

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

**IN RE: REQUEST FOR DECLARATORY)
RULING BY CATAWBA VALLEY) **DECLARATORY RULING**
MEDICAL CENTER) **Revised 7/12/2007****

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 conscious sedation to patients receiving Respiratory Care procedures.

Mr. Jimmy Phillips, RRT-NPS, RCP of Catawba Valley Medical Center has requested this ruling and provided the facts on which it is based. For the reasons set out below, the Board concludes that RCP’s may administer conscious sedation based on the information provided and within the limitations described.

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

Based on information submitted by Mr. Phillips, certain RCP’s at Catawba Valley Medical Center are being trained to administer conscious sedation to patients undergoing certain procedures at the hospital. Mr. Phillips has also provided the Board the hospital’s policy and procedure for training and competency assessment for the RCP’s administering conscious sedation. The hospital’s policy and procedure is attached as Exhibit A.

Mr. Phillips has asked the Board to determine if the administration of conscious sedation by RCP’s is within the practice of Respiratory Care pursuant to the Respiratory Care Practice Act and Board Rules.

ANALYSIS

The United States Drug Enforcement Association (DEA) has added Respiratory Care Practitioners to their list of licensed medical professionals who are authorized to administer controlled substances, provided the administration of the controlled substance has been ordered by a physician and such administration is related to a respiratory care procedure.

The scope of practice of Respiratory Care Practitioners as 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.

With training certain procedures are now provided by respiratory care services in various hospitals throughout North Carolina. Some of these procedures may require the administration of a controlled substance and utilize Respiratory Care Practitioners in an assisting role.

The American Association for Respiratory Care (AARC) recognizes the fact that Respiratory Therapists are called upon to assist physicians with the administration of sedative and analgesic medications during diagnostic and therapeutic procedures.

“Sedation” and “analgesia” describe a physical state in which the patient is able to tolerate unpleasant procedures, while maintaining adequate cardiorespiratory function, and the ability to respond purposefully to verbal commands and tactile stimulation. The AARC believes that Respiratory Therapists working under direct medical supervision can assist physicians during diagnostic and therapeutic procedures, and help to minimize risks by administering prescribed medications and closely monitoring the patient.

The AARC recognizes and acknowledges the following:

- The American Society of Anesthesiologists (ASA) has published the document “Practice Guidelines for Sedation and Analgesia by Non-anesthesiologists.”
- The purpose of the ASA document is to allow clinicians to provide their patients with the benefits of sedation and analgesia while minimizing associated risks.
- The ASA Guidelines should be followed by all Respiratory Therapists called upon to provide this service.
- The clinicians and their facilities have the ultimate responsibility for selecting patients, procedures, medications, and equipment.
- Respiratory care education programs approved by the Commission on the Accreditation of Allied Health Education Programs/Committee on Accreditation for Respiratory Care (or their successor organizations) provide appropriate pharmacologic and technologic training to enable Respiratory Therapists who have successfully completed a formal training and competency assessment program working under medical direction and under direct orders from a physician to safely administer sedatives and analgesics (by whatever routes and in whatever doses of medication selected by the physician) by following the ASA Guidelines.

Following successful completion of a formal education and competency assessment program the Respiratory Therapists must:

- Be knowledgeable about the techniques, medications, side effects, monitoring devices, response or untoward effects of medications, and documentation for any specific procedure.
- Meet qualifications to be certified as competent, in accordance with her/his facility’s and Respiratory Care Service’s policy, to administer sedatives and analgesics under medical supervision and the direct orders of the physician performing the procedure, or the anesthesiologist in attendance.

The AARC affirms that Respiratory Therapists who have successfully completed a formal education and competency assessment program on sedation and analgesia based on the ASA’s Guidelines, and who have been certified as competent by the appropriate medical director

and department head or governing body should be permitted to provide the service in accordance with ASA's Guidelines, facility policies, procedures, protocols, and service operations, as well as with JCAHO and state requirements and policies.

Reference: *Practice Guidelines for Sedation and Analgesia by Non-anesthesiologists, Anesthesiology, 1996; 84:459-471*

The North Carolina Respiratory Care Board agrees that the administration of controlled substances for sedation and analgesia is within the scope of practice of respiratory care as defined by Respiratory Care Practice Act under § 90-648 (10)(b). However, the Board's 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 providing conscious sedation to patients receiving care in North Carolina hospitals, Ambulatory Surgical facilities and Cardiac Rehabilitation Facilities which are licensed pursuant to Chapter 131E of the North Carolina General Statutes or facilities that are licensed under Chapter 122C.

- The facility must have written policies and procedures for the administration of conscious sedation by RCP's.
- The RCP must be certified as competent in accordance with his/her facility's and the Respiratory Care Service's policy to administer sedatives and analgesics under medical supervision and the direct orders of the physician performing the procedure. The minimum documented training shall be at least 5 hours under the guidance of an Anesthesiologist and/or Certified Registered Nurse Anesthetist.
- The RCP responsible for patients receiving sedation analgesia must understand the pharmacology of the agents that are administered, as well as the role of pharmacological antagonist for opioids and benzodiazepines.
- The RCP must be knowledgeable about the techniques, medications, side effects, monitoring devices, response or untoward effects of medications, and documentation for any specific procedure.
- The RCP must monitor patients receiving sedation analgesia and must be able to recognize the associated complications.
- The RCP must limit the administration of conscious sedation to Respiratory Care procedures. The procedures may include:
 1. Bronchoscopy- diagnostic and therapeutic
 2. Endoscopy - diagnostic and therapeutic
 3. Oncology-nebulization of controlled substances for palliative care
 4. Cardiac catheterization and related procedures
 5. Transport of patients requiring the presence of a RCP
 6. Intubation-emergent, rapid sequence
- The RCP must be limited to the administration of the following drugs:
 1. Diazepam
 2. Diphenhydramine
 3. Ketamine
 4. Midazolam
 5. Meperidine
 6. Morphine

7. Succinylcholine for Rapid Sequence Intubation only
 8. Chloral Hydrate
 9. Fentanyl
 10. Reversal agents-Nalaxone and Flumazenil
 11. IV fluid administration
- The RCP may only administer the drugs under medical supervision.
 - The RCP must maintain ACLS certification.
 - The RCP must comply with the continuing education requirements of 21 NCAC 61 .0401 of which a minimum of 5 hours of continuing education must be directly related to the advanced care procedures provided. The RCP is required to notify the Board annually that he or she provides advanced care procedures. All continuing education performed must be approved as outlined in 21 NCAC 61 .0401.
 - The RCP must have an annual documented conscious sedation competency evaluation by the department medical director or an anesthesiologist on staff at the facility.
 - The RCP and the facility in which conscious sedation administration is performed are responsible for completing and maintaining the documentation required by this ruling.

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, with a physician's order, administer conscious sedation to patients receiving care in North Carolina hospitals, Ambulatory Surgical facilities and Cardiac Rehabilitation Facilities which are licensed pursuant to Chapter131E of the North Carolina General Statutes or facilities that are licensed under Chapter122C.

This the 12nd day of July, 2007.

Joseph Coyle, MD
Chair
North Carolina Respiratory Care Board