



ADMINISTRATION OF INTRAVENOUS FLUIDS (IV HYDRATION), NUTRIENT THERAPIES, AND MEDICATIONS FOR HYDRATION, HEALTH, AND WELLNESS

POSITION STATEMENT
for RN, LPN, and APRN Practice

A Position Statement does not carry the force and effect of law and rules but is adopted by the Board as a means of providing direction to licensees who seek to engage in safe nursing practice. Board Position Statements address issues of concern to the Board relevant to protection of the public and are reviewed regularly for relevance and accuracy to current practice, the Nursing Practice Act, and Board Administrative Code Rules.

Issue:

Registered Nurses (RN), Licensed Practice Nurses (LPN), and Advanced Practice Registered Nurses (APRN) are accountable for the provision of safe competent nursing care in all practice settings. This includes but is not limited to various non-traditional practice settings that market wellness promotional services such as “walk-in” or mobile hydration clinics, drip bars, etc.

It is within the scope of practice for the RN and LPN to administer intravenous fluids (IV hydration), nutrient therapies, and medications as authorized by a valid order prescribed by a physician, nurse practitioner (NP), physician assistant (PA), or other licensed health care practitioner with prescriptive authority acting within the legal scope of practice.

RN Role:

The RN does not require the on-site presence of a physician, NP, PA, or other licensed health care practitioner to perform the prescribed/ordered IV hydration, nutrient therapies, and medication administration procedures.

LPN Role:

The LPN participates in the nursing process as assigned and requires supervision by an RN, physician, NP, PA, or other licensed health care practitioner with prescriptive authority. Under appropriate supervision, an LPN may provide nursing services, including the administration of prescribed/ordered IV hydration, nutrient therapies, and medications.

Both RN and LPN Role:

1. The nurse must have an individualized prescription/order for the procedure written by a physician, NP, PA, or other licensed health care practitioner with prescriptive authority acting within their legal scope of practice and have completed a client evaluation/assessment for procedure appropriateness.
2. Nurses must have the knowledge, skill, and competency necessary to carry out the administration procedures and client monitoring in a safe manner.
3. Agencies/businesses shall establish and maintain policies and procedures on-site for the administration of IV hydration, nutrient therapies, medications, and emergency interventions.

4. Nurses shall practice within the scope of practice associated with their highest level of active licensure. Position Statement titled, "[Practicing at Level Other Than Highest Licensure/Approval/Recognition](#)" provides additional information for RN, LPN, and APRN practice.

Notes:

1. If working in a setting in which clients may independently present for IV hydration, nutrient therapies, or medication administration, the nurse is responsible for ensuring there is an individualized prescription/order from a duly authorized prescriber prior to the administration of any prescriptive or non-prescriptive medication or the implementation of a medical intervention/treatment. Authorized prescribers include physicians, NP, PA, or other licensed health care practitioner with prescriptive authority acting within their legal scope of practice.
2. The RN and LPN shall use the professional judgement required to implement treatments and pharmaceutical regimens prescribed by providers licensed and authorized by State law to prescribe such plans or regimens. The nurse who accepts responsibility for implementing the administration of IV hydration, nutrient therapies, and medications is accountable for:
 - recognizing side effects,
 - recognizing toxic effects,
 - recognizing allergic reactions,
 - recognizing immediate desired effects,
 - recognizing unusual and unexpected effects,
 - recognizing changes in a client's condition that contraindicates continued administration of the pharmaceutical or treatment regimen,
 - anticipating those effects that may rapidly endanger a client's life or well-being, and
 - making judgments and decisions concerning actions to take in the event such effects occur.
3. Standing orders allow for the facilitation of timely interventions for various client populations. Standing orders are not client driven but are signed instructions of a provider authorized by State law to prescribe the medical treatment and/or pharmaceutical regimen. Standing orders describe the parameters of specified situations under which the nurse may act to carry out specific orders for a client presenting with symptoms or needs addressed in the standing orders. The standing orders outline the assessment and interventions that the RN or LPN may perform or deliver. It is not within the RN or LPN scope of practice to make a medical diagnosis, identify medical problems, develop medical treatment plans, or declare someone "free" of illness. Standing orders must be in written form and signed and dated by the provider. The Position Statement, [Standing Orders](#), provides additional guidance.
4. The RN and LPN shall practice in compliance with all federal laws and regulations, and all North Carolina (NC) laws and regulations including but not limited to, the NC Board of Nursing (NCBON), the [NC Board of Pharmacy](#), and the [NC Division of Health Service Regulation Home Care Licensure](#).
5. The RN planning to establish an independent professional nursing business, professional corporation (PC), or professional limited liability company (PLLC), for the purpose of providing nursing and related

services, must assure they are compliant with all laws and rules applicable to the practice setting, procedures, and client population including a prescription/order by a physician, NP, PA, or other licensed health care practitioner with prescriptive authority acting within their legal scope of practice. The RN may refer to the NCBON website information, "[Professional Corporations and Professional Limited Liability Companies](#)," for more detail and are advised to seek legal advice if establishing a business.

6. LPNs are not authorized to own professional nursing businesses, in full or in part, under NC law.

Advanced Practice Registered Nurse (APRN) Role:

1. The client population must be within the scope of practice of the APRN.
2. The APRN with diagnostic and prescriptive authority shall meet the standard of care.
3. Documentation should demonstrate:
 - Review of the medical record/history was conducted, and no contraindications exist.
 - Initial evaluation including assessment of the client's status.
 - Diagnosis including evidence-based indication for hydration and/or other prescribed regimens.
 - Treatment plan with contingency for care beyond the ability of the current practice site.
 - Client response to prescribed therapy.
 - Informed consent including risk and benefit.
 - Client education for pre-procedure, peri-procedure, after care, and follow up.

References:

[General Statute \(GS\) 90-171.20 \(7\) \(e-f\) & \(8\) \(c\) – Nursing Practice Act](#)

[GS 90-178.2 Definitions](#)

[GS 90-178.3 Regulation of Midwifery](#)

[GS 55B-14 Types of Professional Services](#)

[21 NCAC 36.0221 \(c\) License Required](#)

[21 NCAC 36.0224 Component of Nursing Practice for the Registered Nurse](#)

[21 NCAC 36.0225 Components of Nursing Practice for the Licensed Practice Nurse](#)

[21 NCAC 36.0802 Scope of Practice](#)

[NCBON Position Statement - Practicing at Level Other Than Highest Licensure/
Approval/Recognition](#)

[NCBON Position Statement – Standing Orders](#)

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