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*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.*

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**Issue:**

Rapid Sequence Intubation (RSI) is defined as an airway management technique in which a potent sedative or anesthetic induction agent is administered simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

Administration of a sedative and/or anesthetic induction agent simultaneously with a paralyzing dose of a neuromuscular blocking agent for the purpose of intubation, including RSI, is **within** the scope of practice of the non-anesthetist registered nurse (RN) with specific education, validated competence, and policies and procedures.

Given the level of independent assessment, decision-making, and evaluation required for safe care, the administration of medications for the purposes of RSI is **beyond** the licensed practical nurse (LPN) scope of practice.

**RN Education and Competency Requirements for RSI:**

Education, training, experience, and validation of initial and ongoing competencies appropriate to RN responsibilities, procedures performed, and the client/population must be documented and maintained. (Note: Employing agency determines frequency with which ongoing competencies are re-validated.)

A. The RN administering potent sedatives, anesthetic induction agents, and paralyzing doses of neuromuscular blocking agents to facilitate RSI must possess in-depth knowledge of and validated competency to apply the following in practice:

1. Anatomy & physiology, including principles of oxygen delivery, transport and uptake, cardiac dysrhythmia recognition and interventions, and complications related to RSI;
2. Pharmacology of sedation, anesthetic induction, and neuromuscular blocking agent(s), administered singly or in combination, including appropriate administration routes, drug actions, drug interactions, side effects, contraindications, reversal agents (as applicable), and untoward effects;

3. Airway management skills required to manage a compromised airway if RSI is not successful (i.e., establish an open airway, head-tilt, chin lift, use of bag-valve mask, and oral and nasal airways); and,
4. Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) and/or American Academy of Pediatrics Neonatal Resuscitation Program including competence in dysrhythmia recognition, cardioversion/defibrillation, and emergency resuscitation appropriate to the status of the client/population.

B. In addition, the RN administering potent sedatives, anesthetic induction agents, and paralyzing doses of neuromuscular blocking agents to facilitate RSI must possess validated practice competencies needed to:

1. Assess client care needs before and during the administration of RSI medications;
2. Perform appropriate physiologic measurements and evaluation of respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and level of consciousness during and following intubation;
3. Identify and implement appropriate nursing interventions in the event of RSI complications, untoward outcomes, and emergencies; and,
4. Assess RSI recovery and implement appropriate nursing care for the intubated client, including administration of continuing moderate or deep sedation/analgesia if ordered by physician, nurse practitioner (NP), or physician assistant (PA).

#### **Agency Responsibilities in RSI:**

Based on client care needs, facility regulations, accreditation requirements, applicable standards, personnel, equipment, and other resources, each employing agency determines IF medication administration by RNs for purposes of RSI is authorized in their setting. If medication administration for purposes of RSI administration by non-anesthetist RNs IS permitted, the Director of Nursing or lead RN in the employing agency, in collaboration with anesthesia providers and other appropriate agency personnel, is responsible for assuring that written policies and procedures, including but not limited to the following, are in place to address:

1. Credentialing requirements for non-anesthesiologist Physicians, NPs, and PAs approved to perform RSI;
2. Required documentation of initial and ongoing RN education and competency validation in the manner and at the frequency specified by agency policy;
3. Physician, CRNA, NP, or PA (not the non-anesthetist RN) responsibility for pre-RSI assessment of the client;
4. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered RSI be physically present at the bedside throughout the time RSI medications are being administered in order to participate in the intubation and respond in the event of an emergency;
5. Specified sedative or anesthetic induction agents and neuromuscular blocking agents approved to be ordered and administered by RNs for RSI, including dosage limits as appropriate;

6. Specified emergency protocol(s) including immediate on-site availability of resuscitative equipment, medications, and personnel; and
7. Requirement that age and size-appropriate equipment, emergency resuscitation equipment, and medications, be readily available during RSI.

