the Louisiana State Board of Nurse Examiners, was enclosed, expressing her support of this project. It was hoped that this letter would encourage careful and prompt responses. A letter from the investigator was also included, requesting the nurse to fill out the questionnaire, sign it and return it in the enclosed, stamped reply envelope (See Appendix A).

Description of the Questionnaire

The questionnaire from Miss Ilse Steg's Master's Thesis for her study at the University of Colorado was mailed to five registered nurses in a community adjacent to Lake Charles, Louisiana. The data collected appeared to be reliable and accurate, but it was found that the questionnaire needed to be modified to apply to the Lake Charles area. The terms, Staff Nurse and General Duty Nurse, were changed to Professional Registered Nurse, since the study included nurses other than those employed in hospitals.

The Director of Nursing Service Questionnaire was not changed. This questionnaire was submitted during an interview

seeking to elicit the collaboration of the Directors. The type of questions asked made it pertinent that the hospital administrators be consulted. After an affirmative decision, the questionnaires were mailed.

The questionnaire sent to the professional registered nurses was presented in three sections:

Section I set forth the area of employment, type of duties performed, and years of experience as a registered nurse, together with specifying and personal experience of each in the areas of the starting of venipuncture and the administration of intravenous fluids.

Section II inquired into the sources of their development of skill in venipuncture.

Section III inquired into the nurses' opinions as to whether a nurse should, as part of her professional nursing duty, start intravenous fluids, give blood transfusions and plasma, or give medications intravenously.

In addition, the unmodified questionnaires were mailed to the three Directors of Nursing Service in Lake Charles, inquiring into policies related to in-service education, qualifications of new personnel as to preparation and experience in administering intravenous therapy and written hospital directives concerning the nurses' rule in venous practice.

Treatment of Data

The subject role of the nurses included in the following tabulation has been reflected by totaling like preparation, experience, and opinions which have been obtained by the answering of like questions. Both positive and negative answers have been considered, and the largest number taken to represent the prevailing situation. The data have been tabulated and will be presented elsewhere in this chapter.

The responses from the two directors of nursing service were noted as to written hospital policy, in-service education, qualifications of nurses, and the performance of venipuncture.

Analysis and Interpretation of the Data

Of the 130 questionnaires sent to nurses, 98 were returned, constituting 76 per cent of the potential population within the limitations of this study.

The interest of this research, as indicated earlier, is, in part, to discover the incidence of venipuncture and intravenous administration being conducted in Lake Charles. By necessity, therefore, the statistics employed are only of a descriptive nature. A specific hypothesis was not tested; the investigation only concerned itself with an actuarial representation of the problem, the number of questionnaires returned was 98. Hence, the tabulations are reported in terms of that number rather than in percentages.

It should be noted that the nature of the questionnaires administered to the Directors of Nursing Services is not conducive to formal tabulation. Instead, results from these directors' responses are treated at length in a descriptive non-statistical manner.

The responses from two directors of nursing and 98 other registered nurses have been tabulated and will appear as subsequent tables throughout the remainder of this chapter. Because the responses from the directors of nursing do not lend themselves to tabulation, they will be considered after those of the other participants.

Each item of the questionnaires found in Appendix B will be considered separately.

In response to question I, "In what area are you employed?" It was found that nearly half of the participants were functioning as general duty nurses. Private duty, public health nursing and supervisory positions were next in order. The responses are enumerated in Table 1.

Table 1. Responses of 98 Nurses Concerning Areas of Employment

Areas of Employment	Responses
General Duty.....	46
Private Duty.....	19
Public Health.....	14
Industrial Nurse.....	0
Instructor (Licensed Practical Nursing Students).....	1
Instructor (Professional Nursing Students).....	4
Supervisor.....	12
Director of Nursing Service (Nursing Home).....	2
School Nurse.....	0
Others: Nurse Anesthetist.....	6
Total.....	104 ^{1/}

^{1/} It will be noted that the responses total 104 and not 98. This variance is due to the fact that some of the respondents are employed in more than one area. Thus in the individual scorings each nurse checked three or four departments.

The hospital employing the majority of respondents of this study ranged in daily census from 104 to 120 patients and accordingly are classed as small hospitals. Question 2 seeks information in regard to the area of employment.

Although this question was geared to eliciting information regarding employment in hospital departments, it was found that the item could also be utilized by public health nurses and those employed in nursing homes. The private duty nurses in this study do not concentrate on any one area of clinical nursing, hence, have been categorized separately. The term

"circulating nurse" as used in this report refers to a nurse who customarily works wherever she is assigned. These nurses have also been categorized separately. The responses are noted in Table 2.

Table 2. Responses of 98 Nurses Regarding the Area of Employment

Department	Number of Responses
Operating Room.....	23
Central Supply.....	3
Outpatient.....	4
Newborn Nursery.....	10
Pediatrics.....	17
Adult Medical.....	29
Adult Surgical (including surgical specialities)	34
Emergency.....	20
Obstetrical.....	20
Psychiatric.....	10
Others: Private Duty Circulation Nurse.....	4
Total.....	193 ^{1/}

^{1/} It will be noted that the responses total 193. The variable that enters here is that the hospitals are too small to be divided into departments. For example, one floor might care for adult medical, adult surgical, and pediatrics in the same area. Another variable is that some nurses doing relief duty rotate to different floors. Thus in the individual scorings each nurse checked three or four departments.

Question 3 of Section I sought information regarding the type of position held by the respondent. As might be anticipated, the largest number were in the general duty and head

nurse categories. Thirteen did not reply to this item. It may be conjectured that some found the item to be inappropriate. Since the participants included nurses working outside the hospital, or nursing home setting, some such as the public health nurses might omit the item. The finding is a reflection on the sampling rather than the data-collecting tool. The responses are shown in Table 3.

Table 3. Responses of 98 Nurses Regarding the Positions in the Hospital for which They were Employed

Position	Respondents
General Duty Nurse.....	31
Head Nurse (In charge of one unit)...	23
Supervisor (In charge of two or more units).....	9
Superintendent of Nurses of a small hospital (Nursing Home).....	2
The Only Professional Nurse on shift employed in a small hospital....	0
Other: Private Duty.....	19
Licensed Practical Nurse	
Instructor.....	1
Unanswered.....	13
Total.....	98

Item four had to do with the usual shift of employment. All responded to this item which showed the majority functioning on the day shift. The replies are found in Table 4.

Table 4. The Responses of 98 Nurses Regarding Their Usual Shift of Work

Shift	Number
Day.....	55
Evening.....	21
Night.....	12
Rotating.....	3
Floating.....	7
Total.....	98

The next item, number five sought information regarding the number of years of professional experience each respondent had had. Responsibilities of nurses have increased markedly in the past few decades. The more experienced graduates have had to acquire skills on the job that recent graduates developed while still enrolled in a school of nursing. In response to the item, two participants omitted to answer, but 59 indicated over 12 years experience. The findings are expressed in Table 5.

Table 5. Distribution of Professional Experience of 98 Nurses

Years of Experience	Number of Respondents
0-1.....	3
1-4.....	10
5-8.....	13
9-12.....	11
12 or over.....	59
Unanswered.....	2
Total.....	98

The first five items have sought information regarding the participant as a person and the setting in which she works. The remainder of Section I consists of items dealing with the administration of medications, intravenous fluids, plasma, blood, and the performance of venipuncture.

The first of these items is question 6 which asks "Do you give medications to patients as part of your nursing activity?" It was found that four replied that they never gave medications and two did not answer. The responses are found in Table 6.

Table 6. Responses of 98 Nurses Regarding the Administration of Medications

Nurse Administers Medications	Yes	No	No Response	Total
Never.....		4		4
Occasionally.....	33			33
Usually.....	30			30
Always.....	29			29
Unanswered.....			2	2
Total.....	92	4	2	98

Question seven asked "Do you do venipuncture?" Out of 98 registered nurses responding 63 replied "always to some- times that they performed the initial venipuncture and started fluids. Ten answered never and four did not respond. This establishes the fact that venipuncture is an accepted nursing function in Lake Charles, Louisiana. This item appeared in two parts, a and b. The responses to part b will be included in Table 9. The data relative to the above responses is il- lustrated in Table 7.

Table 7. Responses of 98 Nurses Regarding Performing Venipuncture

Nurse Performs Venipuncture	Yes	No	No Response	Total
Always.....	30			30
Usually.....	33			33
Sometimes.....	16			16
Emergency.....	5			5
Never.....		10		10
Unanswered.....			4	4
Total.....	84	10	4	98

In tabulating the responses to items 7, 8, 9 and 10, it was found that the data could be compiled in two tables rather than one for each item or part. All items consist of two parts with parts (a) in each item relating and parts (b) likewise. The context of these items has to do with:

Does the nurse perform venipuncture?

Does the nurse administer intravenous fluids, medications, plasma, and blood?

If the nurse does not do any or all of the above, who performs the act?

Item 7 a has been reported in Table 7 in reference to venipuncture.

Item 7 in reference to the administration of fluids.

Item 8, intravenous medications, Item 9 in reference to plasma, and 10 in reference to blood will be reported in Table 8.

It should be noted that a number did not reply to these items. It cannot be assumed that this lack of response means that they did not administer intravenouses. The only interpretation that can be made is that for reasons of their own, they preferred not to commit themselves.

The majority of respondents indicated that they performed intravenous therapy in some or all of the four areas involved.

Table 8 follows:

Table 8. Responses of 98 Nurses Performing Duties Relating to Whether They Do or Do Not Administer Intra-venous Therapy

Nurses Administer	Venous Administration			
	Fluids	Blood	Plasma	Medications
Always.....	30	25	17	21
Usually.....	33	34	27	33
Sometimes.....	16	16	19	14
Emergency.....	5	5	10	12
Total.....	84	80	73	80
Never.....	10	8	10	13
Unanswered.....	4	10	15	5
Total.....	14	18	25	18

It was found in tabulating Items 7b, 8b, 9b, and 10b, that the responses could logically be assembled into one table. These items all pertained to who performed the functions of administering intravenous fluids, medications, plasma, and blood if the nurse does not. No attempt was made in this study to identify reasons why nurses performed the function under some circumstances and not under others.

The responses indicate that sometimes another general duty nurse performs the function. It may be conjectured that some nurses are more adequately prepared or skilled than others and that circumstance is a deciding factor. It should be noted that a sizeable number omitted responding. The findings are shown in Table 9.

Table 9. Responsibility for Intravenous Administration if the Nurse Does Not Perform the Function

Administrator	Fluids	Blood	Plasma	Medications
Patient's Doctor.	14	22	24	26
Interne or Resident.....	12	15	13	15
Supervisor or Head Nurse.....	30	26	27	24
Laboratory Technician.....	7	5	4	4
Another General Duty Nurse.....	16	17	9	16
Unanswered.....	19	13	21	13
Total.....	98	98	98	98

Items 11, 12, 13, and 14 related to the length of time the nurse has been actively engaged in the performance of venous therapy. The majority or more than half of those who have been functioning in this area of patient care, have been

administering intravenous therapy for twelve or more years. It is quite amazing that no clarification of the nurses' role had taken place in that period of time. It will be noted that a few did not respond and that others indicate that they do not start treatment.

The findings are placed in Table 10.

Table 10. Responses of 98 Nurses Regarding the Length of Time They Had or Had Not Been Engaged in the Administration of Intravenous Therapy

Number of Years Nurses Adminis- tered Intravenous Therapy	Administered			
	Fluids	Blood	Plasma	Medications
Less than 1 year.	3	4	4	4
1 to 4 years.....	11	12	10	12
5 to 8 years.....	9	12	9	11
9 to 12 years....	19	15	14	9
Over 12 years....	43	37	30	39
Total.....	85 <u>1/</u>	80 <u>2/</u>	68 <u>3/</u>	75 <u>4/</u>

- 1/ Eleven nurses administered fluids but did not begin the treatment and 2 did not reply.
- 2/ Fourteen nurses administered blood but did not begin the treatment and 4 did not reply.
- 3/ Twenty-four nurses administered plasma but did not begin the treatment and 7 did not reply.
- 4/ Eleven nurses administered medications but did not begin the treatment and 12 did not reply.

Few registered nurses in the hospital have been delegated the function of venipuncture for the purpose of drawing blood for laboratory tests. This duty is assigned to technicians in the laboratory. The public health nurse draws blood in the venereal disease clinic. The responses to Item 15 are found in Table 11.

Table 11. Responses of 98 Nurses Regarding the Length of Time They Had or Had Not Been Engaged in the Administration of Intravenous Therapy

Venipuncture Performed	Responses
Yes.....	31
No.....	63
Total.....	94 ^{1/}

1/ Four nurses did not reply to this item.

Section II of the questionnaire has to do with when and where the nurse learned to perform venipuncture. Was instruction given as a part of her basic preparation or was the skill acquired after she became a graduate nurse?

Table 12 illustrates the lack of formal instruction in venipuncture before graduation.

Table 12. Responses of 98 Nurses to Questions Regarding Organized Learning to Do Venipuncture as Student Nurses

When and How Was Nurse Given Instruction	Responses		
	Yes	No	Total
1. Did you learn to do a venipuncture as a student nurse?.....	30	68	98
a. Did you have classroom instruction on starting an intravenous?	22	76	98
b. Did you have supervised practice on starting an intravenous?	30	68	98
c. Or, did you learn on your own initiative without formal instruction and supervision while still a student?.....	0	98	98

Nursing and medical practices are closely interrelated. Yet, the statutes of various states which define professional nursing are too vague to provide a usable guide in determining the function in which a nurse may legally engage. The intensification of the educational program of nursing, the increased dependence of the physician on the skills and discretion of the nurse has caused the nursing profession to seek clarification of these delegated duties. Limitations on the procedures which a nurse may properly perform are controlled by the accepted practice or custom of the medical profession

within a community, the scope of preparation and experience of the individual nurse, and the legal statutes within a state, along with hospital policy and guidelines within a community.

