The Board reviewed the documentation provided. The Board’s prior decision at the March meeting was based on RN’s administering Bupivicaine or other local anesthetics for acute post op care in the home setting. The use of local anesthetics for short term, acute, and post op pain is not well supported in the literature. The Board is concerned that nurses administering this medication in the home could be held responsible for adverse events which could develop when the nurse is not present, including but not limited to intra-vascular migration of the catheter with toxic local anesthetic levels causing seizures, as well as intrathecal migration which could cause cardio-respiratory arrest.

Regarding the use of local anesthetics such as Bupivacaine for chronic, palliative, and cancer care via epidural or intrathecal catheter; the practice is well documented in professional anesthesia and pain journals as being safe and efficacious. The Board continues to review the RN’s role in administering and monitoring this use of local anesthetics. At this time the Board does not want to interfere with the ongoing practice of co-administering Bupivicaine or other local anesthetics with opioids via epidural or intrathecal catheter for chronic, palliative cancer pain management.