Age and size-appropriate equipment includes, but is not limited to:

- blood pressure cuff and stethoscope
- oxygen and suction devices
- positive pressure ventilation equipment
- basic and advanced airway management devices
- medications including sedatives, analgesics, anesthetic induction agents, neuromuscular blocking agents, reversal agents for opioids or benzodiazepines, and resuscitation drugs
- cardiac monitor and defibrillator
- pulse oximetry and capnography

**Note:**

RNs retain responsibility and accountability for direct client assessment, intervention, and evaluation throughout the administration of medications for RSI. Mechanical monitoring and medication administration devices (e.g., cardiac monitors, oximetry, and infusion pumps) do not replace, but rather support, the RN's assessment and evaluation of client status.

**RN Role in RSI:**

1. The administration and monitoring of sedative, anesthetic induction, and neuromuscular blocking agents at paralyzing doses to facilitate RSI in adult and pediatric clients, is within the non-anesthetist RN scope of practice.
2. The RN must be educationally prepared; clinically competent; permitted to administer sedation/anesthetic induction/neuromuscular blocking agents at paralyzing doses by agency written policies and procedures; and not prohibited from doing so by facility-focused laws, rules, and policies.
3. A qualified anesthesia provider (anesthesiologist or CRNA) or appropriately credentialed attending Physician, NP, or PA must assess client, select, and order the RSI agents to be administered.
4. The RN is accountable for ensuring that RSI orders implemented are consistent with the current standards of practice and agency policies and procedures.
5. The RN accepts the assignment to administer ordered RSI medications only if competent and the practice setting has provided the age and size-appropriate equipment, medications, personnel, and related resources needed to assure client safety.
6. The RN administers ordered medications and monitors RSI in adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in RSI and competent in intubation and airway management is physically present at the bedside throughout the procedure in order to participate in the intubation and in the response to any emergency.

7. **During pre-hospital and/or inter-facility transport**, in the physical absence of a qualified provider, the RN administers RSI medications at the direction of a Physician, CRNA, NP, PA, or other health care professional credentialed in RSI.
8. **Note:** Emergency Medical Services (EMS) Personnel (i.e., EMT, AEMT, Paramedic) may be approved to participate in RSI, including performing intubation if appropriately credentialed, but are NOT considered “other health care professional credentialed in RSI and/or emergency airway management and cardiovascular support” capable of ordering or directing administration of RSI medications by an RN.
9. The RN role in RSI is dedicated to the administration of medications ordered and to the continuous and uninterrupted monitoring of the client's physiologic parameters, including the implementation of nursing interventions as indicated by client status.
10. The RN accepting responsibility for administering the medications and monitoring the status of the client during RSI cannot assume other responsibilities such as performing a procedure which would leave the client unattended, thereby jeopardizing the safety of the client. (For example, while endotracheal intubation is within the scope of practice for the RN, a single RN could not be simultaneously responsible for both the medication administration/monitoring activities and the intubation itself.)
11. The administration of sedative/anesthetic induction and neuromuscular blocking agents, if ordered by appropriately credentialed attending Physician, NP, or PA and allowed by agency policy for purposes of RSI, via appropriate routes is within RN scope of practice.
12. The RN remains responsible for the assessment of RSI recovery and implementation of appropriate nursing care for the now intubated client. Ongoing care may include the continuing administration of moderate or deep sedation/analgesia if ordered by Physician, NP, or PA.

**Note:**

Administration of medications for moderate to deep sedation/analgesia of already- intubated, critically ill clients is within RN scope of practice without the constraints of this Position Statement.

**LPN Role in RSI:**

Given the level of independent nursing assessment, decision-making, and evaluation required for the safe care and management of these clients, the administration of potent sedative/anesthetic induction/neuromuscular blocking agents for the purposes of RSI is **beyond** LPN scope of practice.

**References:**

G.S. 90-171.20 (7) & (8) [Nursing Practice Act](#)  
[21 NCAC 36.0224 Components of Nursing Practice for the Registered Nurse](#)  
[21 NCAC 36.0225 Components of Nursing Practice for the Licensed Practical Nurse](#)  
[NCBON Position Statement - Procedural Sedation/Analgesia](#)

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