



**KENTUCKY BOARD OF NURSING**

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**ADVISORY OPINION STATEMENT**

**Roles of Nurses in the Administration of "PRN" Medication  
and Placebos**

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

**Opinion:** Roles of Nurses in the Administration of "PRN" Medication and Placebos.

**Approved Date:** 6/1987

**Revised:** 12/1987; 2/1992; 1/1993; 6/2001; 2/2002; 2/2005; 06/2018; 10/2019; 12/2020; 4/2023

**Reviewed:** 6/2010

**Editorial revision:** 1/2011; 5/2012, 4/2015

**Accountability and Responsibility of Nurses**

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

**Rationale for Advisory Opinion**

The Kentucky Board of Nursing has received multiple inquiries regarding the roles of nurses in the administration of medication on a "PRN" (pro re nata--as circumstances may require) basis and in the administration of placebos. After review and study of the statutes governing nursing practice and the various questions posed in the inquiries, the Kentucky Board of Nursing issued opinions as contained herein.

## **Change in Medication Order and Resumption of Previous Medications**

A nurse should not change an order of the Qualified Healthcare Provider without first obtaining the consent of the Qualified Healthcare Provider to do so. The nurse, who has made the determination that the ordered dosage of medication is inappropriate for the patient, must contact the Qualified Healthcare Provider for a change in the dosage prior to administering the drug.

For example, if a registered nurse, after completing an assessment of the patient, determines that the dosage of medication is too high, the nurse may not administer a lesser amount without first consulting the Qualified Healthcare Provider.

The use of summary or blanket orders to resume previous medications is prohibited. A nurse is obligated not to resume any previous medications without first obtaining the consent of the Qualified Healthcare Provider and specific orders to do so for each previous medication to resume (TJC, 2022).

## **Range Orders**

Range orders are defined as “orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient’s status” (TJC, 2023).

“There are no Joint Commission standards that prohibit the use of range orders as long as such orders are permitted by the organization’s medication management policy.” (TJC, 2021). Organizations are responsible for determining the implementation process for how range orders are entered into the medical record and that staff are properly trained to ensure consistent implementation.

When an order/prescription for medication contains a minimum and maximum dosage range (i.e., Butorphanol Tartrate 1 mg to 4 mg IM, every 3-4 hours, PRN for mild pain or Morphine 5 mg to 10 mg IV every 4-6 hours PRN severe pain, the registered nurse, or the licensed practical nurse under the direction of a registered nurse, may determine which dosage to administer.

If range orders are utilized, the organization is also responsible for how these orders are interpreted, organizational guidelines and interpretation should identify when another dose of the medication may be administered. In the example above, Morphine was ordered 5 mg to 10 mg every 4-6 hours, and the patient was given 5 mg, must the nurse wait until the 6 hours has passed to give another dose or may they give the remaining 5 mg if the pain is not adequately controlled prior to the 6-hour interval? The nurse should either seek clarification from their organization’s policies and procedures or with the patient’s Qualified Healthcare Provider.

“Range orders may be a component of other order types, such as taper orders and titration orders, unless prohibited by hospital policy”. These policies should delineate what must be included in these orders such as starting dose, assessment parameters, final endpoint, maximum dosage, and/or when to call the Qualified Healthcare Provider (TJC, 2023). Individual organizations are responsible for deciding on the implementation process for range orders into the medical record and proper training of staff to ensure consistency (TJC, 2021). The organizations should also determine how orders are to be interpreted as mentioned above (TJC, 2023).

## **Titration, Taper, and Automatic Stop Orders**

The Joint Commission FAQ's on Medication Administration – Titration Orders (2021) states:

Titration orders are generally defined as those in which the medication dose is either progressively increased or decreased in response to the patient's status. Organizations are required to define by policy if titration orders are deemed acceptable for use.

The Joint Commission (2023) also identified definitions for taper orders and automatic stop orders:

- Taper orders are defined as “orders in which the dose is decreased by a particular amount with each dosing interval”
- Automatic stop orders are defined as “orders that include a date or time to discontinue a medication”

When an order/prescription for medication contains a dose that is progressively increased or decreased in relation to the patient's status, the registered nurse, or the licensed practical nurse under the direction of a registered nurse, should titrate the medication dosage consistent with the order/prescription or based on a standing order/protocol (e.g. dopamine 2 to 20 mcg per kg per minute by continuous infusion).

## **Administration of Placebos**

“A placebo treatment is by definition an inert treatment without specific ingredients, for example, a pill without pharmacologic ingredients.” (Meissner, 2022).

It is the opinion of the Board that:

1. The administration of a “placebo” is appropriate for use in a clinical trial or clinical research setting provided the individuals receiving the placebo have given informed consent;
2. Nurses who administer placebos in clinical research settings should do so according to written, approved institutional policies and procedures.
3. It is not within the scope of nursing practice for a nurse to independently administer a placebo; and
4. Nurses should not administer placebos even if there is a medical order to do so other than in clinical research settings or clinical trials. The nurse would subsequently notify the Qualified Healthcare Provider that the placebo has not been given.

## **Determining Scope of Practice**

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing issued Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines which contains the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs, and published the APRN Scope of Practice Decision Making Model providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. Copies of Advisory Opinion Statement #41 RN/LPN Scope of Practice Determination Guidelines and the APRN Scope of Practice Decision Making Model may be downloaded from the KBN website at <http://kbn/ky/gov>.

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### **Applicable Statutes from the *Kentucky Nursing Laws***

KRS 314.021(2) states that:

All individuals licensed or privileged under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section ;
  2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  3. Intervening when emergency care is required as a result of drug therapy;
  4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
  5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, advanced practice registered nurse, physician assistant, licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- d) Teaching, supervising, and delegating except as limited by the board; and
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of [Licensed] Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

### Resources

ECRI. (2017). Automated end times for orders. Retrieved from [Automated End Times for Orders \(ecri.org\)](https://www.ecri.org/automated-end-times-for-orders).

Meissner, K. (2022). Placebo, nocebo: Believing in the field of medicine. *Frontiers in Pain Research*. Retrieved from [Placebo, nocebo: Believing in the field of medicine - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/39888888/)

The Joint Commission. (2022). Standards faqs: Cancelling and rewriting orders following a procedure or transition of care. Retrieved from [Orders - Cancelling and Rewriting Orders Following a Procedure or Transition of Care | Hospital and Hospital Clinics | Provision of Care Treatment and Services PC | The Joint Commission](https://www.jointcommission.org/standards-information/jcfaqdetails.aspx?StandardsFAQId=1432&StandardsFAQChapterId=27&ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=)

The Joint Commission. (2023). Medication management. <https://edition.jcrinc.com/Frame.aspx>

The Joint Commission. (2021). Standards faqs medication administration range orders. Retrieved from [https://www.jointcommission.org/standards\\_information/jcfaqdetails.aspx?StandardsFAQId=1432&StandardsFAQChapterId=27&ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=](https://www.jointcommission.org/standards_information/jcfaqdetails.aspx?StandardsFAQId=1432&StandardsFAQChapterId=27&ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=)

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The Joint Commission. (2021). Standards FAQs: Medication Administration-Range Orders. Retrieved from [Medication Administration - Range Orders | Ambulatory | Medication Management MM | The Joint Commission](https://www.jointcommission.org/standards-information/jcfaqdetails.aspx?StandardsFAQId=1432&StandardsFAQChapterId=27&ProgramId=0&ChapterId=0&IsFeatured=False&IsNew=False&Keyword=)

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