The many factors involved have produced anxieties, frustrations, and fears which affect the nurse's opinions as to whether intravenous administration is a nursing function. The literature reported in this study focuses on the need for clarification of the nurse's role.

The next series of questions for Section II has to do with the nurse learning to do venipuncture after becoming a graduate nurse. The responses are depicted in Table 13.

Table 13. The Responses of 98 Nurses as to Their Experiences In Learning Venipuncture as Graduate Nurses

Venipuncture Instruction After Graduation	Responses		
	Yes	No	Total
2. Did you learn after you became a graduate nurse?.....	53	45	98
a. Did you attend scheduled classes or demonstrations?.....	16	82	98
If so, who held them?			
(1) A staff physician.....	10	--	10
(2) An interne or resident.....	3	--	3
(3) An instructor or supervisor...	3	--	3
b. Did you learn by having someone teach you at the bedside?	53	45	98
If so, who taught you?			
(1) A staff physician.....	16	--	16
(2) An interne or resident.....	15	--	22
(3) An instructor or supervisor...	22	--	22
c. Did you learn on your own initiative without instruction or supervision?.....	0	0	0

Section III of the questionnaire elicits opinions on whether or not professional nurses should start intravenous fluids, give blood transfusions and plasma, or give medications intravenously. The responses reveal that the majority believe nurses should be trained and qualified to start intravenous fluids when directed by authority and in an emergency. The findings are depicted in Table 14.

Table 14. Opinions of 91 Registered Nurses as to Preparation and Acceptance of Intravenous Therapy as a Nursing Function

	Responses
Yes, nurses should be trained and qualified to start intravenous fluids, when directed by authority or emergency.....	63
No, nurses should not start intravenous fluids...	10
Doctors should be the ones to start intravenous fluids.....	8
Nurses should only give intravenous fluids in cases of emergency.....	2
Nurses should start intravenous fluids only.....	6
No experience in starting intravenous fluids.....	2
Total.....	91 ^{1/}
^{1/} Seven nurses did not answer this question.	

The next part of Section III elicits information regarding drugs which the respondents are not permitted to administer in the hospital where employed.

Table 15. Listing of Drugs which Respondent Nurses are not Permitted to Administer

	Responses
Aminophyllin.....	1
Anesthetics, I.V.....	2
Aramine Levophed.....	1
Asthma Drugs.....	1
Cytosin.....	2
Diagnostic dyes.....	1
Drastic Drugs.....	1
Histamine.....	1
Nitrogen mustards.....	17
Pitocin.....	1
Radioactive Isotopes.....	2
Unusual dosages.....	1
X-ray medications.....	1

1/ In the above tabulation of drugs, it is acknowledged that some nurses listed more than one drug administered.

This same question also revealed other information, the findings of which are in Table 16.

Table 16. Miscellaneous Responses to Inquiry, "If you are permitted to give intravenous medications are there some drugs which you are not permitted to give?"

	Responses
No drugs not permitted to give.....	30
None listed specifically.....	5
Prefer not to give drugs.....	7
Prefer to give in emergency only.....	4
Any drug unfamiliar to the nurse.....	2
Not applicable to nurse answering.....	7
No comment.....	2

Part of Section III, Question 2, asks: "If you are permitted to give intravenous medications in the hospital in which you are employed, are there some drugs which you are not permitted to give?" Following are sample verbatim responses, some as direct answers and some in comments:

"I am currently employed in the operating room and the anesthetist takes care of this, but I believe that professional nurses in the hospital are allowed to administer intravenous medications."

"As far as I know, there is no list of I.V. medications that nurses are not allowed to give, but there are some which I would prefer not giving--i.e., drugs in experimental use such as cancer arresting drugs, etc."

"I am permitted to give I.V. medications, not that I know of. . .there are no drugs not permitted to be given by nurses."

"Yes, there are some drugs that we are not allowed to give, also there are some drugs which I refuse to give."

"I do not choose to give Ca drugs I.V., even though we are permitted to."

"It is left to the individual nurse to refuse to give certain drugs I.V.--if she is aware of their danger."

"There are none that I know of in the hospital in which I work. There are some drugs which I was taught in my training that a professional nurse can refuse to give if she knowingly knows that they will harm the patient or even take his life. Some are any form of an opiate Morphine in accurate congestive heart failure. No medication regardless of what it is, is to be given I.V. without a doctor's order. Then only if the drug is an I.V. medication."

"As an anesthetist, there aren't any drugs I am not permitted to give, but there are some that I will ask the Dr. in charge to give, such as Nitrogen Mustard and related medications."

"I am sure there are some drugs we are not permitted to give. I cannot think of any at present."

"The hospital in which I currently am employed discourages the R.N.'s giving such medications; however, I do not believe there are any specific drugs we would be forbidden to give."

"There are some Mustard preparations that Doctors usually give intravenously. I have given it myself--but I felt very uncomfortable about it."

"I know of none which we are not permitted to give--but there are a few which I would not give unless it was a dire emergency--such as Nitrogen Mustard. This of course I think is usually added to an I.V."

"The drugs or fluid I am permitted to give depends on the doctor ordering them and not any rules of the hospital."

"None that would ordinarily be given in O.B."

"None that I know of unless it is the medications to control cancer".

"Do not know of any. I believe I have given all of them, including Cedalnamide (when no one checked the cardiac response). (Thank God, no fatality resulted.)"

"I do not give medications intravenously, except in emergency cases."

"Some drugs are dangerous to give intravenously and should be given by a trained person."

"I am not permitted to give intravenous medications in the hospital. I work in an emergency room with a resident physician on duty to do this procedure."

"I do not give intravenous medications unless it is an emergency."

"Working in obstetrics, there is none that I can think of. In an emergency situation in which the doctor would most certainly be present, any emergency situation or the like would be given by him."

"There are some, but I'm not certain just how many--my use of medications is somewhat limited to that of a nurse in a medical-surgical floor--Nitrogen Mustard, I know, is not to be administered by a nurse."

"Not that I know of, but there are some I do not think nurses should give, such as: the circulatory and respiratory depressant or stimulant types or the coagulant type drugs."

The questionnaire sent to Directors of Nursing Service, comprising Appendix A, was not of a nature and the number returned was not sufficient to be conducive to tabulation. Instead, the comments received are quoted verbatim:

"In a hospital without internes, and residents it is difficult to get private physicians to give these at the time specified. The patient receives these medications and fluids promptly and when needed in cases of emergency when the nurse assumes the responsibility."

"I would like to have legislation covering the above procedure."

It is recognized that this has been a small and somewhat superficial study. The findings, particularly the free responses directly relate to the literature, especially to the reports of Hershey, Steg, and Sister Prendergrast.

CHAPTER IV

SUMMARY, FINDINGS, CONCLUSIONS, AND
RECOMMENDATIONS FOR FURTHER STUDY

Summary

The purposes of this study were to: 1) Investigate the role of the professional registered nurse in venipuncture and intravenous administration in Lake Charles, Louisiana, 2) to survey the nurses' previous educational background to qualify her to perform this procedure, and 3) to study the local hospital official policies in regard to venipuncture and intravenous administration.

The literature was surveyed to ascertain the legal scope of a dependent nursing function in starting and administering intravenous therapy in Louisiana, in a general way, the nature of the problem nationwide, and to find authoritative opinion about the need for the nurse to become involved in the administration of intravenous therapy. Correspondence was conducted with national agencies for the purpose of obtaining policies related to venipuncture in use elsewhere.

The written questionnaire was used to obtain data from two Directors of Nursing Service in the Lake Charles hospitals and from the 98 registered professional nurses employed in the three local hospitals, the public health unit, in private duty, as well as the two local nursing homes. A written opinion of a local attorney was incorporated in this study, along with excerpts taken from the Louisiana Attorney General's opinion given to the Louisiana State Board of Nurse Examiners in 1951 and 1955.

The analysis of the data revealed that the initiation of the flow of intravenous fluids under the direction of a physician as an approved nursing function is in question. The intravenous administration of blood, plasma and concentrated medicine is a wide practice by the registered nurse in this area.

Findings from the Questionnaire for Registered Professional Nurses

1. For over twelve years, it has been the local custom for nurses to do venipuncture and intravenous administration of fluids, blood, plasma, and medications in the Lake Charles Community.
2. Nurses state that there are few limitations set on the intravenous medications they can give.
3. There are no organized classes of instruction in in-service education for nurses to learn to do venipuncture.

4. On a whole, most nurses are instructed and supervised at the patient's bedside by an individual instructor.
5. Most registered nurses learned to do venipuncture after graduation.
6. Nurses are not aware of any written administrative or departmental policies in the hospital to guide and limit their actions in performing intravenous therapy.
7. Sixty-three nurses are of the opinion that nurses should be trained and qualified to start intravenous fluids when directed by competent authority or in emergency.
8. Nurses do not agree that venipuncture and intravenous administration of fluids, blood, plasma, and medications are a nursing function.

Findings From the Questionnaire for Directors of Nursing Service

It was brought out that intravenous medications are scheduled for specific times, and rarely is there a doctor present at the precise time and place, which has made the nurses assume the responsibility of administration as directed.

Further, neither of the hospitals reporting has an in-service training program, such as scheduled classes. When nurses are employed, the head nurse inquires into the competence in administering intravenous therapy and observes the

performance. If it is deemed satisfactory, no further qualification is required.

There is no written order or policy in either of the reporting hospitals that prohibits the intravenous administration of any specific drug. However, both directors of nursing service recommend strongly that written directives be issued by the hospital officials prohibiting the administration of drastic drugs, experimental medications, and unfamiliar drugs.

The performance of venipuncture and the administration of intravenous fluids, blood, and plasma by the registered nurse is the accepted local custom.

One director states that the nurse should not accept the responsibility of this function; the other director, in turn, states that the nurse should accept and be prepared to do this function.

Conclusions

The following conclusions are the results of this research study into the practice of venipuncture and intravenous therapy:

1. This study was instrumental in obtaining the positive fact that it is the accepted local custom that venipuncture has been a nursing function for over twelve years in Lake Charles, Louisiana.

2. The nurse who does venipuncture in Louisiana could be prosecuted for the violation of the Louisiana Medical Practice Law. This conclusion is substantiated by Section 13 and Section 1 of the Medical Law of Louisiana, (as amended by Act 54 of 1918). (Cited in Appendix D). The confusion that exists between legal definition and actual practice appears to be a matter of concern to individual nurses.
3. According to the literature, other states have used various methods of clarifying the nurses' role in venipuncture and intravenouses. Such methods have not been instigated in Louisiana.
4. This study has been of value in bringing into the open certain facts and opinions. In using a modification of a previously validated tool and in tabulating the findings, it was found that the sample included individuals for whom all items of the tool were not appropriate. A repetition of the study should either confine the sampling to institutional nurses or revise the two to eliminate restricting clauses such as "in the hospital".

Recommendations for Further Study

1. A repetition of this study on a larger scale is recommended for the purpose of comparison of findings. As indicated above the sampling, the data, and collecting tools need better matching.
2. A companion study might be developed involving physicians' opinions as to whether or not nurses should do venipuncture and administer intravenous fluids, blood, plasma, and medications.
3. An activity analysis might be done in the hospitals for the purpose of determining the extent of the nursing practice in intravenous therapy.
4. A study of hospitals might be undertaken to ascertain policies, guidelines, and in-service education relevant to the nurse and venous therapy.

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APPENDICES

A. QUESTIONNAIRE TO DIRECTORS OF NURSING SERVICES

APPENDIX A

QUESTIONNAIRE FOR DIRECTORS OF NURSING SERVICE

DIRECTIONS: Please answer the questions by placing check marks (x) in front of the terms that are most descriptive of the practice in your hospital. Some questions require more than one check mark.

1. Do students of professional nursing use your hospital for clinical experience?

Yes

No

2. What type of medical staff organization do you have?

Open staff

Closed staff

3. What is average daily census of hospital? _____

4. Do registered nurses on general duty employed in your hospital start intravenous fluids?

Never

In case of emergency only

Sometimes

Usually

Always

If not, who usually does?

- The patient's doctor
- The intern or resident
- The head nurse or supervisor
- A laboratory technician

5. Do registered nurses on general duty employed in your hospital give medications intravenously?

- Never
- In case of emergency only
- Sometimes
- Usually
- Always

If not, who usually does?

- The patient's doctor
- The intern or resident
- The head nurse or supervisor
- A laboratory technician

6. Do registered nurses on general duty employed in your hospital give plasma?

- Never
- In case of emergency only
- Sometimes
- Usually
- Always

If not, who usually does?

The patient's doctor

The intern or resident

The head nurse or supervisor

7. Do registered nurses on general duty employed in your hospital start blood transfusions?

Never

In case of emergency only

Sometimes

Usually

Always

If not, who usually does?

The patient's doctor

The intern or resident

The head nurse or supervisor

A laboratory technician

8. Do you have a written policy from the medical staff as to the professional nurse's function in intravenous therapy?

Yes

No

9. Is learning experience related to intravenous therapy offered to your graduate professional nurses on an in-service basis?

Yes

No

10. Is it your opinion that graduate professional nurses upon order of the physician should assume responsibility for:

Starting intravenous fluids? YES NO

Giving medicines intravenously? YES NO

Giving plasma? YES NO

Starting blood transfusions? YES NO

11. Would you comment on any of the above questions?

 Yes

 No

12. If the graduate professional nurses employed in your hospital are permitted to give intravenous medicines, are there some drugs which they are not permitted to give? If so, please list them.

13. If you have a written departmental policy on intravenous therapy, I would appreciate very much receiving a copy.

14. When employing a new registered nurse do you inquire as to her ability and qualifications in actual doing of venipunctures?

