



**KENTUCKY BOARD OF NURSING**  
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**ADVISORY OPINION STATEMENT**

**Role of Nurses in the Performance of Gastrointestinal and Genitourinary Procedures**

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:** Role of Nurses in the Performance of Gastrointestinal and Genitourinary Procedures

**Approved Date:** 6/1985

**Revised:** 2/1986; 12/1987; 1/1993; 4/1996; 2/2005; 4/2008, 2/2018, 12/2023

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**Reviewed:** 5/2013

**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 Advisory Opinion**

The Kentucky Board of Nursing has received numerous inquiries regarding the role of nurses' scope of practice in gastrointestinal and genitourinary procedures. The Board issued the following advisory opinion statements regarding these procedures.

### **Nursing Interventions identified in this Advisory Opinion Statement include:**

- **The Role of Nurses in the performance of:**
  - Bowel and Bladder Program Care
  - Endoscopic Procedures
  - Gastric Band Adjustments
  - Magnet Nasal Tube Retaining Device
  - Nasogastric Intubation
  - Paracentesis
  - Percutaneous Endoscopic Gastrostomy Tube
  - Hemorrhoid banding
  - Flexible Nasopharyngoscopy/Nasolaryngoscopy

### **Educational Preparation and Clinical Competency**

Pursuant to KRS 314.021(2) all nurses are held responsible and accountable for making decisions that are based upon the individual's educational preparation and current clinical competence. One method for demonstrating educational preparation and clinical competence is through obtaining relevant certifications within a specialty area. Another method would be to create a portfolio of trainings, workshops, and continuing education that demonstrates the acquisition of additional knowledge and clinical competency in the specialty area.

### **Advisory Opinion: Bowel and Bladder Program Care**

"Bowel and Bladder Program Care" means assisting individuals in the management of urinary and/or fecal incontinence.

"Intermittent Urinary Catheterization" is the insertion and removal of a catheter into the bladder via the urethra or surgically created tract, several times a day to empty the bladder. The purpose of catheterization is to drain urine from a bladder that is not emptying adequately.

"Digital Rectal Stimulation" is the process of inserting a finger or "dil stick" inside the rectum and moving it in a circular motion to stimulate the bowel reflex allowing the rectal muscles to open and allowing stool to leave the body.

"Suprapubic Catheter" refers to the placement of a drainage tube/catheter into the urinary bladder just above the pubic symphysis.

### **Nursing Practice**

It is within the scope of practice for the LPN, RN, or APRN, who is educationally prepared and clinically competent, to perform bowel and bladder program care including intermittent urinary catheterization and digital rectal stimulation. It is within the scope of practice of an LPN, RN, or APRN to change and remove a suprapubic catheter. These acts are considered nursing tasks.

### **The Board recommends that:**

1. An RN or APRN may delegate these tasks to unlicensed personnel who are trained and competent to perform the tasks under an established plan of care developed after an assessment of the patient by an RN, APRN, or physician.
2. Under KRS 205.900(3), 910 KAR 1:090, and AOS #15, these tasks are **NOT** considered to be the practice of nursing when the performance is directed by the client, the client's family, the client's legal guardian, or the client/client family/legal guardian's delegate.
3. An RN or APRN, who is educationally prepared and clinically competent in the performance of bowel and bladder program tasks, may train unlicensed individuals in the performance of bowel and bladder program related tasks.
4. It is **not** within the scope of practice for an LPN to train unlicensed individuals in the performance of bowel and bladder program related tasks.

## **Advisory Opinion: Endoscopic Procedures**

### **Licensed Practical Nurse Scope of Practice**

It is within the scope of licensed practical nursing practice for the licensed practical nurse qualified by education, experience, and current clinical competence, with the order of a qualified healthcare provider, and under the direction and supervision of a physician, APRN, or registered nurse, to perform acts including but not limited to the following:

- A. Participate in the assessment, planning, intervention, and evaluation of nursing care of patients undergoing endoscopic procedures.
- B. Provide nursing care for a patient undergoing endoscopy procedures when the patient's condition is predictable and stable including the administration of IV medications in accordance with 201 KAR 20:490 Licensed Practical Nurse Infusion Therapy Scope of Practice <https://apps.legislature.ky.gov/law/kar/titles/201/020/490/>.
- C. Determine which nursing acts in the implementation of care can be delegated and to whom in accordance with 201 KAR 20:400 Delegation of nursing tasks <https://apps.legislature.ky.gov/law/kar/titles/201/020/400/>.
- D. Perform technical endoscopic assistance tasks as described under **Endoscopic Assistance<sup>1</sup> by Nurses** of this statement.

