

1 GENERAL GOVERNMENT CABINET

2 Board of Nursing

3 (Amendment)

4 201 KAR 20:490. Licensed practical nurse infusion therapy scope of practice.

5 RELATES TO: KRS 314.011(10)(a), (c)

6 STATUTORY AUTHORITY: KRS 314.011(10)(c), 314.131(1)

7 CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the
8 requirements of 2025 RS HB 6, Section 8(2)(a).

9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to
10 promulgate administrative regulations as may be necessary to enable it to carry into effect the
11 provisions of KRS Chapter 314. KRS 314.011(10)(c) authorizes the board to promulgate an
12 administrative regulation to establish the scope of practice for administering medicine or
13 treatment by a licensed practical nurse. KRS 314.011(10)(a) requires that licensed practical
14 nurses practice under the direction of a registered nurse, advanced practice registered nurse,
15 physician assistant, licensed physician, or dentist. This administrative regulation establishes the
16 scope of that practice as it relates to infusion therapy.

17 Section 1. Definitions. (1) "Administration" means to initiate and maintain infusion therapy.

18 (2) "Antineoplastic agent" means a medication that prevents the development, growth, or
19 proliferation of malignant cells.

(3) "Central venous access device" means a catheter inserted into a peripheral or centrally located vein with the tip residing in the superior or inferior vena cava. This includes peripherally inserted central catheters.

(4) "Direction" means a communication of a plan of care that is based upon assessment of a patient by an advanced practice registered nurse, a registered nurse, physician assistant, licensed physician, or dentist that establishes the parameters for the provision of care or for the performance of a procedure.

(5) "Peripheral venous access device" means a peripherally-inserted intravenous catheter or needle that is less than or equal to three (3) inches in length.

(6) "Pharmacology" means information on the classification of intravenous drugs, indications for use, pharmacological properties, monitoring parameters, contraindications, dosing, clinical mathematics, anticipated side effects, potential complications, antidotal therapy, compatibilities, stabilities, specific considerations for select intravenous drugs, and administration of intravenous medications to pediatric, adult, and geriatric populations.

(7) "Procedural sedation" means the administration of intravenous medications to produce a decreased level of consciousness.

(8) "Supervision" means the provision of guidance by a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed in a safe manner.

(9) "Supervisor" means the registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist who provides supervision of the licensed practical nurse's practice as defined in this section.

(10) "Therapeutic phlebotomy" means removal of a specific volume of blood from a patient as ordered for the treatment of a specific condition or disease.

(11) "Unstable" means inconsistent, unpredictable, or consistently fluctuating.

Section 2. Education and Training Standards. (1) Prior to performing infusion therapy, the licensed practical nurse (LPN) shall have completed education and training related to the scope of infusion therapy for an LPN. This education and training shall be obtained through:

(a) A prelicensure program of nursing for individuals admitted to the program after September 15, 2019; or

(b) An institution, practice setting, or continuing education provider that has in place a written instructional program and a competency validation mechanism that includes a process for evaluation and documentation of an LPN's demonstration of the knowledge, skills, and abilities related to the safe administration of infusion therapy. The LPN shall receive and maintain written documentation of completion of the instructional program and competency validation.

(2) The education and training programs recognized in subsection (1) of this section shall be based on the Policies and Procedures for Infusion Therapy: Home Infusion and the Infusion Therapy: Standards of Practice and shall include the following components:

(a) Legal considerations and risk management issues;

(b) Related anatomy and physiology including fluid and electrolyte balance;

- 1 (c) Principles of pharmacology as related to infusion therapy;
- 2 (d) Infusion equipment and preparation;
- 3 (e) Principles and procedures for administration of solutions and medications via intravenous
- 4 route including transfusion therapy and parenteral nutrition;
- 5 (f) Principles and procedures for site maintenance for a peripheral venous access device and
- 6 a central venous access device;
- 7 (g) Assessment of and appropriate interventions for complications related to infusion
- 8 therapy; and
- 9 (h) Demonstration and validation of competency for infusion therapy procedures, which shall
- 10 be conducted under the in-person and direct supervision of a person listed in Section 3(1) of
- 11 this administrative regulation.