 YES NO

PLEASE SIGN YOUR NAME AND THE NAME OF THE HOSPITAL TO THIS PAPER. THIS IS TO FACILITATE CHECKING THE RETURNS ONLY. YOUR NAME AND THE NAME OF THE HOSPITAL WILL BE HELD IN CONFIDENCE AND WILL NOT BE MENTIONED IN THE FINDINGS. I GREATLY APPRECIATE YOUR ASSISTANCE WITH THIS QUESTIONNAIRE AS WITHOUT YOUR HELP THE INTRAVENOUS PROBLEM CAN NOT BE INVESTIGATED.

NAME OF DIRECTOR OF NURSING SERVICE: _____

NAME OF HOSPITAL: _____

Mabel M. Lofton, R. N.
214 Louie Street
Lake Charles, Louisiana

I am preparing a thesis for my master's degree in nursing education, and have chosen the following title for my work:

The Nurse's Role
In Venipuncture and Intravenous Administration
In the Community of Lake Charles

I am enclosing a questionnaire from which I hope to compile a consensus of the experience and knowledge of the Registered Nurses in this area.

May I ask that you be kind enough to execute this form to the best of your knowledge, and return it to me at an early date?

I am also enclosing a copy of a letter I received from the Louisiana State Board of Nurse Examiners, which is self-explanatory, assuring their interest and support.

Sincerely,

Mabel M. Lofton

Mabel M. Lofton

Louisiana State Board of Nurse Examiners

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1634 ROBERT STREET
NEW ORLEANS, LA. 70115

DR. PAGE W. ACREE, M.D.
4550 NORTH BOULEVARD
SUITE 203
BATON ROUGE, LA. 70806

January 17, 1964

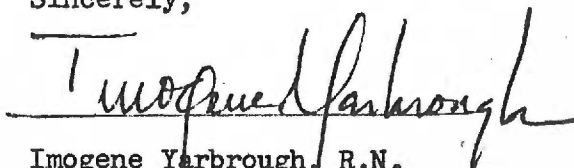
Mrs. Mabel M. Lofton, R.N.
214 Louie Street
Lake Charles, Louisiana

Dear Mrs. Lofton:

The Louisiana State Board of Nurse Examiners is very definitely interested in your study of data regarding intravenous therapy. Whatever information is obtained by any group to clarify the present status of this problem we need to have at our disposal in considering the position of the nurse in relation to the extended functions, as outlined in the National Emergency Medical Care. We do encourage all nurses to consider this carefully and reply as accurately as possible. We would appreciate the results of your study.

We do also congratulate you on this undertaking, and assure you of our interest and support.

Sincerely,


Imogene Yarbrough, R.N.
Executive Director

IY/lg

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CENTER

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August 12, 1964

Mrs. Mable Lofton
214 Louie
Lake Charles, Louisiana

Dear Mrs. Lofton:

You have my permission to use my thesis as resource material in the preparation of your research. You may quote any portion of it. This letter of consent to quote or to cite from my study is given you without restriction.

Sincerely,

Ilse C. Steg
(Miss) Ilse C. Steg, R.N.
Director, School of Nursing

ICS:pp

B. QUESTIONNAIRE TO REGISTERED NURSES

APPENDIX B
QUESTIONNAIRE FOR REGISTERED PROFESSIONAL NURSES
IN LAKE CHARLES AREA

Section I

DIRECTIONS: Please answer the following questions by placing check marks (x) in front of the terms that are most descriptive of your professional experience. Some questions require more than one check mark. There are no right or wrong answers.

1. In what area are you employed?

General Duty

Private Duty

Public Health

Industrial Nurse

Instructor (L.P.N. students)

Instructor (Professional Nursing students)

Supervisor

Director of Nursing Service

School Nurse

Other (Indicate area) _____

2. Do you work in any of the following departments?

Operating Room

Central Supply

3. What term best describes your position in the hospital?

General Duty Nurse

Head Nurse (in charge of one unit)

Supervisor (in charge of two or more units)

Superintendent of Nurses of a small hospital

The only professional nurse on your shift employed
in a small hospital

Other (please specify) _____

4. Which shift do you usually work?

The day shift

The evening shift

The night shift

Rotating shifts

Other (please specify)

5. How many years of professional experience have you had?

Less than 1 year

1 to 4 years

5 to 8 years

9 to 12 years

Over 12 years

6. Do you give medications to patients as part of your
nursing activity?

Never

Occasionally

Usually

Always

7. a. When the doctor orders intravenous fluids for a patient for whom you are responsible, do you do the venipuncture?

Never

In case of emergency only

Sometimes

Usually

Always

- b. If you do not, who usually does?

The patient's doctor

The intern or resident

The head nurse or supervisor

A laboratory technician

Another general duty nurse

8. a. When the doctor orders a medication to be injected into the veins by needle and syringe, are you the one who does this?

Never

In case of emergency only

Sometimes

Usually

Always

b. If you do not give the medication intravenously,
who usually does?

- The patient's doctor
 The intern or resident
 The head nurse or supervisor
 A laboratory technician
 Another general duty nurse

9. a. When the doctor orders plasma for your patient, are
you the one who gives it?

- Never
 In case of emergency only
 Sometimes
 Usually
 Always

b. If you do not give the plasma, who does?

- The patient's doctor
 The intern or resident
 The head nurse or supervisor
 A laboratory technician
 Another general duty nurse

10. a. When the doctor orders blood to be given your patient
by indirect transfusion, are you the one who starts
the transfusion?

- Never
 In case of emergency only
 Sometimes
 Usually
 Always

b. If you do not start the transfusion, who usually does?

- The patient's doctor
- The intern or resident
- The head nurse or supervisor
- A laboratory technician
- Another general duty nurse

11. How long has it been since you first began to start intravenous fluids?

- I do not start intravenous fluids
- Less than 1 year
- 1 to 4 years
- 5 to 8 years
- 9 to 12 years
- Over 12 years

12. How long has it been since you first began to give medications intravenously?

- I do not give medications intravenously
- Less than 1 year
- 1 to 4 years
- 5 to 8 years
- 9 to 12 years
- Over 12 years

13. How long has it been since you first began to give plasma?

- I do not give plasma
- Less than 1 year

- 1 to 4 years
- 5 to 8 years
- 9 to 12 years
- Over 12 years

14. How long has it been since you first began to start blood transfusions?

- I do not start blood transfusions
- Less than 1 year
- 1 to 4 years
- 5 to 8 years
- 9 to 12 years
- Over 12 years

15. Do you do venipuncture for purpose of drawing blood for laboratory tests?

- Yes
- No

Section II

DIRECTIONS: Do NOT answer these questions if you never start intravenous treatments of any kind.

If you have punctured the vein to administer either fluids, blood, plasma, or medications intravenously, please answer the questions by encircling either "YES" or "NO."

- | | | |
|---------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Did you learn to do a venipuncture as a student nurse? | YES | NO |
| a. Did you have classroom instruction on starting an intravenous? | YES | NO |
| b. Did you have supervised practice on starting an intravenous? | YES | NO |
| c. Or, did you learn on your own initiative without formal instruction and supervision while still a student? | YES | NO |
| 2. Did you learn to do a venipuncture after you became a graduate nurse? | YES | NO |
| a. To learn to perform this activity, did you attend scheduled classes or demonstrations? | YES | NO |
| If so, who held them? | | |
| (1) A staff physician | YES | NO |
| (2) An intern or resident | YES | NO |
| (3) An instructor or supervisor | YES | NO |
| (4) Another person (please specify) | | |
-

b. Did you learn by having someone teach you
at the bedside?

If so, who taught you?	YES	NO
(1) A staff physician	YES	NO
(2) An intern or resident	YES	NO
(3) An instructor or supervisor	YES	NO
(4) Another person (please specify)	YES	NO

c. Or, did you learn on your own initiative
without instruction or supervision? YES NO

Section III

1. On the basis of your experience, would you express your opinion on whether or not professional nurses should start intravenous fluids, give blood transfusions and plasma, or give medications intravenously?

2. If you are permitted to give intravenous medications in the hospital in which you are employed, are there some drugs which you are not permitted to give? If so, please list them.

PLEASE WRITE YOUR NAME AND THE NAME OF THE HOSPITAL WHERE YOU ARE CURRENTLY EMPLOYED. THIS IS TO FACILITATE CHECKING RETURNS ONLY. YOUR NAME AND THE NAME OF THE HOSPITAL WILL BE HELD IN CONFIDENCE AND WILL NOT BE MENTIONED IN THE REPORT OF FINDINGS.

NAME OF NURSE: _____

NAME OF HOSPITAL: _____

C. CORRESPONDENCE TO WRITER



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

WASHINGTON 25, D. C.

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BUREAU OF MEDICAL SERVICES

Refer to:

April 16, 1963

Miss Mabel Lofton, R.N.
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

Your recent letter addressed to Mrs. Lucile P. Leone, has been referred to this office for reply.

The U.S. Public Health Service does not have an overall policy relative to R.N.'s doing venipunctures. The policy is established by each individual hospital in accordance with the Headquarters' directive, a copy of which is attached.

We believe this will give you the information you seek.

Sincerely yours,

Elsie T. Berdan

Elsie T. Berdan, Nurse Director
Chief, Nursing Branch
Division of Hospitals

Enclosure

NURSING SERVICE

SUBJECT:

REMOVING SUTURES, PASSING STOMACH TUBES,
PERFORMING VENIPUNCTURES

Policy Established by MOC.....C3.3.1.1
Guidelines..... .2

1 With regard to the Division of Hospitals' policy relative to nursing personnel removing sutures, passing stomach tubes, and performing venipunctures for obtaining blood samples and for administering fluids and medications intravenously, it is felt that determination of such a policy should be made at the station level by the Medical Officer in Charge. The established policy should be in keeping with the accepted practices in the local military and civilian hospitals. **POLICY ESTABLISHED BY MOC**

The Medical Officer in Charge shall specify in written station policies the specific procedures which may be performed by nursing personnel and shall define clearly the conditions under which they may assume responsibility for performing these procedures.

2 The following are offered as guides to the development of station policies on this subject: **GUIDELINES**

- (a) The personnel to whom these procedures are assigned should be individually trained by a medical officer, or other qualified person, designated as training officer by the Medical Officer in Charge, and their competency must be individually certified in writing by the training officer and approved by the Medical Officer in Charge.
- (b) The procedures should be carried out only upon written order of the physician and in accordance with the established techniques as written and approved by the Medical Officer in Charge.
- (c) The passage of stomach tubes should be limited to withdrawal of test samples of gastric contents, gastric washings and feedings. Passage of stomach tubes by nursing personnel post-operatively is not recommended.
- (d) The administration of intravenous fluids should be limited to restorative, isotonic crystalloid solutions.

American Medical Association

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AREA CODE 312
527-1500

LAW DEPARTMENT

87

Bernard D. Hirsh
Director

Warren E. Whyte

Richard P. Bergen

Arnold J. Streich

April 11, 1963

Mabel Lofton, R.N.
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

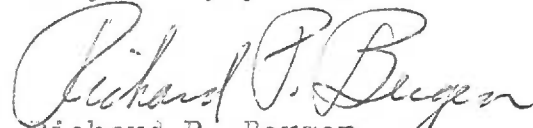
Your letter of April 8 to Florence M. Alexander, Ph.D., Director of the Department of Nursing, has been referred to me for reply. You asked about the policy of the American Medical Association with respect to registered nurses doing venipunctures.

This is a matter on which the Association has not taken any official position and I do not think it is likely to take such position. In general, the law determines what functions of a medical nature may properly be delegated to registered nurses on the basis of the accepted practice of the medical profession in the community. Also in general, the kind and degree of direction and supervision by a licensed physician which is required is decided on the same basis.

There have been some court decisions holding that a registered nurse may lawfully administer intravenous medication under the direction and supervision of a licensed physician. On the other hand, there are opinions of the Attorney General in several states that it would be unlawful practice of medicine for a nurse to administer intravenous medication. I am sure that there is a wide divergence of views on this subject among physicians. From a lawyer's point of view, I personally believe that it would create a serious risk to permit a registered nurse to make a venipuncture in the absence of a physician.

I am sending you a copy of a report on "The Legal Scope of Industrial Nursing Practice." What is said in this report applies substantially to hospital nursing as well as to industrial nursing.

Very truly yours,


Richard P. Bergen

Enc.



THE AMERICAN NATIONAL RED CROSS
NATIONAL HEADQUARTERS
WASHINGTON 6, D. C.

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April 5, 1963

Miss Mabel Lofton, R. N.
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

Miss Magnussen has referred to me your letter of April 1.

As you no doubt are aware, registered nurses have been employed in the American Red Cross Blood Program to perform venipunctures on blood donors since the inception of the program in 1948. The use of nurses in this function is predicated on our providing them special training in the technique of venipunctures, teaching them the inherent risks and dangers of such procedures, and thoroughly instructing them what to do in the event of any untoward reaction. In addition, we provide to our nursing staff the additional security of having a physician physically present anytime blood is being collected from a donor, so in essence, the nurse is working under the direct delegation of a licensed physician.

We have been impressed with the venipuncture skill nurses acquire in a relatively short time, and feel they also are able to give donors the psychological support so important in a rather stressful situation.

Our use of registered nurses doing venipunctures is restricted solely to the collection of blood for transfusion under the operating policies I have stated. We are convinced there is a role for nurses in this field. Certainly, our experience has been most satisfactory, and we can only believe the success of the Red Cross Blood Program has been in large measure due to the professional skills and attitudes the nursing personnel have provided to our donors.

Sincerely yours,

Madge L. Crouch
Director of Nursing
Blood Program





DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
WASHINGTON 25, D.C.

90
IN REPLY REFER TO
BUMED-32-gd
8 April 1963

Miss Mabel Lofton, R.N.
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

This will acknowledge your letter dated 1 April 1963 relative to your study on venipunctures.

In some Naval hospitals, orientation programs for newly commissioned Nurse Corps officers include lectures and demonstrations of venipunctures. This practice was included in orientation programs to prepare the professional nurse for this procedure in time of a National emergency.

Some nurses have been trained and have had considerable experience in this work prior to their appointment; however these numbers are few.

Best wishes and success in your study. We would appreciate a copy of your project when it is completed.

