

April 7, 2006

Cheryl L. Koski, MN, RN, CS  
Executive Director  
Wyoming State Board of Nursing  
2020 Carey Avenue, Suite 110  
Cheyenne, Wyoming 82002

Dear Ms. Koski:

Members of the American College of Emergency Physicians in Wyoming have expressed concern about Advisory Opinion 06-157 issued by the Wyoming State Board of Nursing about registered nurses administering conscious sedation. The advisory opinion is being interpreted to restrict RNs practicing in the emergency department, under the direct supervision of the emergency physician, from administering moderate procedural sedation including ketamine, propofol, and etomidate although they have been trained and credentialed by the hospital to provide this care. The term “qualified anesthesia provider” is used in the Advisory Opinion but is not defined. Would the RN that has been trained and credentialed by the hospital to administer conscious sedation be considered a “qualified anesthesia provider?”

The American College of Emergency Physicians and the Emergency Nurses Association developed a joint policy statement “Delivery of Agents for Procedural Sedation and Analgesia by Emergency Nurses” that supports “...the delivery of medications used for procedural sedation and analgesia by credentialed emergency nurses working under the direct supervision of an emergency physician. These agents include but are not limited to etomidate, propofol, ketamine, fentanyl, and midazolam.”

Patients come to the ED with a variety of complaints that require administration of analgesia and sedation to perform time-sensitive procedures to diagnose and treat their conditions as well as alleviate pain. In order to provide timely care to patients in the ED it is important that appropriately trained emergency nurses under the direct supervision of the emergency physician be able to continue to administer medication for moderate sedation and analgesia. ACEP believes that the restrictive interpretation of the Advisory Opinion is counterproductive to the advancement of the goal of relieving pain and suffering of emergency department patients who need procedural sedation and analgesia.

It would appear that the restrictive interpretation of Advisory Opinion 06-157 is in opposition to a previous opinion by the Wyoming State Board of Nursing from December 2002 concerning the Role of the RN Administering IV Push Medications during Rapid Sequence Intubation when it was declared that administering medication for rapid sequence intubation was within the scope of practice for a registered nurse under the direction of a licensed physician if certain policy and training criteria are met. Intravenous medications that are pushed during rapid sequence intubation are frequently the same medications listed in Advisory Opinion 06-157.

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We would like to request further clarification of the intent of the Advisory Opinion concerning RN administration of conscious sedation and a definition for “qualified anesthesia provider” in order to provide this information to our members. If you require additional information or have any questions please contact Margaret Montgomery RN, MSN at 972-550-0911 or by email at [mmontgomery@acep.org](mailto:mmontgomery@acep.org).

Best regards,

Frederick C. Blum, MD, FACEP, FAAP  
President