12 Section 3. Supervision Requirements. (1) An LPN performing infusion therapy procedures

13 shall be under the direction and supervision of a registered nurse (RN), advanced practice

14 registered nurse (APRN), physician assistant, licensed physician, or dentist.

15 (2) For a patient whose condition is determined by the LPN's supervisor to be stable and

16 predictable, and rapid change is not anticipated, the supervisor may provide supervision of the

17 LPN's provision of infusion therapy without being physically present in the immediate vicinity of

18 the LPN, but shall be readily available.

19 (3) In the following cases, for the LPN to provide infusion therapy, the LPN's supervisor shall

20 be physically present in the immediate vicinity of the LPN and immediately available to

21 intervene in the care of the patient:

- 22 (a) If a patient's condition is or becomes unstable;

1 (b) If a patient is receiving blood, blood components, or plasma volume expanders; or

2 (c) If a patient is receiving peritoneal dialysis or hemodialysis.

3 Section 4. Standards of Practice. (1) An LPN shall perform only those infusion therapy acts for
4 which the LPN possesses the knowledge, skill, and ability to perform in a safe manner, except as
5 limited by Section 5 of this administrative regulation and under supervision as required by
6 Section 3 of this administrative regulation.

7 (2) An LPN shall consult with an RN or physician, physician assistant, dentist, or advanced
8 practice registered nurse and seek guidance as needed if:

9 (a) The patient's care needs exceed the licensed practical nursing scope of practice;

10 (b) The patient's care needs surpass the LPN's knowledge, skill, or ability; or

11 (c) The patient's condition becomes unstable.

12 (3) An LPN shall obtain instruction and supervision as necessary if implementing new or
13 unfamiliar nursing practices or procedures.

14 (4) An LPN shall follow the written, established policies and procedures of the facility that are
15 consistent with KRS Chapter 314.

16 Section 5. Functions That Shall Not Be Performed. An LPN shall not perform the following
17 infusion therapy functions:

18 (1) Administration of tissue plasminogen activators, except when used to declot any central
19 venous access device;

20 (2) Accessing of a central venous access device used for hemodynamic monitoring;

21 (3) Administration of medications or fluids via arterial lines or implanted arterial ports;

22 (4) Accessing or programming an implanted infusion pump;

(5) Administration of infusion therapy medications for the purpose of procedural sedation or anesthesia;

(6) Administration of fluids or medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir;

(7) Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis;

(8) Repair of a central venous access device;

(9) Performance of therapeutic phlebotomy;

(10) Aspiration of an arterial line;

(11) Initiation and removal of a peripherally inserted central, midclavicular, or midline catheter; or

(12) Administration of immunoglobulins, antineoplastic agents, or investigational drugs.

Section 6. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) "Policies and Procedures for Infusion Therapy: Home Infusion", Infusion Nurses Society, Third~~Second~~ Edition, 2024~~[2021]~~; and

(b) "Infusion Therapy: Standards of Practice", Infusion Nurses Society, Ninth~~Eighth~~ Edition, 2024~~[2021]~~.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m. Links to this material is also available on the board's Web site at <https://kbn.ky.gov/document-library/Pages/default.aspx>.

Amended Administrative Regulation

201 KAR 20:490. Licensed practical nurse infusion therapy scope of practice.

Adopted: October 23, 2025

Audria Denker, DNP, RN, FAAN

Audria Denker, President
Kentucky Board of Nursing

October 23, 2025

Date

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on January 21, 2026, at 10:00 AM at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, KY 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by January 14, 2026, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through January 31, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person or submit a comment at: <https://secure.kentucky.gov/formservices/Nursing/PendReg>.