Sincerely yours,

Ruth A. Erickson
RUTH A. ERICKSON
Captain, NC, USN
Director, Navy Nurse Corps



HEADQUARTERS
DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON 25, D. C.

91

IN REPLY REFER TO
MEDCN

10 April 1963

Miss Mabel Lofton, R. N.
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

This is in reply to your letter of 1 April.

In general, it is the policy of the Army Medical Service that all Army Nurse Corps officers and certain enlisted technicians be qualified to perform venipunctures. Such a policy is in support of the required Army training for Emergency Medical Care.

The local hospital commander may authorize Army Nurse Corps officers to perform venipunctures during normal peacetime conditions, and many do so. Such authorization, of course, places a responsibility on the commanding officer and his medical staff to provide the medical supervision of the nurses performing this procedure and thereby determine the individual to be qualified to perform the procedure under general but minimal medical supervision.

I hope the above information will be of assistance to you.

Sincerely,

Margaret Harper
MARGARET HARPER
Colonel, ANC
Chief, Army Nurse Corps



VETERANS ADMINISTRATION
DEPARTMENT OF MEDICINE AND SURGERY
WASHINGTON 25, D.C.

92

April 5, 1963

YOUR FILE REFERENCE:

IN REPLY REFER TO: 118

Miss Mabel Lofton, R.N.
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

Nurses in the Veterans Administration hospitals and clinics may perform venipunctures for the purpose of administering selected intravenous fluids or medications. The following is a statement of policy on this practice:

"Nurses who have completed instruction and have demonstrated competence in administering intravenous fluids may carry out this procedure. Station policy on administration of intravenous fluids by professional nurses will be approved by the station Committee on Therapeutic Agents; will be published, and will include procedures to be used, fluids which may be administered by nurses, medications approved for direct administration and for addition to parenteral fluids. The station policy will be reviewed and updated annually."

We hope this information will be helpful to you.

Sincerely,

Cecilia H. Hauge

CECILIA H. HAUGE
Director, Nursing Service

American Hospital Association

93

Telephone | Area Code 312
| 944-4350

Cable Address: AMHOSP

April 15, 1963

Miss Mable Lofton, R.N.
211 1/2 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton

[The American Hospital Association has not taken a position on nurses doing venipunctures. This is clinical nursing practice and the decision depends upon state licensure laws and individual hospital policy. New York, for example, permits it.]

I assume you are referring to the administration of intravenous solutions. Venipunctures for the drawing of blood for tests are done by laboratory technicians and I have heard of no instance where this has been questioned.

Sincerely

Martha Johnson

Martha Johnson, R.N.
Director, Division of Nursing

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PRESIDENT
MARGARET B. DOLAN, R.N.

EXECUTIVE DIRECTOR
MATH G. WHITAKER, R.N.



AMERICAN NURSES' ASSOCIATION, INC.

10 COLUMBUS CIRCLE, NEW YORK 19, N. Y.

94

April 22, 1963

Miss Mabel Lofton
214 Louie Street
Lake Charles, La.

Dear Miss Lofton:

This will acknowledge your letter of April 8. I am glad to know that you have found our material useful and hope I can continue to be of service to you.

I have referred your last paragraph to Miss Dolores LeHoty of our Economic Welfare Program. She has replied as follows:

"Our insurance consultants have stated, when asked this question previously, that the ANA policy protects the nurse in the performance of the duties for which she was employed and which she is regularly expected to perform. They understand that present Nurse Practice Acts do not specifically include venipunctures as a professional nurse's function, but they also realize that the law is frequently far behind current practice. The insurance company would, therefore, defend an insured nurse in any action arising out of performing venipunctures and would pay any judgment that might be made against her to the extent of the protection she has purchased.

By "action", it is understood that the claim would be one of liability for negligence, and not for a criminal violation of the law. Liability insurance does not extend to criminal action".

If you have any further questions on this matter, do not hesitate to write to either me or Miss LeHoty.

Sincerely yours,

M. ANNIE LEITCH, Director
ANA Program for State Boards
of Nursing

MAL

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NLN

national league for nursing, inc.

10 COLUMBUS CIRCLE, NEW YORK 19, N. Y.

AREA CODE 212

JUdson 2-1022

April 5, 1963

Miss Mabel Lofton
214 Louie Street
Lake Charles, Louisiana

Dear Miss Lofton:

Mrs. Leone referred your letter of April 1st to me for reply.

The question of venipunctures as a nursing procedure relates to the medical and nurse practice acts of each state. Legal interpretations have been made in some states. If you have not investigated this aspect, you might write to the ANA who no doubt will have information.

The NLN has no policy concerning the teaching of venipunctures to students of nursing. We would agree with the principle that individuals performing venipunctures or other technical procedures should be thoroughly instructed. Students should know the fundamentals so that in practice they can change and adjust to new practices.

Best wishes for your study.

Very sincerely,

Marion W. Sheahan
Deputy General Director

MWS:rc

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON 25, D.C.



10 April 1963

Mabel Lofton, R.N.
214 Louie Street
Lake Charles, La.

Dear Miss Lofton

Your letter requesting the policy concerning the administration of intravenous solutions by Air Force nurses is as follows:

The administration of intravenous solutions, medications and blood transfusions by nurses in the Air Force is the prerogative of each medical officer in an Air Force medical installation to determine. Any limitations on such administrations are his responsibility.

The teaching of a standard procedure for venipuncture and the individual training of nurses in this technique is stressed to enhance their skill and capability in the event of mass casualties.

This is quite a knotty question these days and of real concern in disaster nursing.]

Sincerely

Dorothy N. Zeller

DOROTHY N. ZELLER
Colonel, USAF, NC
Chief, Air Force Nurse Corps

D. LAW

Opinions Given by the Attorney General
State of Louisiana
1951 and 1955

Extracted from Questionnaire
American Nurses' Association
Committee of State Boards of Nursing

A legal opinion given by the Attorney General in 1951 was as follows:

"The question to be determined is whether the giving of medications ordered by physicians is within the scope of the usual professional activities of the nurse. Section 54-236 of the Code defines the term "practice of professional nursing" as follows:

'The term practice of professional nursing means the performance of any professional service requiring the application of the principles of nursing based on biological, physical and social sciences, such as responsible supervision of a patient requiring skill in the observations of symptoms and reactions and the accurate recording of the facts and carrying out of treatment and medications as prescribed by a licensed physician, and the application of such nursing procedures as involve understanding of cause and effect in order to safeguard the life and health of a patient and others.'

In my opinion the clause "and carrying out of treatment and medications as prescribed by a licensed physician" is broad enough to permit this type of treatment by a registered nurse."

In 1955, the Attorney General rendered an opinion as follows:

"A registered professional nurse may administer intravenous fluids to a patient under the written orders of a physician, although she may not at the time be under his immediate personal supervision."

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THE MEDICAL LAW OF LOUISIANA

AN ACT

To regulate the practice of medicine, surgery and midwifery, in the State of Louisiana; to create State Boards of Medical Examiners and provide for the method of appointment of members thereof and to regulate the fees and emoluments thereof; to prevent the practice of medicine, surgery and midwifery by unauthorized persons; to provide for the trial and punishment of violators of the provisions of this Act by fine and imprisonment, or both; to provide for the enforcement of this Act by Civil process, through injunction and by penalties; to regulate examinations to be held under this Act and to authorize State Boards in certain cases to waive said examinations; to provide for the registry of certificates issued under the provisions of this Act and for publication of the list of registered physicians of this State and regulating the effect thereof; to authorize said Boards to grant certain powers to the members thereof; to regulate the expenditures and revenues of said Boards; to authorize said Boards to take proceedings for the revocation of the permit to practice medicine or midwifery and to enumerate the grounds on which such proceedings may be instituted; to define the practice of medicine in this State; to provide for exemptions from the operation of this Act; and to provide that prosecution pending under existing laws on the subject matter of the same shall not be affected by the passage of this Act.

Section 1. Be it enacted by the General Assembly of the State of Louisiana, That from and after the promulgation of this Act, no person shall practice medicine in any of its departments within the State of Louisiana, unless such person shall possess the necessary qualifications and requirements of this Act. (As amended by Act 54 of 1918)

Section 2. Be it further enacted, etc., That after the promulgation of this Act, any person before entering upon the practice of medicine in any of its branches shall present to one of the Boards of Medical Examiners as herein constituted, a diploma from a college in good standing, of any sect teaching medicine or the healing art, and shall stand a satisfactory examination before the Board upon the following branches, to-wit: Anatomy, Physiology, Chemistry, Physical Diagnosis, Pathology and Bacteriology, Hygiene, Surgery, Theory and Practice of Medicine, Materia Medica, Obstetrics and Gynecology. The person shall also satisfy the Board that he or she is twenty-one years of age, a citizen of the United States, of good moral character, and possess a fair education; provided however that the Board may issue a temporary permit to one who has taken out his or her first naturalization papers and who has otherwise

complied with the requirements of this Act. If said diploma and examination are satisfactory to said Board, they shall issue to such person a certificate in accordance with the facts. Said Board, however, is authorized at its discretion, to waive said examination in favor of any applicant who shall present to the Board a satisfactory certificate of examination from a Board of Medical Examiners of another State; provided, however, that said Board created under this Act shall have found said certificate of examination from a Board of Medical Examiners of another State was received on the equivalent of "Class A College standard American Medical Association"; the said Board created under this Act to be the sole judge as to the sufficiency of all other certificates required. (As amended by Act 54 of 1918)

Section 3. Be it further enacted, etc., That the medical examiners herein provided for shall consist of two boards—one of physicians and surgeons recommended by the Louisiana State Medical Society, which Board shall be known as the Louisiana State Board of Medical Examiners, and one of physicians and surgeons recommended by the Hahnemann Medical Association of Louisiana, which shall be known as the Louisiana Homeopathic State Board of Medical Examiners. There shall be five members of each board, any three of whom shall constitute a quorum for all purposes, including holding of examinations and granting certificates. All the members of both boards shall be graduate physicians and practitioners.

The Board composed of physicians and surgeons recommended by the Louisiana State Medical Society shall examine all applicants who propose to practice any other than the homeopathic system of medicine, and the Board composed of physicians and surgeons recommended by the Hahnemann Medical Association of Louisiana shall examine all applicants who propose to practice the homeopathic system of medicine. The certificate of either Board shall be conclusive proof of the efficiency of the applicant examined by said Board. All examinations held by the Boards and the answers of the applicants shall be in writing, and shall be kept as records for a period of two years. All members of said Boards shall be appointed by the Governor of the State from lists of names presented by the Louisiana State Medical Society and the Hahnemann Medical Association of Louisiana, respectively, and the Governor shall have the right to remove any or all of the members thereof for inefficiency or neglect of duty, and to fill all vacancies occurring in these boards from names recommended by their respective societies, provided that the present members of each of the State Boards shall continue in office until the end of their present respective terms and until their successors shall have been appointed.

Section 4. Be it further enacted, etc., That at the expiration of the respective terms of the present members of the Boards of Medical Examiners under existing laws and thereafter, each member of the Boards of Medical Examiners shall be appointed by the Governor for the term of six years.

Section 5. Be it further enacted, etc., That all persons beginning the practice of midwifery in this State after the passage of this Act shall appear before the Louisiana State Board of Medical Examiners and submit to such examination in midwifery as the Board shall require, and shall pay to said Board for such examination, the sum of \$10.00. If such examination is satisfactory the Board shall issue a certificate. Fees and methods for the recordation and renewal of certificate shall be as provided for by Section 9 of this Act. This section does not apply to persons attending in "an emergency",

a woman in childbirth; such persons, in the sense of this Act, are not considered as practicing midwifery as a profession. (As amended by Act 54 of 1918.)

Section 6. Be it further enacted, etc., That each Board of Medical Examiners is authorized to select such officers and frame and adopt such Rules and By-Laws as may be necessary for the efficient operation of such Board. The Louisiana State Board of Medical Examiners may provide that the examination required in Section 5 of said Act, as prerequisite to the practice of midwifery, may be conducted by one member of said Board of Examiners, and the certificate of satisfactory examination, annually renewed, issued by such member shall entitle the holder to be authorized by the President and Secretary of said Board to practice midwifery in this State; and may also provide that any member of said Board may make any affidavit necessary to the issuance of any injunction or other legal process authorized under this Act. Each Board shall have its seal and the President and Secretary of the respective boards shall be empowered to administer oaths in the taking of testimony upon any matters appertaining to the duties of said Board. (As amended by Act 54 of 1918.)

Section 7. Be it further enacted, etc., That the regular meetings of the Board shall be held at least twice in each year in the City of New Orleans, but a special meeting of either Board may be called by the President thereof, anywhere in the State, whenever a majority of such Board, or its President, may deem it expedient; the call to be issued by the Secretary.

Section 8. Be it further enacted, etc., That to prevent delay and inconvenience, one member of a Board of Medical Examiners may grant a permit to any applicant after a satisfactory examination, and shall report thereon immediately to the Secretary; such temporary permit shall not continue in force longer than until the next regular meeting of the Boards, and shall in no case be granted in violation of any rule of said boards. (As amended by Act 54 of 1918.)

Section 9. Be it further enacted, etc., That every person must, before he or she begins practice in this State, personally cause his or her certificate, received under this Act, to be recorded with the Clerk of the Court in the parish or parishes in which he or she desires to practice. The Clerk of Court shall make this recordation in a book to be kept for that purpose only and shall also certify to such recordation, by an endorsement of the certificate, and he shall be entitled to a fee of \$1.00. Until such recordation is made the holder of such certificate shall not exercise any of the rights or privileges therein conferred. Every certificate issued through this Act shall be renewed annually on or before January 1st by the Secretary-Treasurer of the Louisiana State Board of Medical Examiners, and any certificate not renewed, after unanimous vote by said Board, is suspended; which suspension is subject to review by a court of competent jurisdiction. Method and causes of revocation of certificate are provided for in Section 16 of the amended Act. Upon notification from the Secretary-Treasurer of the Louisiana State Board of Medical Examiners of such suspension or revocation, the said Clerk of Court must cancel said recordation aforesaid. The Secretary-Treasurer of said State Board of Medical Examiners shall be empowered to charge and collect from legal holders of certificates a fee for annual renewal of certificate, said fee not to exceed the sum of \$2.00, which fee is to be deposited in the general fund of the Louisiana State Board of Medical Examiners. (As amended by Act 54 of 1918.)