### **Registered Nurse Scope of Practice**

It is within the scope of registered nursing practice for a registered nurse, with a qualified healthcare provider\* order, and qualified by education, experience, and current clinical competence, to perform acts including but not limited to the following:

- A. Utilize substantial, specialized nursing knowledge, judgment, and skill in providing complex nursing acts to meet the patient's needs, including the ongoing assessment, planning, implementation, and evaluation of nursing care for patients undergoing endoscopic procedures.
- B. Plan and direct the nursing care of patients undergoing endoscopy procedures, including clinical decision-making regarding nursing care, and assuring that care is provided in a safe and competent manner.
- C. Administer medications with a valid qualified healthcare provider order.
- D. Implement emergency nursing procedures for intervention in complications.
- E. Determine which nursing acts in the implementation of care can be delegated and to whom in accordance with 201 KAR 20:400 Delegation of nursing tasks <https://apps.legislature.ky.gov/law/kar/titles/201/020/400/>
- F. Provide endoscopic assistance, as described under **Endoscopic Assistance<sup>1</sup> By Nurses** of this statement.

\*Qualified Health Care Provider means "a physician, physician assistant, dentist, or advanced practice registered nurses," KRS 314.011 (6)(c).

<sup>1</sup>Endoscopist assistance acts may include but are not limited to injection of dye/contrast media; injection of sclerotherapy agents; and manipulation of polypectomy snare/bovie, sphincterotomy/papillatome, or endoscope.

Further, the Board agrees with and endorses the Society of Gastroenterology Nurses and Associates position statement “**Statement on the Use of Sedation and Analgesia in the Gastrointestinal Endoscopy Setting**” which states in part:

“Because of the importance of managing the patient who is receiving sedation and analgesia, a second nurse or associate is required to assist the physician with those procedures that are complicated either by the severity of the patient’s illness and/or the complex technical requirements associated with advanced diagnostic and therapeutic procedures (ASGE, 2008; SGNA, 2016).” *Position Statement: Statement on the Use of Sedation and Analgesia in the Gastrointestinal Endoscopy Setting*. Retrieved from [https://www.sgna.org/Portals/0/Practice/Sedation/Sedation\\_FINAL.pdf?ver=2017-10-09-110940-983](https://www.sgna.org/Portals/0/Practice/Sedation/Sedation_FINAL.pdf?ver=2017-10-09-110940-983)[https://www.sgna.org/Portals/0/Practice/Sedation/Sedation\\_FINAL.pdf?ver=2017-10-09-110940-983](https://www.sgna.org/Portals/0/Practice/Sedation/Sedation_FINAL.pdf?ver=2017-10-09-110940-983)

### **Advisory Opinion: Flexible Sigmoidoscopies**

The Board issued the following opinion:

- It is within the scope of registered nursing practice for a registered nurse, qualified by the necessary education and experience, to perform flexible sigmoidoscopies for colorectal cancer screening.
- Registered nurses should perform this procedure based upon an order of a qualified healthcare provider and according to appropriately established written policies and procedures, which are consistent with the *Kentucky Nursing Laws*.
- Registered nurses who perform flexible sigmoidoscopies for the purpose of colorectal cancer screening are responsible for having the substantial specialized knowledge and skill to perform this procedure and should have documented evidence of completion of continuing education which provides for clinical practice and demonstrated competency in the performance of the procedure.
- Development of educational programming for registered nurses in the performance of flexible sigmoidoscopies should be based upon the cognitive and technical skills identified in the guideline entitled “Guideline for Performance of Flexible Sigmoidoscopy by Registered Nurses for the Purpose of Colorectal Cancer Screening,” Society of Gastroenterology Nurses and Associates (2009) <https://www.sgna.org/Portals/0/Education/PDF/Standards-Guidelines/FlexibleSigmoidoscopyGuideline.pdf>
- Registered nurses should maintain documentation of current clinical competency in the performance of the procedures. Further, the Board advises that qualified health care providers should be available for assistance in the event of complications associated with the performance of the procedure.

### **Endoscopic Procedures by Nurses**

It is within the scope of nursing practice for a registered nurse or licensed practical nurse who possesses appropriate knowledge and technical skill to assist the endoscopist/gastroenterologist during the performance of endoscopic procedures and to perform select acts under the continuous, direct, and on-site supervision and direction of the endoscopist/gastroenterologist performing the procedure.

**In no event should the nurse be expected to replace or assume the responsibilities of the endoscopist/gastroenterologist performing the procedure.**

Nurses who provide endoscopic assistance should follow documented procedures agreed upon by the medical and nursing staff and formally adopted by the facility. The nurse should maintain documentation of their educational preparation which provides for clinical practice and demonstration of competency in the performance of acts.

### **Advisory Opinion: Gastric Band Adjustments**

“Gastric Band Adjustments” means the infusion of saline for device tightening or withdrawal of saline for device loosening via an access port to alter or adjust the size of the adjustable gastric restrictive device.

### **Licensed Practical Nursing Practice**

The performance of gastric band adjustment is **not** within the scope of licensed practical nursing practice.