CONTACT PERSON:

Jeffrey R. Prather, General Counsel
Kentucky Board of Nursing
312 Whittington Parkway, Suite 300
Louisville, KY 40222
(502) 338-2851
Jeffrey.Prather@ky.gov

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 20:490

Contact Person: Jeffrey Prather

Phone: (502) 338-2851

Email: Jeffrey.prather@ky.gov

Subject Headings: *Nursing, Physicians and Practitioners, Health and Medical Services*

(1) Provide a brief summary of:

(a) What this administrative regulation does: It sets standards for Licensed Practical Nurse (LPN) infusion therapy.

(b) The necessity of this administrative regulation: It is required by statute: KRS 314.011(10)(c), 314.131(1).

(c) How this administrative regulation conforms to the content of the authorizing statutes: By requiring in-person validation of skills and incorporating recent practice guidelines.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: By setting practice standards.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendments update the Material Incorporated by Reference (MIR) to the current editions and require the LPN nurse to demonstrate and validation of competency for infusion therapy procedures under the in-person and direct supervision of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist.

(b) The necessity of the amendment to this administrative regulation: Validation of these infusion therapy skills should be in-person, and the MIR has been updated.

(c) How the amendment conforms to the content of the authorizing statutes: The amendment updates the information.

(d) How the amendment will assist in the effective administration of the statutes: By setting practice standards.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? No, it does not implement legislation from the previous five years.

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: LPNs who practice infusion therapy. There are approximately 13,000 licensed LPNs, the number that practice infusion therapy is unknown.

(5) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have

to take to comply with this administrative regulation or amendment: None.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): None.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): LPNs will have more current practice information included as MIR.

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: None.

(b) On a continuing basis: None.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Agency funds.

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: Fees will not be created or increased.

(9) State whether or not this administrative regulation established any fees or directly or indirectly increased any fees: Fees are not established or increased.

(10) TIERING: Is tiering applied? Tiering is not applied.

FISCAL IMPACT STATEMENT

201 KAR 20:490

Contact Person: Jeffrey R. Prather

Phone: (502) 338-2851

Email: Jeffrey.prather@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 314.011(10)(c), 314.131(1).

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: KRS 314.011(10)(c), 314.131(1).

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The promulgating agency is the Kentucky Board of Nursing. No other state units are affected.

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year: None.

For subsequent years: None.

2. Revenues:

For the first year: None.

For subsequent years: None.

3. Cost Savings:

For the first year: None.

For subsequent years: None.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: None.

For subsequent years: None.

2. Revenues:

For the first year: None.

For subsequent years: None.

3. Cost Savings:

For the first year: None.

For subsequent years: None.

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):

(b) Estimate the following for each regulated entity identified in (5)(a): LPNs.

1. Expenditures:

For the first year: None.

For subsequent years: None.

2. Revenues:

For the first year: None.

For subsequent years: None.

3. Cost Savings:

For the first year: None.

For subsequent years: None.

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: None.

(b) Methodology and resources used to reach this conclusion: N/A.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): This regulation will not have a major economic impact.

(b) The methodology and resources used to reach this conclusion: N/A.

Summary of Material Incorporated by Reference

201 KAR 20:490. Licensed practical nurse infusion therapy scope of practice.

Summary of Material Incorporated by Reference

(a) "Policies and Procedures for Infusion Therapy: Home Infusion", Infusion Nurses Society, Third Edition, 2024; and

(b) "Infusion Therapy: Standards of Practice", Infusion Nurses Society, Ninth Edition, 2024.

Summary of Changes of the Material Incorporated by Reference

(a) "Policies and Procedures for Infusion Therapy: Home Infusion", Second Edition, 2021, a 293-page treatise, it is being wholly updated to "Policies and Procedures for Infusion Therapy: Home Infusion", Infusion Nurses Society, Third Edition, 2024, a 371-page treatise.

(b) "Infusion Therapy: Standards of Practice", Eighth Edition, 2021, Infusion Nurses Society, a 232-page treatise, it is being wholly updated to "Infusion Therapy: Standards of Practice", Infusion Nurses Society, Ninth Edition, 2024, a 416-page treatise.