Section 10. Be it further enacted, etc., That it shall be the duty of the Louisiana State Board of Medical Examiners to publish annually a list of the names and residence of legal holders of original or renewed certificates issued under this Act; and such published list shall be received in evidence by the Courts of this State as proof that the individuals named are duly registered as required by law, and the said Board may strike from said list the name of any person whose certificate may have been suspended or revoked as herein provided for. The Secretary of the said Louisiana State Board of Medical Examiners shall furnish the State Board of Health and the Internal Revenue Department with the names of the successful applicants to whom certificates are issued; and also furnish the State Board of Health and Internal Revenue Department annually a published list. (As amended by Act 54 of 1918.)

Section 11. Be it further enacted, etc., That the members of said Boards of Medical Examiners shall receive as a compensation for their services ten (\$10.00) dollars per day during their session and, in addition thereto, their hotel and traveling expenses by the most direct route to and from their respective places of residence, to be paid out of any moneys in the treasury of the boards upon the certificates of the President and Secretary. The boards are empowered to demand a fee for the issuing of each certificate, not to exceed \$2.00. The fee for examination shall be \$25.00. The fee for temporary permits shall be \$10.00, to be paid into the treasury of the boards, said fee to be credited to the applicant when he applies to the boards for a permanent certificate. (As amended by Act 54 of 1918.)

Section 12. Be it further enacted, etc., That any itinerant vendor of any drugs, nostrum, ointment or application of any kind, intended for the treatment of disease or injury, or who may, by writing, print or other methods, profess to cure or treat disease or deformity by any drug, nostrum, manipulation, or other expedient in this State, shall if found guilty, be fined in any sum not less than twenty (\$20.00) dollars and not exceeding one hundred (\$100.00) dollars for each offense, to be recovered in an action of debt, before any court of competent jurisdiction, or shall be imprisoned for a term of not less than ten (10) days or more than thirty (30) days, or be both fined and imprisoned.

Section 13. Be it further enacted, etc., That the term practice of medicine, surgery, midwifery, as used in this Act, is hereby defined to mean holding one's self to the public as being engaged within this State in the business of diagnosing, treating, curing or relieving any bodily or mental disease, condition, infirmity, deformity, defect, ailment, or injury in any human being other than himself; whether by the use of any drug, instrument or force, whether physical or psychic, or of what other nature, or any other agency or means; or who shall examine any such person or material from such person for such purpose; whether such drug, instrument, force, or other agency or means is to be applied or used by the patient or by another person, or be for compensation of any kind or be gratuitous; or attending a woman in childbirth without the aid of a licensed physician, surgeon or midwife; or using any other title than optician to indicate that one is engaged in the business of refracting or fitting glasses to the human eye. If any person, (officer, agent, employee or member of any corporation, association, or partnership) who does not possess or shall not have recorded a license to practice medicine, surgery or midwifery on human beings within this State, as hereinabove mentioned as

constituting the practice of medicine, he or she shall be deemed to be practicing medicine without complying with the provisions of this Act and in violation thereof. (As amended by Act 54 of 1918.)

Section 14. Be it further enacted, etc., That said Louisiana State Board of Medical Examiners, through its proper officer, may cause to issue in any competent court a writ of injunction forbidding and enjoining any person from practicing medicine in any of its departments in this State, until he shall have first obtained the certificate or permit herein provided for and under the provisions of this Act; and said injunction shall not be subject to being released upon bond.

In the same suit in which said injunction may be applied for, the said Board, through its President aforesaid, may sue for and demand of the defendant a penalty not to exceed one hundred dollars, and in addition thereto attorney's fees not to exceed fifty dollars, besides the costs of court; judgment for which penalty, attorney's fees, and costs may be rendered in the same judgment in which the injunction may be made absolute. The trial of said proceeding by injunction shall be summary, and be tried by the Judge without intervention of a jury.

Section 15. Be it further enacted, etc., That any person practicing medicine or midwifery in any of its departments in this State without first having obtained the certificates or permit herein provided for or contrary to the provisions of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than \$50.00 or more than \$100.00, or by imprisonment in the parish jail for a period of not less than ten days, or more than ninety days, or by both fine and imprisonment for each offense. It shall be the duty of the respective District Attorneys to prosecute violators of the provisions of this Act, before any Court of competent jurisdiction. The said fine shall be divided equally between the public school fund of the parish in which said offense may have been prosecuted, and the State Board of Medical Examiners.

Section 16. Be it further enacted, etc., That the Louisiana State Board of Medical Examiners shall have the power to refuse to grant, or may suspend, any certificate issued through this Act for causes hereinafter enumerated or similar reasons: Said Board shall have the power to institute proceedings for the purpose of having the certificate or permit held by any person licensed through this Act revoked. The Court shall have the power to revoke a certificate or permit for the following causes: (1) Conviction of a crime; (2) Fraud, deceit or perjury in obtaining a diploma or certificate; (3) Habitual drunkenness; (4) Habitual use of morphine, opium, cocaine or other drugs having similar effect; (5) Prescribing of cocaine, morphine or other habit-forming drugs in other than a legal or legitimate manner; (6) Procuring, aiding or abetting in procuring an abortion unless such is done for the relief of a woman whose life appears in peril after due consultation with another licensed physician; (7) Advertising means or medicine whereby monthly periods can be regulated or re-established; (8) Advertising special ability to treat or cure chronic or manifestly incurable disease; (9) Efforts to deceive or defraud the public; (10) Impersonation of another licensed practitioner; (11) Incompetence; (12) Having professional connection with or lending one's name to an illegal practitioner, or having any professional connection with any person convicted under the provision of this

section; (13) Employing solicitors or subsidizing agencies, or paying or presenting any person money or anything of value for the purpose of securing patients; (14) Persistent violation of Federal and State law relative to control of social diseases; (15) Persons interdicted by due process of law; (16) Violation of any provision of this Act. Any certificate revoked may be reinstated at the discretion of the Board. (As amended by Act 54 of 1918.)

Section 17. Be it further enacted, etc., That any practitioner of medicine, in any of its department, failing to comply with the requirements of this Act, shall not be exempt from jury or military duty, nor be permitted to collect any fees or charges for services rendered, nor be allowed to testify as a medical or surgical expert in any court in this State, nor execute any certificates as a physician or surgeon, nor to hold any medical office, nor to be recognized by the State or parish or municipal corporation as a physician or surgeon; nor shall he be entitled to enjoy any of the privileges, rights or exemptions granted to physicians or surgeons by the laws of this State.

Section 18. Be it further enacted, etc., That this Act shall not apply to any commissioned surgeon of the United States Army, Navy, or Public Health Service, practicing in the discharge of his official duties as such; to physicians or surgeons of other States or territories in actual consultation with a registered physician of this State. (As amended by Act 54 of 1918.)

Section 19. Be it further enacted, etc., That the said boards shall report to the prosecuting officers of the State of Louisiana all persons violating the provisions of this Act. They shall report, annually, to the Governor of this State upon the condition of the practice of medicine in the State, its recommendations for the improvement of the practice, as well as a record of the proceedings of the Board during the year, together with the names of all physicians or surgeons to whom the said board shall have issued certificates during the year, in accordance with the provisions of Section 2 of this Act.

Section 20. Be it further enacted, etc., That it shall not be lawful for the said Board of Medical Examiners or any member thereof, in any manner whatever or for any purpose, to charge or obligate the State of Louisiana for the payment of any money except as provided for in Act 44 of the Acts of 1882, relative to the publication of registered physicians, etc., and the said boards shall look alone to the revenue derived from the operation of this Act for the compensation designated in Section 11 of this Act. And if said revenue is not sufficient to pay each member in full as per Section 11, then the amount thus received shall be pro-rated among the members. But if, at the end of the year, there should be a greater revenue derived than sufficient to defray the expenses of the boards at all their sessions for the year, as provided in Section 7, such surplus may be used by said boards in such other expenditures as they may deem necessary. The said Boards of Medical Examiners shall have the right to employ counsel to carry out the provisions of this Act, and that the fees of such counsel and the cost for all proceedings taken under the provisions of this Act, except the criminal prosecutions, shall be payable exclusively out of the revenues, including penalties under the provisions of this Act.

Section 21. Be it further enacted, etc., That this law shall not apply to the giving of family remedies in cases of emergency; or to legally licensed dentists, pharmacists, osteopaths, practicing according to existing laws; or to

anyone attending in an emergency a woman in childbirth; or to anyone serving full time without salary or professional fees on the resident medical staff of any legally incorporated municipal or State hospital or asylum; nor to prohibit the practice of Christian Science or religious rules or ceremonies as a form of religious worship, devotion or healing, provided that the person administering or making use of, or assisting or prescribing such relief rely on faith and prayer alone, and do not prescribe or administer drugs or medicine nor perform surgical or physical operations nor assume the title of, or hold themselves out to be, physicians or surgeons. (As amended by Act 54 of 1918.)

Section 22. Be it further enacted, etc., That no Acts or parts of Acts shall be considered repealed by this Act unless same are contrary to or in conflict with this Act.

Section 23. Be it further enacted, etc., That this Act shall not apply to offenses committed prior to the adoption hereof, but all such offenses shall be prosecuted and punished as is now provided by such laws.

Section 24. Be it further enacted, etc., That in the event that any provision or part of this Act shall be questioned in any Court and shall be held to be invalid, the remainder of this Act shall not be invalid but shall remain in full force and effect.

Section 25. Be it further enacted, etc., That this Act will take effect from and after the date of its passage.

THE LAW RELATIVE TO REGISTERED NURSES

The legislature of Louisiana by virtue of the Constitution passed in 1912, by Act No. 138, the law relative to registered nurses, which Act has been amended by Act 46 of 1922, Act No. 4 of 1926 and Act 93 of 1942. The present Act is found in the Louisiana Revised Statutes Title 37, Sections 911 to 939. There are several sections of this Act which should be quoted here for the purpose of this opinion.

Section 911. When used in this part the following terms shall have the meaning ascribed to them in this section, unless the context clearly indicates otherwise: (1) 'accredited school' means a school of nursing approved by the board . . . (3) 'nursing' means the practice by a person who for compensation or personal profit (a) performs any professional service requiring the application of principles of nursing based on biological, physical, and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts and carrying out of treatments and medications as prescribed by a licensed physician, and the application of nursing procedures that involve understanding of cause and effect in order to safeguard life and health of a patient and others; or (b) performs duties that are required in the physical care of a patient and in carrying out of the medical orders as prescribed by a licensed physician, requiring an understanding of nursing but not requiring the professional service as outlined in (a) of this paragraph.

This statute further provides:

Section 919.

A. The board shall:

(1) Prescribe curricula and standards for schools and courses preparing persons for license under this part.

The statute further provides:

Section 938. This part shall not confer any authority to practice medicine or surgery, or to undertake the prevention, treatment, or cure of disease, pain, injury, deformity, or mental or physical conditions contrary to any provisions of law.

The statute further provides:

Section 936.

No person shall:

(7) conduct any school of nursing for the training of registered nurses unless the schools have been accredited by the board;

Whoever violates this section shall be fined not less than one hundred dollars for the first offense, and fined five hundred dollars and imprisoned for not less than thirty days for each subsequent offense.

The statute further provides:

Section 939. Nothing in this part shall apply to practical nurses, or prohibit:

(4) the practice of nursing by student nurses enrolled in an accredited school of nursing or accredited courses for the training of graduate nurses.

LEGAL OPINION
MCLEOD AND RICHARD
ATTORNEYS

It is to be understood that the following interpretation of the statutes is the opinion of the writer based on a reading of the statutes and cases found in research on the subject of negligence.

McLeod and Richard, Lake Charles, Louisiana, stated under date of May 1963 that (28):

It would appear to the writer that the wording in Title 37, Section 911 of Louisiana Revised Statutes (3) (a) is broad and general enough to authorize registered nurses to perform venipunctures when the treatment or medication is prescribed by a licensed physician. It is the writer's opinion that this means a registered nurse could, as a nursing function, carry out intravenous therapy when prescribed by a licensed physician, and naturally, for a named patient. The order should preferably be issued in writing by the attending physician. The attempt by a nurse to perform intravenous therapy without the order of a licensed physician would undoubtedly constitute the practice of medicine and would be illegal. Even though a physician prescribes intravenous therapy for a patient, the nurse performing the venipuncture must be qualified to carry out the order or any damage caused the patient by her inattention or negligence will make her liable for damages under Article 2316 of the Louisiana Civil Code which provides:

'Every person is responsible for the damage he occasions not merely by his act, but by his negligence, his imprudence, or his want of skill.'

Naturally, there is a duty on the doctors also to see that the person carrying out his orders is qualified by training, experience and skill to perform the venipuncture or he would be answerable in damages for his negligence to any patient who might be injured because of the lack of skill or experience of the nurse.

No nurse should attempt the venipuncture unless under the supervision of a qualified doctor or unless she is competent to perform the veni therapy as prescribed by the doctor, first having undergone training for this purpose either as an undergraduate or as a graduate nurse, and the practice of venipuncture is normally carried on by other nurses in the community.

Since doctors are liable for their negligent acts, and in some instances could be liable for the negligence of nurses to whom they have delegated authority, they usually carry professional insurance to protect themselves against the claims of malpractice suits and nurses likewise should carry insurance for their own protection.

