



Ohio Administrative Code

Rule 4761-7-05 Administration of medications.

Effective: May 23, 2005

(A) Respiratory care professionals and limited permit holders must be able to document appropriate and successful training and proficiency on the route of medication delivery, drug pharmacology, and dosage calculations for any medication for the treatment and testing of cardiopulmonary impairment for which they are authorized to administer pursuant to division (A)(4) of section 4761.01 of the Revised Code. Appropriate training includes, but is not limited to, the following components:

(1) Pharmacology. Subject matter shall include terminology, drug standards, applicable laws and legal aspects, identification of drugs by name and classification, and the principles of pharmacodynamics of medications used in the treatment and testing of cardiopulmonary impairment.

(2) Techniques of drug administration. Subject matter shall include principles of asepsis, safety and accuracy in drug administration, applicable anatomy and physiology, and techniques of administration and any route of administration for any medications for the treatment and testing of cardiopulmonary impairment.

(3) Dosage calculations. Subject matter shall include a review of arithmetic and methods of calculation required in the administration of drug dosages.

(4) The role of the respiratory care professional or limited permit holder in the administration of any medication for the treatment and testing of cardiopulmonary impairment. Subject matter shall include constraints of medication administration under the legal scope of practice for respiratory care, the rationale for specific respiratory care in relation to drug administration; observations and actions associated with desired drug effects, side effects and toxic effects; communication between respiratory care professional or limited permit holder and other members of the health care team; respiratory care provider-client interactions; and the documentation of medication administration for any medication for the treatment and testing of cardiopulmonary impairment.

(5) Clinical experience in the administration of any medication(s) for the treatment and testing of



cardiopulmonary impairment, planned under the direction of a qualified respiratory care professional or other qualified health care provider responsible for teaching medication administration for any medication for the treatment and testing of cardiopulmonary impairment.

(B) Respiratory care professionals may administer medications to induce minimal sedation to moderate sedation/analgesia during diagnostic and therapeutic procedures relating to the testing and treatment of cardiopulmonary impairments. It is appropriate for respiratory care professionals to administer these medications if the following criteria are followed:

(1) Only a person authorized to prescribe or write orders pursuant to section 4761.17 of the Revised Code may select and order the drug to be administered to achieve the desired level of sedation/analgesia. The order shall include:

(a) Medication;

(b) Dosage;

(c) Frequency; and

(d) Method of administration.

(2) In addition to the general training requiring for medication administration contained in paragraphs (A)(1) to (A)(5) of this rule, a respiratory care professional shall also do the following:

(a) Complete the education and competency requirements of the employing facility on the administration of sedatives and analgesic medications;

(b) Understand the pharmacology, dosage, routes of administration, and adverse reactions of sedatives, analgesics, and antagonists. Identify the appropriate selection of monitoring equipment and be able to understand and interpret vital signs. Record patients vital signs and medication in the medical record;

(c) Have current advanced cardiac life support (ACLS) or pediatric advanced life support (PALS)



certification as appropriate and be able to perform rescue procedures;

(d) Meet competency guidelines, as determined by the facility, for the insertion and maintenance of artificial airways, assessing and maintaining ventilation, administration of oxygen, and

(e) Be able to insert and maintain an intravenous line when medications are administered by this route.

(3) The administration of medications to induce minimal to moderate sedation/analgesia shall be properly supervised by the authorized prescriber. Respiratory care professional must adhere to the following supervisory guidelines:

(a) Oral administration or aerosolized administration of medications to induce minimal to moderate sedation/analgesia may be performed with off-site supervision of the prescriber and do not require the respiratory care professional to be able to insert or maintain an intravenous line.

(b) Intravenous administration of medications to induce minimal sedation/analgesia for emergency intervention procedures, such as intubation may be performed with off-site supervision of the prescriber.

(c) Intravenous administration of medications to induce moderate sedation/analgesia for respiratory care procedures requires direct supervision of the prescriber.

(4) At no time shall a respiratory care professional administer a medication at a dosage and interval that is reasonably expected to induce deep sedation or general anesthesia.

(5) A respiratory care professional who administers a medication to induce minimal sedation to moderate sedation/analgesia shall have no other assignments during the course of administration, monitoring and recovery of the patient that would leave the patient unattended or unmonitored.

(6) Prior to administering a medication to induce minimal sedation to moderate sedation/analgesia, the respiratory care professional shall review the patients pertinent medical history, including sedation-oriented aspects. The patient history should include a review of the medical history; current



medications, herbal products, or vitamins; medication allergies; use of tobacco, alcohol, or substance abuse; last oral intake; and history of adverse reactions to sedatives, analgesics or anesthetics.

(7) Monitoring parameters shall minimally include:

(a) Baseline vital signs prior to and intermittently during the procedure;

(b) Pulmonary ventilation, including respiratory rate, depth of breathing, auscultation and, if appropriate, end tidal CO₂ monitoring;

(c) Oxygenation via pulse oximetry;

(d) Electrocardiography for patient with history of cardiovascular disease or dysrhythmias, or hypertension;

(e) Response to verbal and tactile stimulation and commands;

(C) For each respiratory care professionals and limited permit holders, the organization shall maintain a record that documents training and proficiency reviews. Documentation of periodic competency reviews shall be maintained by the organization. At the request of the board, records may be audited, reviewed, or copied.