

**Alaska Board of Nursing
Advisory Opinion**

**Registered Nurse Administration of Nitrous Oxide for Minimal Sedation
and/or Pain Management for Adult Patients**

An advisory opinion adopted by the Alaska Board of Nursing is an interpretation of what the law requires. While an advisory opinion is not law, it is more than a recommendation. In other words, an advisory opinion is an official opinion of the Alaska Board of Nursing regarding the practice of nursing as it relates to the health and safety of the Alaska healthcare consumer. Facility policies may restrict practice further in their setting and/or require additional expectations related to competency, validation, training and supervision to assure safety of their patient population and/or decrease risk.

The Alaska Board of Nursing publishes Advisory Opinions regarding safe nursing practice, in accordance with AS 08.68.100(a)(9).

It is within the Scope of Practice of a Registered Nurse (RN) to administer nitrous oxide as a single agent, not to be administered concurrently with any other sedative or depressant.

I. RATIONALE

The intent of administering nitrous oxide is to achieve minimal sedation (anxiolysis). Less common indications may include use during painful procedures or for chronic pain from terminal illness or pain associated with some cancer treatments as ordered by the Licensed Independent Provider. This procedure is performed by Registered Nurses (RNs) with additional education, skills, and demonstrated competency. This advisory opinion **CAN NOT** be construed as approval for the RN to administer an anesthetic agent for the purposes of anesthesia.

II. GENERAL REQUIREMENTS

- A. A Licensed Independent Provider must be readily available in the facility.
- B. Candidates for nitrous oxide administration must be evaluated by Anesthesiology or a Licensed Independent Provider and assessed for appropriateness before initiation of therapy. Nitrous Oxide will not be used to achieve moderate or deep sedation.
- C. A written policy and procedure is maintained by the employer/facility.
- D. Policies, procedures, and protocols (order sets) have been approved by the facility prior to implementation.
- E. Policies, procedures, and order sets will include use of nitrous oxide for purposes of Minimal Sedation (anxiolysis), describe the role of the RN during nitrous administration, specify frequency of assessment, and ensure a qualified prescriber availability.
- F. Policy and procedure will specify the required emergency equipment and medications which must be immediately available to the patient receiving any medication classified as sedation agents. This includes all emergency equipment and medication required to regain and/or maintain the patient's cardiac and respiratory state.
- G. The Facility must provide an instructional program that includes nitrous oxide administration/airway management with a minimum six (6) hours instruction including theory and didactic management of nitrous oxide administration.

- H. Only RNs who have satisfactorily completed an instructional program and have documented initial and ongoing clinical competency on file with the employer may administer nitrous oxide.
- I. Current certification in Basic Cardiac Life Support (BCLS) on file with the employer.
- J. Advanced Cardiac Life Support (ACLS) is on file with the employer.
- K. Continuous pulse oximetry will be monitored during nitrous oxide administration on all patients receiving nitrous oxide.
- L. The RN responsible for administering nitrous oxide may not leave the patient unattended or engage in other tasks that could compromise continuous monitoring of patient, airway, and/or level of consciousness.
- M. The RN has the right and responsibility to refuse to administer any medication that may induce procedural sedation when in the professional judgment of the RN the medication or combination of medications, the dosages prescribed, or frequency of administration may produce a state of moderate/deep sedation or place the patient at risk for complications.
- N. The specific dosage parameters are established through a written order or signed order set by the Licensed Independent Provider prior to the RN administering nitrous oxide.
- O. The RN may administer and discontinue the nitrous oxide as ordered by the Licensed Independent Provider.

III. COURSE OF INSTRUCTION (to include, but not limited to):

- A. Anatomy and Physiology specific to developmental levels.
- B. Pre-sedation assessment specific to developmental levels.
- C. Pharmacologic properties of nitrous oxide / oxygen.
- D. Indication / Contraindications of nitrous oxide.
- E. Techniques of administration, titration, and termination of nitrous oxide use.
- F. Level of consciousness assessment and physiological response to the drug.
- G. Airway management.
- H. Complication management.
- I. Emergency situation management and appropriate interventions.
- J. Abuse potential.
- K. Occupational exposure to nitrous oxide.
- L. Legal implication, responsibility, and documentation.
- M. Nursing role.

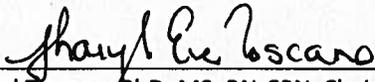
IV. REFERENCES

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Advisory opinion on Adult Nitrous Oxide Administration was adopted by the Alaska Board of Nursing on November 2, 2017.

On a motion made by Wendy Thon APRN and seconded by Joe Lefleur TN and carried with 5 ayes it was Resolved that the Board of Nursing for the State of Alaska accept advisory opinion for Registered Nurse Administration of Nitrous Oxide for Minimal Sedation and / or Pain Management for adult patients written as amended.



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