If nurses are expected to give venipunctures as a normal nursing function, the question naturally arises as to how will a nurse learn the venipuncture procedure so she will be qualified when a doctor prescribes intravenous medication for a patient? The course of intravenous therapy could be taught in nursing school to undergraduate nurses under the supervision of licensed physicians or qualified instructors provided the curricula was prescribed by the Louisiana State Board of Nurse Examiners. Should a school teach the venipuncture to an undergraduate nurse without the authority of the State Board of Nurse Examiners, and a patient was damaged by the negligent act of the undergraduate nurse, the supervisor or instructor could be held criminally liable under Title 37, Section 936 of the Nurses Act, and in addition, could be sued for civil damages. If a private nursing school allows intravenous therapy to

be taught without the approval of the Louisiana State Board of Nurse Examiners, naturally, they could be held liable for the acts of their employees.

If an undergraduate nurse damages a patient while performing the intravenous procedure, she could be held liable in civil damages, however, the degree of skill required of her would not be the same as that required of a graduate nurse or a supervisor or instructor.

If the hospital wherein the intravenous medication is performed is state owned or supported, unless they were insured for liability, the hospital probably would not be held liable for negligent acts of the doctors, supervisors, nurses or undergraduates, as it is immune to torts under the theory of governmental function. This would not relieve the undergraduate, the supervisors, instructors, or doctors for liability because of their individual acts of negligence.

Private hospitals are responsible for the negligent acts of its personnel under the doctrine of respondent superior, in addition to the undergraduate nurses, supervisors, instructors or doctors being individually liable for their negligent acts.

The question arises as to just what judicial significance the opinions of the State Attorney-General or other attorneys would have should a case be tested in court. The following case should indicate that the opinion of the Attorney General would carry no weight (27):


The First Circuit Court of Appeal of the State of Louisiana, on December 22, 1950, held, among other things in the case, that opinions of the Attorney General interpreting an act of legislature

has no judicial significance. Labit, et al vs. Terrebonne Parish School Board, 49 So. 2d 431 (1st Cir. 1950). This case dealt with private individuals seeking an injunction against the Terrebonne Parish School Board to prevent the school board from awarding contracts without advertising for bids. The persons involved had obtained several opinions from the office of the attorney general, and the court in this case said, and we quote, 'It is not necessary, of course, to say such opinions have no judicial significance.'


The Attorney General of the state is the chief legal officer of the state and is available to the different departments of state to represent them in matters where he is called upon to do so. . . .

One of the most important duties of an attorney general, having its inception in the origin of the office or statutes declaratory thereof, is that of advising the executive and administrative heads of the government. . . .

E. STATES



**Procedural Suggestions
for State Nurses Associations
in Supporting the Nurse
Practitioner in the Area
of Dependent Nursing
Function**



**American Nurses' Association
10 Columbus Circle
New York, New York 10019**

Recent reports from committees on professional nursing practice of state nurses associations and numerous letters received at ANA headquarters clearly indicate that nurses are concerned about the professional and legal scope of their practice within the dependent area of nursing function. The dependent area of nursing function as described by the ANA Legal Definition of Nursing Practice means, "the administration of medications and treatments prescribed by a licensed physician or dentist." There is a tremendous increase in the range of tasks or procedures nurses are being asked to perform within this dependent function. A few of these are: closed chest cardiac resuscitation, administration of investigational drugs, venipuncture, intratracheal suction, administration of anesthesia during labor, and vaginal examinations.

Nurses do need the thinking and the support of their professional association in arriving at sound decisions about their practice, particularly in the area of dependent function.

In search of support for sound decision, nurses sometimes ask for "a statement from ANA" or "ANA's stand." Any statement concerning the nurse's professional and legal responsibility and written from a national point of view must take into account the many factors which influence the practice of nursing throughout the country. Some of these factors are: the wide range of situations and/or environmental settings in which nurses practice, the lack of uniformity in nursing preparation and competencies, the differences in nursing and medical practice acts from state to state, the existence or absence of a "Good Samaritan Act" within the state; also, the differences between emergencies in controlled situations, such as operating rooms and intensive care units, as compared with uncontrolled situations, such as the home or street. For these reasons, statements at the national level must interpret professional and legal responsibilities broadly, with suggested guidelines for use by state nurses associations responsible for enunciating sound policy within the particular state. Such a statement, "Closed Chest Cardiac Resuscitation — Professional and Legal Implications for Nurses," was distributed to SNA's in February 1962.

Although attention is all too frequently focused on the physical or technical aspect of procedures in this area, the professional association must be concerned with more than the technical competence of the nurse and more than furnishing her a "rule-of-thumb" to be used in various situations. The judgmental or diagnostic aspect, which may also be involved, requires that the nurse assume her professional obligation to make prudent judgments based on application of scientific principles. In some instances the nurse has no question about proper action; in other "gray area" instances, how-

ever, she needs to know that she is carrying out proper dependent nursing function and that she has the support of medical and nursing authority.

Since by law, nursing and medicine are two separately recognized professions, problems of practice within the dependent area of nursing function are best approached by joint study and collaboration of the medical and nurses associations within the individual states. Therefore, the American Nurses' Association recommends that:

Boards of directors within state nurses associations request state medical societies and other groups as appropriate to join with them in the study of problems occurring within the dependent area of nursing function in order to arrive at joint policy statements on any procedures under question.

To carry out this recommendation, the following procedure is suggested for developing policy statements:

1. The SNA board selects members of the board or the committee on professional nursing practice to meet with representatives of the medical society.
2. Prior to any collaboration, the SNA representatives familiarize themselves with the state nursing practice act and such state laws or decisions as the legal counsel for the association suggests.
3. The executive secretary of the state board of nursing is kept informed and serves in an advisory capacity.
4. Legal counsel for each association, medical and nursing, participate in the meetings.
5. Other groups at the state level such as the official agencies, the hospital association and the league for nursing participate in deliberations when appropriate in view of the subject matter under consideration.
6. Each joint statement would:
 - a. Set forth criteria based on medical and nursing knowledge and principles and designed to safeguard proper practice and sound procedure.
 - b. Indicate that each institution or agency is responsible for setting up provisions for nurses to carry out the procedure according to the criteria enunciated in the joint statement.
 - c. Be reviewed jointly by the medical and nurses associations at stated intervals and revised to reflect any changes and developments in nursing or medical practice.

COPY

CALIFORNIA MEDICAL ASSOCIATION
CALIFORNIA HOSPITAL ASSOCIATION
CALIFORNIA LEAGUE FOR NURSING
CALIFORNIA NURSES' ASSOCIATION

JOINT STATEMENT ON THE INTRAVENOUS ADMINISTRATION OF FLUIDS
BY NURSES PRACTICING IN CALIFORNIA 1-1-57

The California Medical Practice Act grants to licensed physicians and surgeons, the legal right to "sever or penetrate the tissues of human beings... in the treatment of ... physical or mental conditions..."

Because of the law and its interpretations, there have been years of inconclusive discussion as to a nurse's legal right to start and administer fluids intravenously.

In evaluating the factors to be considered in any definitive statement upon the question, the general criteria stated by the California Supreme Court when it considered the legality of another nursing function in the case of Chalmers-Francis v Nelson, has been used as a guide.

"Intravenous administration of fluids" is accepted as meaning: the introduction of fluids into a vein.

It is recognized that under controlled conditions on many parts of the State qualified nurses have been administering fluids intravenously.

With the objective of protecting the patient, the doctor, the nurse, and the hospital, the California Medical Association, the California Hospital Association, the California Nurses' Association and the California League for Nursing acknowledge their acceptance of the legal right of nurses to start and administer fluids intravenously if all the following conditions exist:

1. The nurse has had special competent teaching in the technique and
2. The nurse performs the technique upon the order of a licensed doctor of medicine, and
3. The order is for a specific patient, and
4. Where the technique is to be performed in a hospital or any organized agency, the procedure be performed within the framework of designated preparation and practice of the nurse established for the hospital or agency by a Committee composed of representatives from the medical staff, the Department of Nursing, and the Administration; this framework of preparation and practice to be reproduced in writing and made available to the total medical and nursing staffs.
5. It is the jurisdiction of that Committee in a hospital or organized agency to:

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Joint Statement on Intravenous Administration
of Fluids by Nurses

- (a) decide if the nurses in the hospital or agency may perform the technique
- (b) determine the special method of teaching to be required
- (c) establish inservice teaching of the technique for any nurses who may not have had adequate previous instruction
- (d) delineate the types of fluids or medications that nurses may administer intravenously
- (e) determine whether physicians' orders should be written or oral (such determination to be consistent with the hospital or agency's rules regarding written confirmation of oral orders).

It is recognized that the final decision in any interpretation of a law is the jurisdiction of our courts.

However, since the factors upon which this accord is based and the terms of agreement, in general, meet the criteria of the California Supreme Court decision, this statement is presented as a workable answer relative to the right of a nurse in California to begin and to administer fluids intravenously.

10/5/61-cr
2/28/62-jd

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL EDUCATION
ALBANY, NEW YORK 12224

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NEVILLE L. BENNINGTON
ASSISTANT COMMISSIONER FOR
PROFESSIONAL EDUCATION

EMILY L. CREEVEY, R.N.
SECRETARY, STATE BOARD OF EXAMINERS OF NURSES
GR 4-1841

February 10, 1965

Mrs. Mable M. Lofton, R.N.
214 Louis Street
Lake Charles, Louisiana

Dear Mrs. Lofton:

This is in answer to your letter of January 25, 1965. We are enclosing the New York State Nurses Association reprint of the 1961 opinion of New York State's Attorney General regarding intravenous procedures. Some of the historical background of the opinion is included in the forward on pages 3 and 4.

The request for an opinion began in the House of Delegates of the New York State Nurses Association in about 1955 with a request for clarification of the previous conflicting opinions relating to nurse practice. Nurses in emergencies related to civil defense could do intravenous procedures, but other, could not.

The State Nurses Association conducted a survey of the current practice in the hospitals in the state to support their request.

Since only a State Department could request a legal opinion from the Attorney General, the State Health Department was approached to submit the request.

We hope that this information will assist you. More detailed information of the role of the New York State Nurses Association could be obtained from the Association.

Sincerely yours,

Emily L. Creevey
Emily L. Creevey, Secretary
Board of Examiners of Nurses

Emily I. Gardner
By: Emily I. Gardner
Assistant in Nursing Education

ELC/EIG/mec
Enc.

The Professional Nurse—
And Intravenous Procedures

The 1961 Opinion
of
New York State's Attorney General

February 28, 1961



NEW YORK STATE NURSES ASSOCIATION

385 State Street, Albany 10, New York

Foreword

FOR almost 20 years the question whether a registered professional nurse may lawfully administer intravenous therapy, except in an emergency, has troubled the nursing profession.

In April 1942, New York's Attorney General rendered one opinion on the question. In June 1951, following enactment of the State Defense Emergency Act, the Counsel to New York's Civil Defense Commission rendered a somewhat different opinion. And in August 1951, the Counsel to New York's State Education Department rendered an opinion differing materially from the other two.

Because of their differences, these opinions raised questions whether a nurse who performed an intravenous procedure in a non-emergency situation would be liable to: (a) criminal prosecution for violating New York's medical practice act, (b) disciplinary action by the Education Department for violating New York's nursing practice act, and (c) civil action by any patient injured by the therapy—even if performed in a technically sufficient manner. In any event, so long as the legal status of the performance remained uncertain, these opinions imposed the risk of decision, with attendant possibilities of job-prejudice, on the nurse whenever called on to perform an intravenous procedure.

To protect the nurse against liability, the New York State Nurses Association, between 1951 and 1961, sought to have the Attorney General review and clarify the 1942 opinion.

As a result of these efforts, on December 22, 1959, the State Health Commissioner, Dr. Herman E. Hilleboe, asked the Attorney General, Louis J. Lefkowitz, to review the 1942 opinion.

In a February 28, 1961 letter to Dr. Hilleboe, Attorney General Lefkowitz reviewed and reconsidered the 1942 opinion. That letter is reproduced below.

While Mr. Lefkowitz's letter speaks for itself, four parts of it merit particular mention. In the first place, General Lefkowitz concludes that a registered professional nurse may lawfully administer an intravenous procedure on the prior specific order of a licensed physician where the procedure involves vena puncture by needle but does not involve incision into or incision to reach a vein. Then, emphasizing that a registered professional nurse does not necessarily possess, by virtue of her license, the technical skill to administer such a procedure, he declares:

(1) "the responsibility for the direction of the administration of each specific intravenous procedure must rest solely upon the physician ordering its performance";

(2) "It is for the physician alone to determine whether an intravenous procedure should be administered and whether the prescribed procedure could be administered properly by a specially trained registered professional nurse";

(3) "The physician's professional training and his adherence to the Hippocratic oath . . . must be relied upon to safeguard the health and safety of the patient";

(4) "Nothing in this opinion should be construed as an attempt upon my part to alter or change the legal principles governing the relationship between a physician and a patient and in the case of a hospitalized patient, the relationship between the physician, hospital and patient".

In addition, Mr. Lefkowitz makes two specific suggestions for professional implementation of his opinion:

(1) that "the Education Department recommend that each school of registered professional nursing whose curriculum is registered with the Department, and each such school seeking registration of its curriculum by the Department, include in that curriculum clinical instruction in intravenous procedures adequate to assure so far as reasonably possible that the graduates of these schools will be qualified, when licensed and registered in this State as registered professional nurses, to carry out those intravenous procedures which a licensed physician may properly direct them to perform" and

(2) "that the hospitals and other nurse-employing agencies in this State establish in-service training programs adequate to qualify and insure the competence of those registered professional nurses, already licensed, whom the medical profession may direct to carry out the intravenous procedures to which this opinion expressly is limited".

The New York State Nurses Association is grateful to Dr. Hilleboe for seeking a review of the 1942 opinion. It also expresses its appreciation to Attorney General Louis J. Lefkowitz and to Assistant Solicitor General Duncan Tynan for their thorough review of the question and for courtesies extended to the New York State Nurses Association, so it could present its views on the reconsideration of the opinion.

