

**NORTH CAROLINA RESPIRATORY CARE BOARD  
RALEIGH, NORTH CAROLINA**

**IN RE: REQUEST FOR DECLARATORY )  
RULING BY HERITAGE HOSPITAL )       DECLARATORY RULING**

I, Joseph Coyle, as Chair of the North Carolina Respiratory Care Board (the “Board”), and based on a resolution by the Board of this date, duly adopted pursuant to N.C. Gen. Stat. § 150B-4, do hereby issue this declaratory ruling. This declaratory ruling will interpret the applicability of N.C. Gen. Stat. § 90-648 (10) (b) in regard to licensed Respiratory Care Practitioners (RCP’s) providing certain drugs to patients who are undergoing cardiac stress testing.

Ms. Connie Cooke, RCP who is employed at Heritage Hospital, an affiliate of University Health Systems of Eastern North Carolina, has requested this ruling and has provided the facts on which it is based. For the reasons set out below, the Board does conclude that RCP’s may administer certain pharmacologic agents related to cardiac stress test procedures based on the information provided and within the limitations described in this Declaratory Ruling.

The basis for the Board’s conclusion is set forth below in the Analysis section of this declaratory ruling. This ruling is binding upon the Board so long as the facts that the Board deems to be material are accurately stated, but the ruling only pertains to this request. The Board also reserves the right, prospectively, to change the conclusion that is contained in this ruling.

**FACTUAL BASIS FOR THE RULING**

This ruling is based on information submitted by Ms. Cooke, who is employed by Heritage Hospital an acute care hospital licensed under Chapter 131E of the North Carolina General Statutes. RCP’s at Heritage Hospital are currently providing certain pharmacologic agents to patients undergoing cardiac stress testing.

Ms. Cooke has asked the Board to determine if respiratory care practitioners' administration of adenosine and dobutamine during cardiac stress testing is within the scope of practice pursuant to the respiratory care practice act and Board rules.

**ANALYSIS**

The scope of practice of Respiratory Care Practitioners that is defined in the North Carolina Respiratory Care Practice Act § 90-648 (10) (b) states that RCP’s may administer pharmacological agents related to respiratory care procedures.

The scope of practice of Respiratory Care defined in the North Carolina Respiratory Care Practice Act § 90-648 (10)(f) recognizes that RCP's may perform new and innovative respiratory care procedures, but only in appropriately identified environments and under the training and practice guidelines established by the American Association for Respiratory Care.

It is the American Association for Respiratory Care's (AARC) position that Respiratory Therapist education, which expands the scope or depth of respiratory care practice, should build upon a solid foundation of didactic and clinical respiratory care. Education leading to expanded practice should therefore take place following general respiratory therapist education. Expanded practice education may take place within college programs; in baccalaureate and/or graduate degree programs; in internships, residencies, or fellowships; or as experience-based learning. Credentialing, or recognition, for expanded practice expertise is in addition to the respiratory therapist credential and may be at either a state or national level.

The North Carolina Respiratory Care Board agrees that RCP's may administer Adenosine and Dobutamine in appropriately identified environments, and following the criteria that are outlined in this Declaratory Ruling. If the criteria set forth in this Declaratory Ruling are followed, the administration of these pharmacologic agents during cardiac stress testing is within the scope of practice defined by the North Carolina Respiratory Care Practice Act under § 90-648.

The Board's fundamental mission and foremost concern is the health, safety and welfare of the public. Therefore, the Board concludes that the following guidelines must be followed by RCP's administering the pharmacological agents described in this Declaratory Ruling:

- The only practice setting in which the Board is addressing this issue is that of an acute care hospital. Therefore, the procedures approved by this Declaratory Ruling may only occur in an acute care hospital licensed under Chapter 131E of the North Carolina General Statutes and may only be conducted by persons who are employed by the hospital.
- Any RCP who engages in these activities must have an active license issued by the Board.
- Any RCP who engages in these activities must have an advanced practice credential, such as being registered by the National Board for Respiratory Care as a Registered Respiratory Therapist (RRT). Should any question arise about the appropriateness of any other advanced practice credential, the Board will provide guidance for individual situations upon request, with sufficient advance notice.
- While administering a pharmacologic agent, the RCP must consult with the hospital's medical staff concerning the procedures and medications administered.
- The hospital must have written policies and procedures that specifically address the administration of the pharmacologic agents by RCP's.

- Any RCP who engages in these activities must be certified in accordance with the hospital's policy as competent to administer the pharmacologic agents under direct medical supervision and the direct orders of a physician and/or protocols established by the hospital and approved by the practitioner's Medical Director.
- Any RCP who engages in these activities must be certified and maintain Advanced Cardiac Life Support (ACLS) certification by the American Heart Association.
- Any RCP who engages in these activities must understand the pharmacology of the agents that are administered, as well as side effects, monitoring devices, response or untoward effects of medications, and documentation for any specific procedure.
- Any RCP who engages in these activities must closely monitor patients receiving any of these pharmacologic agents and must be able to recognize the associated complications and take appropriate actions under Medical Direction.
- Any RCP who engages in these activities must have an annual documented competency evaluation by the practitioner's Medical Director, which includes an assessment of the pharmacologic agents that the RCP administers.
- The RCP and the hospital must complete and maintain the documentation required by this ruling for a period of 3 years after the relevant date of service.

### **CONCLUSION**

For the foregoing reasons, and based upon the information provided and within the limitations expressed above, the North Carolina Respiratory Care Board concludes that Respiratory Care Practitioners may administer the pharmacologic agents listed as related to cardiac stress testing under the direct orders of a physician and protocols established by a hospital licensed pursuant to Chapter 131E of the North Carolina General Statutes.

This the 6th day of January, 2005.

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Joseph Coyle, MD  
Chair  
North Carolina Respiratory Care Board