### **Registered Nursing Practice**

It is within the Scope of Registered Nursing Practice for an RN, with a qualified provider order, who is educationally prepared and currently clinically competent to perform gastric band adjustments under the supervision of a physician or APRN.

**The Board recommends that:**

- A. There should be documented evidence of the registered nurse's educational preparation and current clinical competence.
- B. The RN should follow written policy and procedures and evidence-based protocols agreed upon by the medical and nursing staff and formally adopted by the facility, organization, or practice.

**Advisory Opinion: Magnet Nasal Tube Retaining Device**

The placement and removal of a nasal tube with a retaining device/system used to prevent nasal tube pullouts are within the scope of registered nursing practice. The registered nurse would place the device after a physician/APRN has completed an individual assessment of the patient and issued authorization for its placement. Following placement, the patient should be reassessed by a physician/APRN to assure its correct placement and that no complications have occurred. The registered nurse who places and/or removes a nasal tube retaining device must possess the requisite educational preparation and current clinical competence to perform the procedure in a safe, competent manner.

**Advisory Opinion: Nasogastric Intubation**

"Nasogastric intubation" means the placement of a tube into the stomach via the nares (nose). The specific type of tube to be inserted should be determined after evaluation of multiple factors, including but not limited to the following: a) order of a qualified provider, b) individual patient need, c) manufacturer product information, d) precautions and potential complications associated with the specific tube, e) available research data, and f) availability of radiology services to evaluate the placement of the tube.

Written approved facility policy, nursing policy and procedure should be established delineating the specific type of nasogastric tubes that may be placed, and the method of placement validation to be used in the health care setting.

**Licensed Practical Nursing Practice**

- A. It is within the scope of licensed practical nursing practice to insert and remove a nasogastric tube of a patient with normal anatomy and physiology of the respiratory and gastrointestinal tracts when the nasogastric tube is placed in the stomach for the purpose of gavage, lavage for toxic substances, collection of nasogastric samples, or administration of medications.
- B. It is within the scope of licensed practical nursing practice, for the nurse who is educationally prepared and clinically competent in the performance of the procedure, to change a previously inserted percutaneous endoscopic gastrostomy tube into a mature stoma site with an order of a qualified healthcare provider.
- C. It is within the scope of licensed practical nursing practice, for the nurse who is educationally prepared and clinically competent in the performance of the procedure, to reinsert a percutaneous endoscopic gastrostomy tube per a qualified healthcare provider order.

**The Board recommends that:**

- 1. The performance of these procedures by the licensed practical nurse is under the direction of a registered nurse, advanced practice registered nurse, or physician.
- 2. If there is any question as to the safe performance of these procedures, the licensed practical nurse should consult with the registered nurse, advanced practice registered nurse, or physician.
- 3. The licensed practical nurse who performs these procedures has documented evidence of adequate educational preparation and experience to perform this act as required by KRS 314.021(2). Such educational preparation should be acquired in an approved prelicensure education program for practical nurses or through successful completion of a continuing education course for the performance of the procedure; and
- 4. Performance of these procedures are in accordance with written nursing policies and procedures that are consistent with the definition of "licensed practical nursing practice."

**Registered Nursing Practice**

It is within the scope of registered nursing practice, to insert or remove a nasogastric tube, with a qualified healthcare provider order, for a patient who has a condition that alters the normal anatomy and physiology of the respiratory or gastrointestinal tract. If there is any question as to the safe performance of the procedure, the registered nurse should consult the qualified provider.

- A. The nurse who performs this procedure is responsible for having documented evidence of adequate educational preparation and experience to perform this act as required by KRS 314.021(2). Such educational preparation should be acquired in an approved prelicensure education program or through successful completion of a continuing education course.
- B. The performance of the procedure should be in accordance with written nursing policy and procedure.

### **Advisory Opinion: Paracentesis**

“Paracentesis” means the removal of fluid from a body cavity via a needle, a trocar, a cannula, or another hollow instrument.

### **Licensed Practical Nursing Practice**

The licensed practical nurse provides assistance to the physician, physician assistant, or APRN during paracentesis.

### **The Board recommends that:**

It is **not** within the scope of practice of the LPN to monitor a patient, adjust, or remove a paracentesis catheter.

### **Registered Nursing Practice**

- A. It is within the scope of practice of a registered nurse, with a qualified healthcare provider order, who is educationally prepared and clinically competent to assist the physician, physician assistant, or APRN in the performance of a paracentesis procedure, and to monitor the patient once the catheter has been inserted by a physician, physician assistant, or APRN and remove the catheter.
- B. It is **not** within the scope of practice of a registered nurse to adjust the paracentesis catheter.
- C. It is within the scope of practice for an advance practice registered nurse, who is educationally prepared and clinically competent, to perform ultrasound-guided paracentesis procedures.