LUCILLE E. NOTTER, R.N.
President
New York State Nurses Association

KATHERINE E. REHDER, R.N.
Executive Director

ROBERT H. JONES, III
Counsel

February 28, 1961

DR. HERMAN E. HILLEBOE
Commissioner
 State Department of Health
 84 Holland Avenue
 Albany, New York

Dear Dr. Hilleboe:

In your letter of December 22, 1959, you asked me to review, in light of the advances in medical science, an opinion rendered in 1942 by the then Attorney General which related to the question whether graduate physicians lawfully could delegate to registered professional nurses the responsibility of administering intravenous medication to patients (1942 Atty. Gen. 368).

Mindful of the importance of the subject of the request and its medical implications I have conferred, as you know, during the intervening months concerning the medical aspects of the question with your Deputy Commissioner, the Counsel to your Department and the Director of your Office of Public Health Nursing, the Counsel to the State Education Department, the Assistant Commissioner of the New York City Department of Health, the Deputy Commissioner of the New York City Department of Hospitals and officers of and the Counsel to the New York State Nurses Association. I have also had the benefit of the advice of the Medical Society of the State of New York and have met with its Executive Committee.

In my predecessor's opinion there first were quoted as applicable the following sections of the Education Law:

"§ 1250. [Present § 6501] Definitions. As used in this article [Article 48, present Article 131]: * * *

"7. [Present subd. 4]. The practice of medicine is defined as follows: A person practices medicine within the meaning of this article, except as hereinafter stated, who holds himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition, and who shall either offer or undertake, by any means or method, to diagnose, treat, operate or prescribe for any human disease, pain, injury, deformity or physical condition."

"§ 1374 [In all material respects, similar to present § 6901, subd. 2, (a) and (b).]

"As used in this article [Article 52, present Article 139]: * * *

"2. The practice of nursing is defined as follows:

"A person practices nursing within the meaning of this article who for compensation or personal profit (a) [as a registered professional nurse] performs any professional service requiring the application of principles of nursing based on biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts, and carrying out of treatments and medications as prescribed by a licensed physician, and the application of such nursing procedures as involves understanding of cause and effect in order to safeguard life and health of a patient and others; or (b) [as a licensed practical nurse] performs such duties as are required in the physical care of a patient and in carrying out of medical orders as prescribed by a licensed physician, requiring an understanding of nursing but not requiring the professional service as outlined in (a)." [Emphasis supplied.]

"§ 1385 [present § 6909, subd. 1]. Construction of this article [Article 52, present Article 139]:

"This article shall not be construed as conferring any authority to practice medicine or to undertake the treatment or cure of disease, pain, injury, deformity or physical

condition in violation of article forty-eight [Present Article 131] of the education law, * * *

The balance of the opinion constituted my predecessor's interpretation of these sections:

"A more literal interpretation of the language employed in the definition of the practice of nursing—'carrying out of treatments and medications'—is too broad in scope and clearly unwarranted, in the light of the other provisions quoted above. To vitalize and give meaning to this statutory scheme, we must derive from reality and expediency limitations upon those 'treatments and medications' which a graduate physician may properly delegate to registered nurses.

"I am informed that the consensus of opinion in the medical profession does not favor the administration by nurses of medication by the intravenous route because of the inherent dangers to patients involved. Expediency thus dictates that for purposes of application of the Education Law the practice may not properly be delegated to nurses by graduate physicians.

"However, it may be that specially trained registered nurses might properly administer intravenous medication under supervision and order of graduate physicians in cases of extreme emergency; but not where complicating factors necessitate minor operations such as incision to reach a vein."

In your request for a review of the 1942 opinion you asked whether, at this time in light of changed conditions and advances in medical science, the cited statutory provisions could be construed more broadly to authorize a registered professional nurse at the direction of a licensed physician to administer intravenous procedures which involve vena puncture by needle but do not involve incision into or incision to reach a vein.

An analysis of the quoted paragraphs of the 1942 opinion indicates that in considering these sections my predecessor felt constrained to place a limited and narrow construction on the statute in determining the legal-medical question presented since he had been advised by the medical profession that a broader construction might give rise to a practice which would endanger patients to whom it might be necessary to administer intravenous procedures. That profession, then as now, must be relied upon to pass upon the medical implications of a question involving the competence, training and responsibility of its own members and the degree of risk to a patient that is involved in the treatment and administration of medications that may be prescribed by physicians.

In stating my analysis of the factors underlying my predecessor's opinion, I do so without any suggestion that he was in error in placing a narrow construction upon the statute in the circumstances then presented. To the contrary, he did that which the exigencies of the situation demanded.

However, the language used and the reasoning employed establish that at the time the opinion was rendered my predecessor was aware of the fact that the statute might be construed more broadly even at that time if it were not for the medical problems involved.

In my review of his opinion, I have been guided by the well established canon of statutory construction that "All legislation * * * is to be interpreted in the light of the social and economic conditions of its time, and where the previous construction took place so long ago as to have become antiquated it need not be followed" (McKinney's Vol. 1, Statutes, § 72, at p. 109; see also: *McGrath v. Kristensen*, 340 U. S. 162, at pp. 176, 178 [1950]; *Washington v. Dawson & Co.*, 264 U. S. 219, at pp. 236, 238 [1923].)

The span of time between the rendition of the earlier opinion and this opinion, although only eighteen years in duration, has encompassed World War II and the Korean conflict. During these conflicts and during the subsequent years tremendous advances have been made in the fields of medicine and nursing. Methods, techniques and procedures of the medical and nursing professions have changed and improved.

During this period a change has evolved in the position of the medical profession. The present attitude is reflected in a resolution adopted by the Council of the Medical Society of the State of New York on October 22, 1959:

"The Council approves the policy of registered nurses doing intravenous work under the direction of the medical profession and that the Attorney General of the State of New York be so advised."

In your letter of inquiry you stated:

"Experiences during the Korean conflict and World War II clearly demonstrate that intravenous procedures may be safely carried out by properly trained nurses. In fact, it is now customary in many hospitals in the State for nurses to carry out intravenous procedures, both the withdrawal of blood and the injection of medication, under the direction or supervision of a physician."

In re-evaluating the question presented, I deem significant the advances made in the art of healing and the improvement of methods, techniques and procedures in the practice of medicine and nursing. I deem significant the modification of the position of the medical profession in regard to the matter. I deem significant your opinion that intravenous procedures which involves vena puncture by needle but do not involve incision into or incision to reach a vein can be performed safely by properly trained nurses without danger to patients.

It is not suggested that such factors in and of themselves could amend or change the statute or justify a construction of its provisions contrary to clear, express language. However, this statute was and is capable of more than one interpretation. If it were entirely clear, neither my predecessor nor I would have been requested to interpret it. In such circumstances, the factors discussed properly can be considered as an aid in the interpretation (McKinney's Vol. 1, Statutes, § 128, at p. 203).

Under the provisions of Education Law, § 6901, subd. 1, (a), a registered professional nurse is given the authority and charged with the duty of "carrying out of treatments and medications as prescribed by a licensed physician. . ."

In my opinion intravenous procedures limited to those involving vena puncture by needle reasonably can be considered to be encompassed within the statutory language "carrying out of treatments and medications as prescribed by a licensed physician". Noted with emphasis, however, is this limitation as to the types of the procedures that can be deemed to come within the purview of the statute [Education Law, § 6901, subd. 2(a)] since implicit in the statement of your question was the conclusion that procedures which involve the incision into or incision to reach a vein constitute the practice of medicine not the practice of nursing. A physician may not order a registered professional nurse to perform any services or administer any treatment beyond those contemplated by Education Law, Article 139. Further, intravenous procedures should be administered by a registered professional nurse only upon a prior specific order of a licensed physician. There should be left no opportunity for misunderstanding or mistake in the administration of such procedures.

I have noted that the Counsel to the Education Department rendered, on February 29, 1952, to the Acting Commissioner of the Department of Hospitals of the City of New York, his opinion which is consistent with the views herein expressed. In that opinion, he stated that a registered professional nurse was authorized by the Education Law to give intravenous injections "under the supervision of a physician although of course she could not legally do so acting independently".

I must emphasize that the responsibility for the direction of the administration of each specific intravenous procedure must rest solely upon the physician ordering its performance. It is for the physician alone to determine whether an intravenous procedure should

be administered and whether the prescribed procedure could be administered properly by a specially trained registered professional nurse. The physician's professional training and his adherence to the Hippocratic oath, as in all other phases of the practice of medicine, must be relied upon to safeguard the health and safety of the patient.

It is my understanding that a registered professional nurse does not possess necessarily by virtue of her license the technical skill to carry out intravenous procedures.

In a letter dated November 6, 1959, the Secretary of the Medical Society of the State of New York, in commenting upon the resolution above discussed, advised me:

"During the discussion of the subject, there was an inherent qualification which should be specifically brought to your attention. It must not be assumed that all who qualify as registered nurses qualify per se to do intravenous work. It is the opinion of physicians that such nurses as will be expected to do, and will be assigned, intravenous work will have had appropriate and adequate training for this assignment."

In view of the necessity for highly specialized training in this area I must remark that the responsibility for the selection and assignment of the nurse who is qualified and competent through training and experience to carry out a prescribed intravenous procedure, is a serious responsibility. Nothing in this opinion should be construed as an attempt upon my part to alter or change the legal principles governing the relationship between a physician and a patient and in the case of a hospitalized patient, the relationship between the physician, hospital and patient.

To assist in meeting this responsibility, I suggest the Education Department recommend that each school of registered professional nursing whose curriculum is registered with the Department, and each such school seeking registration of its curriculum by the Department, include in that curriculum clinical instruction in intravenous procedures adequate to assure so far as reasonably possible that the graduates of these schools will be qualified, when licensed and registered in this State as registered professional nurses, to carry out those intravenous procedures which a licensed physician may properly direct them to perform.

I suggest further that the hospitals and other nurse-employing agencies in this State establish in-service training programs adequate to qualify and insure the competence of those registered professional nurses, already licensed, whom the medical profession may direct to carry out the intravenous procedures to which this opinion expressly is limited.

Yours very truly,

[Signed] LOUIS J. LEFKOWITZ
Attorney General

OREGON NURSES ASSOCIATION, INC.

123

220 Southwest Alder Street
PORTLAND, OREGON 97204
228-2114

January 29, 1965

Mrs. Nabel Lofton
214 Louie Street
Lake Charles, Louisiana

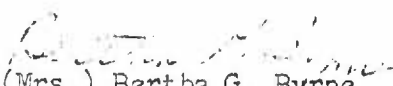
Dear Mrs. Lofton:

Your letter of January 25, 1965, has been referred to me for reply. The American Nurses Association, through its committee on professional nursing practices, has urged state nurses associations to work with the hospital and medical groups in the state on matters concerning the dependent functions of the professional nurse. One of these concerns the role of the nurse in intravenous and other forms of parenteral therapy.

The Oregon Nurses Association has long been concerned with this matter. RN's are expected to give IV's even though they frequently lack both training and experience. Many schools of nursing do not teach IV techniques. Consequently, the ONA invited representatives of the medical association, the hospital association, and the Oregon League for Nursing to participate in discussions and to formulate guidelines which could be used by employing agencies. No attempt was made to be specific with regard to the kind of medication which a nurse might administer. It was felt that this was the responsibility of the medical, nursing, and administrative staffs of the employing agencies. The guidelines therefore attempt to spell out basic principles which should be observed before anyone other than a physician is authorized to carry out certain procedures. A copy of the guidelines is enclosed for your information. Several state nurses associations in cooperation with various allied groups have developed similar statements. We hope that this information will be of assistance to you in the preparation of your project.

If you will write to the American Nurses Association I am sure you can obtain publication NP-1, "Procedural Suggestions for State Nurses Associations in Supporting the Nurse Practitioner in the Area of Dependent Nursing Functions, 1963." There is no charge for this publication.

Sincerely,


(Mrs.) Bertha G. Byrne
Executive Secretary

EGB/dy
Enclosure

THE ROLE OF THE PROFESSIONAL NURSE IN PARENTERAL THERAPY

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The statements regarding the role of the professional nurse in parenteral therapy were developed by a committee composed of representatives of the Oregon Nurses Association, the Oregon Association of Hospitals and the Oregon State Medical Society, and have been approved by the boards of the three organizations.

There appears to be nothing in the

Oregon Law regulating the Practice of Professional Nursing (ORS 678.010-678.990) which prohibits nurses from performing intravenous therapy nor the physician from delegating this responsibility to nurses. Individual employing agencies are urged, therefore, to use these statements as guidelines in developing policies for their specific situations.

The Role of The Professional Nurse in Parenteral Therapy

- A. For the purposes of these statements:
 1. The words "doctor" and "medical" refers to a person or persons, duly licensed by the State of Oregon to practice medicine or surgery, osteopathy or dentistry.
 2. The phrase "individual employing agency" shall refer to any hospital, clinic, doctor's office or other facility whose primary functions are to maintain health and to treat the ill, injured and physically infirm.
 3. The words "nurse" refers to a person licensed by the State of Oregon to practice professional nursing.
- B. Nurses must be informed that any statement of policy made by professional organizations or by the employing health care facility does not relieve the individual nurse of responsibility for her own acts. Such statement will not provide the nurse with immunity from legal action if she is negligent. However, such statements will give the nurse support by setting forth specific information which those responsible groups recognize to be proper practice and sound procedure.
- C. The nurse who administers intravenous fluid or medication, or subcutaneous fluid, should have been properly taught and supervised in the procedure until she is sufficiently competent to proceed by herself. It is recommended that each employing agency assume responsibility for providing this instruction and supervision to licensed professional nurses. It is further recommended that the schools of professional nursing include this instruction and supervision in the curriculum.
- D. The individual employing agency, with the assistance of the medical and nursing staffs, is responsible for establishing in writing and disseminating the following information:
 1. All orders for intravenous fluids and medications, and all orders for subcutaneous fluids and medications administered in those fluids, must be written by a doctor. The duration of the order should be specified.
 2. A list of solutions and medications that can be given intravenously and/or subcutaneously by the nurse. (This does not preclude the administration of medications ordinarily administered subcutaneously.)
 3. A list of the solutions and medications that can be given only by a doctor, or under the direction and supervision of a doctor.
 4. A statement concerning the insertion and removal of intravenous catheters and flexible plastic needles by the nurse.
 5. The types of patients and the areas to be used by nurses when giving intravenous therapy. It is recommended that nurses not administer intravenous solutions or medications to infants nor in the scalp veins, and that each individual institution determine the age group of children to which the nurse can administer intravenous therapy.
 6. Intravenous therapy shall be limited to administration via venapuncture only. Nurses shall not perform acts of minor surgery such as cut-downs.
 7. Rate of flow of solutions and medications.
 8. Administration of blood and blood products by the nurse.

I. V. Therapy Statement Adopted

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After twenty-three months of periodic meetings and numerous revisions of policy statements, WVNA is pleased to present the agreed upon I. V. Therapy Statement.

The statement of policy, accepted in October, 1963 by the seven organizations and agencies, does not clear the individual nurse of responsibility for his or her own acts, nor does it prove that the nurse was negligent. It does, however, give the nurse support by setting forth a statement of what these representative organizations and agencies recognize as desired practice and sound procedure.

The responsibility for setting up a procedure to meet the conditions, required in each situation, still lies within each institution or agency.

It is hoped that each governing body will set up a joint committee on policies representing hospital administration, medical and nursing staffs. This committee should outline instructions for nurses who will administer fluids intra-

venously and/or withdraw venous blood following the specified guidelines as outlined in 2-a. through e. under Hospital Situations and 2-a. and 2-d. under Other Situations.

WVNA and headquarters staff wishes to express their appreciation to all of those representatives who worked with us in making this policy statement possible:

N. H. Dyer, M.D., M.P.H., Secretary, Medical Licensing Board.

Sheila Dwyer, R.N., Executive Secretary, Board of Examiners for P.N.'s.

William R. Huff, Executive Secretary, State Hospital Association.

William Lively, Executive Secretary, State Medical Association.

Frances McKenna, R.N., Executive Secretary, Board of Examiners for R.N.'s and President, WVLN.

William A. Thornhill, Jr., M.D., State Medical Association.

W. W. Wells, D.O., Executive Secretary, State Society of Osteopathic Medicine.

STATEMENT

A Policy on Intravenous Therapy for Registered Professional Nurses jointly recommended by

The West Virginia Nurses Association, Inc., West Virginia League for Nursing, West Virginia State Board of Examiners for Registered Nurses, West Virginia State Board of Examiners for Practical Nurses, West Virginia Hospital Association, West Virginia State Medical Association, and West Virginia Society of Osteopathic Medicine.

These associations and agencies recognize that it is a desired practice and sound procedure for registered professional nurses to administer fluids intravenously and/or withdraw venous blood in:

I. Hospital Situations:

1. It is recognized that the power to establish policies governing administration of intravenous fluids and/or withdrawal of venous blood by registered professional nurses is vested in the governing body of each hospital. The governing body should set forth in writing the conditions under which such procedures may be performed by registered professional nurses, following study and recommendation of the medical staff upon advice of a joint committee representing hospital administration, the medical and nursing staffs.

2. Elements of the policy prescribed by the governing board should include the following:

- a. A requirement that the registered professional nurse who performs either procedure has had instruction and practice under supervision.
- b. A determination of minimum requirements of instruction and practice necessary for the performance of these procedures.
- c. A list in writing of the types of fluids and medications which registered professional nurses may administer intravenously either direct or into an already established drip.

- d. An order for this procedure for a specific patient by a physician approved by the West Virginia Licensing Boards.
 - e. An in-service training program will be established for those nurses who have not had instruction and practice in these procedures.
3. These associations and agencies recognize that the provisions of this statement do not apply to any

other para-medical group unless so stipulated by the hospital governing board.

II. Other Situations:

Outside the hospital, the administration of intravenous fluids and/or the withdrawal of venous blood may be performed by a registered professional nurse who meets the requirements for instruction and practice as prescribed above in 2-a and 2-d.

F. BRIEF OF SISTER IRENE PRENDERGAST'S STUDY

A NATIONWIDE POLL OF NURSES, 1958

SUBJECT--NURSES ADMINISTERING

VENIPUNCTURE

By Sister Irene Prendergast
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The Problem

Is the starting and administering intravenous therapy (venipuncture) a nursing function? With the understanding, of course, that the intravenous therapy has been prescribed by a licensed physician for a particular patient in a hospital or institute destined for the care of the sick. Are the nurses legally protected?

The Questions

1. What are the criteria outlined in the state of _____ regarding the starting and administering of intravenous infusions by nurses?
2. Does your state consider the starting and administering of intravenous infusions a nursing function?
3. What is the jurisdiction of the Supreme Court of your state with regard to the legality of nurses starting and administering intravenous infusions?

Summarized Replies

1. Of the forty-two states that replied, five had a criterion; thirty-seven did not.

2. Of twenty-four states that replied, registered nurses may start and administer intravenous therapy (venipuncture) at the direction of a licensed physician; and fourteen states consider intravenous infusions a nursing function.
3. Six states have laws protecting nursing practices conducted by accredited nurses under supervision of licensed physicians.

G. RAW DATA TABULATED FROM QUESTIONNAIRES
TO THE PROFESSIONAL REGISTERED NURSE

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR REGISTERED PROFESSIONAL NURSES
IN LAKE CHARLES AREA

Section I

Question No.	Responses	Total
1. In what area are you employed?		
General Duty	46	
Private Duty	19	
Public Health	14	
Industrial Nurse	0	
Instructor (L.P.N. students)	1	
Instructor (Professional Nursing students)	4	
Supervisor	12	
Director of Nursing Service (Nursing Home)	2	
School Nurse	0	
Other: Nurse Anesthetist	6	(N = 104) ^{a/}
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a/ It will be noted that 104 responses are noted here, while the total number of respondents was 98. This variance is due to the fact that some of the nurses responding indicated that they were employed in more than one area.		
2. Do you work in any of the following departments?		
Operating Room	23	
Central Supply	33	
Outpatient	4	
Newborn Nursery	10	
Pediatrics	17	
Adult Medical	29	
Adult Surgical (including surgical specialities)	34	
Emergency	20	
Obstetrics (Mothers)	20	
Psychiatric	10	
Others: Private Duty	19	
Circulating Nurse	4	(N = 193) ^{b/}

b/ It will be noted that 193 departments are totaled. The variable that enters here is that the hospitals are too small to be divided into departments. For example, one floor might care for adult medical, adult surgical, and pediatrics in the same area. An additional variable is that some nurses doing relief work rotate to different floors. Thus in the individual scorings each nurse checked three or four departments.

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR REGISTERED PROFESSIONAL NURSES
IN LAKE CHARLES AREA

Section I

Question No.	Responses	Total
3. What term best describes your position in the hospital?		
General Duty Nurse	31	
Head Nurse (in charge of one unit)	23	
Supervisor (in charge of two or more units)	9	
Superintendent of small hospital (nursing home)	2	
The only professional nurse on your shift employed in a small hospital	0	
Other: Private Duty	19	
L.P.N. Instructor	1	
Unanswered	13	(N = 98)
4. Which shift do you usually work?		
The day shift	55	
The evening shift	21	
The night shift	12	
Rotating shifts	31	
Others: Floating shifts	7	(N = 98)
5. How many years of professional experience have you had?		
Less than 1 year	3	
1 to 4 years	10	
5 to 8 years	13	
9 to 12 years	11	
Over 12 years	59	
Unanswered	2	(N = 98)
6. Do you give medications to patients as part of your nursing activity?		
Never	4	
Occasionally	33	
Usually	30	
Always	29	
Unanswered	2	(N = 98)

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR REGISTERED PROFESSIONAL NURSES
IN LAKE CHARLES AREA

Section I

Question No.	Responses	Total
7. a.	When the doctor orders intravenous fluids for a patient for whom you are responsible, do you do the venipuncture?	
	Never	10
	In case of emergency only	5
	Sometimes	16
	Usually	33
	Always	30
	Unanswered	4
		(N = 98)
b.	If you do not, who usually does?	
	The patient's doctor	14
	The intern or resident	12
	The head nurse or supervisor	30
	A laboratory technician	77
	Another general duty nurse	16
	Unanswered	19
		(N = 98)
8. a.	When the doctor orders a medication to be injected into the veins by needle and syringe, are you the one who does this?	
	Never	13
	In case of emergency only	12
	Sometimes	14
	Usually	33
	Always	21
	Unanswered	5
		(N = 98)
b.	If you do not give the medication intravenously, who usually does?	
	Patient's doctor	26
	The intern or resident	15
	The head nurse or supervisor	24
	A laboratory technician	4
	Another general duty nurse	16
	Unanswered	13
		(N = 98)

APPENDIX G - QUESTIONNAIRE FOR REGISTERED PROFESSIONAL NURSES
IN LAKE CHARLES AREA

Section I

Question No.	Responses	Total
9. a. When the doctor orders plasma for one of your patients, are you the one who gives it?		
Never	10	
In case of emergency only	10	
Sometimes	19	
Usually	27	
Always	17	
Unanswered	15	(N = 98)
b. If you do not give the plasma, who does?		
The patient's doctor	24	
The intern or resident	13	
The head nurse or supervisor	27	
A laboratory technician	4	
Another general duty nurse	9	
Unanswered	21	(N = 98)
10. a. When the doctor orders blood to be given your patient by indirect transfusion, are you the one who starts the transfusion?		
Never	8	
In case of emergency only	5	
Sometimes	16	
Usually	34	
Always	25	
Unanswered	10	(N = 98)
b. If you do not start the transfusion, who usually does?		
The patient's doctor	22	
The intern or resident	15	
The head nurse or supervisor	26	
A laboratory technician	5	
Another general duty nurse	17	
Unanswered	13	(N = 98)

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR REGISTERED PROFESSIONAL NURSES
IN LAKE CHARLES AREA

Section I

Question No.	Responses	Total
11.	How long has it been since you first began to start intravenous fluids?	
	I do not start intravenous fluids	11
	Less than 1 year	3
	1 to 4 years	11
	5 to 8 years	9
	9 to 12 years	19
	Over 12 years	43
	Unanswered	2
		(N 98)
12.	How long has it been since you first began to give medications intravenously?	
	I do not give medications intravenously	11
	Less than 1 year	4
	1 to 4 years	12
	5 to 8 years	11
	9 to 12 years	9
	Over 12 years	39
	Unanswered	12
		(N 98)
13.	How long has it been since you first began to give plasma?	
	I do not give plasma	24
	Less than 1 year	4
	1 to 4 years	10
	5 to 8 years	9
	9 to 12 years	14
	Over 12 years	30
	Unanswered	7
		(N 98)
14.	How long has it been since you first began to start blood transfusions?	
	I do not start blood transfusions	14
	Less than 1 year	4
	1 to 4 years	12
	5 to 8 years	12
	9 to 12 years	15
	Over 12 years	37
	Unanswered	4
		(N 98)
15.	Do you do venipuncture for purposes of drawing blood for laboratory tests?	
	Yes	31
	No	63
	Unanswered	4
		(N 98)

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR PROFESSIONAL REGISTERED NURSES
IN LAKE CHARLES AREA

Section II

Question No.	Yes	No
1. Did you learn to do a venipuncture as a student nurse?	30	68
a. Did you have classroom instruction on starting an intravenous?	22	76
b. Did you have supervised practice on starting an intravenous?	30	68
c. Or, did you learn on your own initiative without formal instruction and supervision while still a student?	0	98
2. Did you learn to do a venipuncture after you became a graduate nurse?	53	43
a. To learn to perform this activity, did you attend scheduled classes or demonstrations?	16	82
If so, who held them?		
(1) A staff physician	10	
(2) An intern or resident	3	
(3) An instructor or supervisor	3	
b. Did you learn by having someone teach you at the bedside?	53	43
If so, who taught you?		
(1) A staff physician	16	
(2) An intern or resident	15	
(3) An instructor or supervisor	22	
c. Or, did you learn on your own initiative without instruction or supervision?	8	90

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR PROFESSIONAL REGISTERED NURSES
IN LAKE CHARLES AREA

SECTION III.

Question No.	Replies	Total
1. On the basis of your experience, would you express your opinion on whether or not professional nurses should start intravenous fluids, give blood transfusions, and plasma, or give medications intravenously?		
Yes, nurses should be trained and qualified to start intravenous fluids, when directed by competent authority, or in emergency.....	63	
No, nurses should not start intravenous fluids.	10	
Doctors should be the ones to start intravenous fluids.....	8	
Nurses should only give intravenous fluids in case of emergency.....	2	
Nurses should start intravenous fluids only.....	6	
No experience in starting intravenous fluids.....	2	
Did not answer question.....	7	(N = 98)

RAW DATA

APPENDIX G - QUESTIONNAIRE FOR PROFESSIONAL REGISTERED NURSES
IN LAKE CHARLES AREA

Section III

Question No.

Replies ^{a/}

2. If you are permitted to give intravenous medications in the hospital in which you are employed, are there some drugs which you are not permitted to give? If so, please list them.

Aminophyllis	3
Anesthetics, IV	2
Aramine Levophed	1
Asthma drugs	1
Cytosin	2
Diagnostic dyes	1
Drastic drugs	1
Histamine	1
Nitrogen mustards	17
Pitocin	1
Radioactive Isotopes	2
Unusual dosages	1
X-ray mediums	1
No drugs not permitted to give	30
None listed specifically	5
Prefer not to give drugs	7
Prefer to give in emergency only	4
Any drug unfamiliar to the nurse	2
Not applicable to nurse answering	7
No comment	2

- a/ In the above tabulation of drugs, it is acknowledged that some nurses listed more than one drug administered.