### **Advisory Opinion: Reinsertion of a Percutaneous Endoscopic Gastrostomy Tube**

It is within the scope of registered nursing practice, for the nurse who is educationally prepared and clinically competent in the performance of the procedure, to change a previously inserted percutaneous endoscopic gastrostomy tube into a mature stoma site upon an order of a qualified provider. If there is a question as to the safe performance of the procedure, the nurse should consult the qualified healthcare provider prior to the reinsertion of the percutaneous endoscopic gastrostomy tube.

### **Advisory Opinion: Scope of Practice of APRN in the Performance of Hemorrhoid Banding**

Hemorrhoid banding is a type of nonsurgical treatment for internal hemorrhoids. There are many forms of hemorrhoid banding, each using a different technique and approaches.

### **APRN Nursing Practice**

It is within the scope of practice for the APRN, who is educationally prepared and clinically competent, to perform hemorrhoid banding.

### **Advisory Opinion: Scope of Practice of APRN in the Performance of Nasopharyngoscopy/Nasolaryngoscopy**

Flexible nasopharyngoscopy also called Fiberoptic nasoendoscopy/flexible nasolaryngoscopy/flexible fiberoptic nasopharyngolaryngoscopy uses a small flexible telescope passed through the nose and into the throat. It is a diagnostic procedure that allows one to evaluate the nose and throat.

### **APRN Nursing Practice**

It is within the scope of practice of an advanced practice registered nurse (APRN), to perform Flexible Nasopharyngoscopy/Nasolaryngoscopy working in an Otolaryngology practice and is educationally prepared and clinically competent, to perform Flexible Nasopharyngoscopy/Nasolaryngoscopy.

The following grid provides a list of procedures outlined in the AOS. An “X” indicates that such is within the scope of practice of the nurse who is educationally prepared and clinically competent to provide care as described above.

Care /Procedure	LPN	RN	APRN
	Requires Qualified Healthcare Provider* Orders	Requires Qualified Healthcare Provider* Orders	APRNs Certified in the Relevant Role and Population Foci
<b>Bowel and Bladder Care</b>			
Digital Rectal Stimulation	X	X	X
Intermittent Urinary Catheterization	X	X	X
<b>Endoscopic Procedures</b>			
Plan and Direct Nursing Care of Patients		X	X
Medication Administration : IV Medications	After completion of Infusion Therapy Training (Push, Bolus) : See 201 KAR 20:490	X	X
Medication Administration : Central Line Access Device		X	X
Implement Emergency Nursing Procedures for Intervention in Complications		X	X
Technical Endoscopist Assistance Tasks	See AOS #11 Section 3	X	X
<b>Flexible Sigmoidoscopies</b>			
Perform Colorectal Cancer Screenings		X	X
<b>Gastric Band</b>			
Adjustment of a Gastric Band		X	X
<b>Nasogastric Intubation</b>			
Magnetic Nasal Tube Retaining Device Placement		X	X
Insertion and Removal of a Nasogastric Tube (NG)	X	X	X
<b>Paracentesis</b>			
Insertion of a Paracentesis Catheter			X
Monitor of a Paracentesis Catheter		X	X
Adjustment of a Paracentesis Catheter			X
Removal of a Paracentesis Catheter		X	X
Performance of Ultrasound-Guided Paracentesis Procedures			X
<b>Percutaneous Endoscopic Tube (PEG)</b>			
Reinsertion of a PEG Tube		X	X
<b>Hemorrhoid Banding</b>			
			X
<b>Nasopharyngoscopy/Nasolaryngoscopy</b>			
			X

Please Note: Nurse must be educationally prepared and clinically competent to perform any of the tasks/procedures listed above and follow the policies of their facility or organization  
 \*Qualified Healthcare Providers include MD, PA, APRN, and/or Dentist KRS 314.011 (6) and (10)

### **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. A copy of the KBN Decision-Making Model for Determining Scope of Practice for RNs/LPNs may be downloaded from the Board's website <https://kbn.ky.gov/General/Documents/aos41-rn-lpn-scope-of-practice-determination-guidelines.pdf> and a copy of the APRN guidelines may be downloaded from the Board's website <https://kbn.ky.gov/General/Documents/aprn-scope-of-practice-decision-making-model.pdf>

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

KRS 314.021(2) holds all nurses responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing.

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 a 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.
- 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, a 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.
- 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.

KRS 314.011(13) defines "nursing assistance" as:



... The performance of delegated nursing acts by unlicensed nursing personnel for compensation under supervision of a nurse.

KRS 314.011(2) defines "delegation" as:

... Directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A.

201 KAR 20:400 governs delegation of nursing tasks to unlicensed persons.

201 KAR 20:490 governs the scope of practice of the Licensed Practical Nurse in infusion therapy.