

FILED

December 12, 2002

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR REVOCATION OF THE LICENSE OF)	
)	
EDWARD ANDUJAR, M.D.)	ADMINISTRATIVE ACTION
LICENSE NO. MA 52473)	
)	FINAL ORDER
TO PRACTICE MEDICINE AND SURGERY)	
IN THE STATE OF NEW JERSEY)	

This matter was opened to the Board on complaints filed by the Attorney General on February 13, 2002 and August 9, 2002. Said complaints alleged four (4) violations of two (2) duly entered Board orders, the maintaining of, and practice of medicine from, unsanitary and unsafe office conditions on November 18, 1999 and February 11, 2002, the unregistered operation of a narcotic treatment program in knowing violation of Board regulations and the failure to cooperate with Enforcement Bureau investigators during an office inspection on July 17, 2002. Edward Andujar, M.D. filed an answer denying the allegations in essential part, and the parties filed stipulations of fact with the Board. On October 9, 2002, the Board and Edward Andujar, M. D., over the objection of the Attorney General acting in his prosecutorial capacity, agreed to

CERTIFIED TRUE COPY

the terms and conditions of the within order which the Board hereby finds to be in the public's interest and accordingly,

IT IS on this 0th day of December, 2002

ORDERED :

1. The license to practice medicine and surgery issued to Edward Andujar, M.D. shall be suspended for two (2) years, two (2) months of which shall be an active suspension for which credit shall be received for the period during which Dr. Andujar was prohibited from practicing from his office premises by Board orders dated February 20, 2002 and March 12, 2002. The active license suspension imposed hereby shall be effective for the period starting December 1, 2002 and continuing through December 31, 2002. The remainder of the license suspension shall be stayed and shall operate as a period of probation.
2. During the period of active license suspension, Edward Andujar, M.D. shall not practice or offer to practice medicine or surgery, nor shall he permit the practice of medicine or surgery from any office premises over which he has control, including but not

limited to, 516 East Wood Street, Vineland,
New Jersey.

3. During the period of active suspension, Edward Andujar, M.D. shall comply with the Board's Directives Concerning Disciplined Licensees, copy of which is attached hereto as Exhibit A.
4. Prior to the effective date of active suspension, Edward Andujar, M.D. shall, where medically necessary, take appropriate steps to ensure that his patients receive appropriate referrals to medical care providers so as to allow for continuing treatment.
5. If during the period of active License suspension or during the probationary period imposed herein, Edward Andujar, M.D. violates (1) any statute or regulation administered by the Board or (2) any other statute or regulation which involves the practice of medicine or (3) if at any time, he violates any of the terms or conditions of this order, the Board, after notice and opportunity to be heard and upon a finding of any such violation, may actively suspend the license issued to Edward

Andujar, M.D. for a period of not less than ninety (90) days.

6. Edward Andujar, M.D. shall pay a civil penalty in the amount of \$50,000 plus interest as provided by the Rules of Court in monthly installments of \$1,000. Said payments shall be sent to and received by the Board's Executive Director not later than the first business day of each month commencing on March 1, 2003. In the event that: any payment is not received by the fifteenth day of the month in which the payment is due, the Board may, on written notice to Edward Andujar, M.D., declare and deem the remaining unpaid balance immediately due and payable. The Board may, consistent with N.J.S.A. 45:1-24, file a Certificate of Debt embodying the obligation to pay the ordered civil penalty.

7. Edward Andujar, M.D., either personally or through any agent, employee or any other individual providing services from his medical practice, shall not administer or provide treatment to any patient for any reason which

includes the intravenous infusion of any drug, vitamin or other substance unless the following conditions are satisfied:

- a. All initiation, monitoring and termination of the intravenous therapy or treatment is personally performed by any of the following licensees:
 - i. A physician or physician's assistant licensed by the New Jersey State Board of Medical Examiners who is competent in intravenous administration.
 - ii. A registered professional nurse licensed by the New Jersey State Board of Nursing who is competent in intravenous administration.
 - iii. A licensed practical nurse (L.P.N.) licensed by the State of New Jersey Board of Nursing who is specially trained in intravenous administration as established by the Board of Nursing Guidelines attached hereto as Exhibit B.

- iv. The name of the licensee performing the intravenous infusion shall be contemporaneously inserted into the patient's record.
- v. The name of said nurse or physician's assistant and a statement of said individual's skill, training and experience shall be provided to the Board not less than two (2) business days prior to the commencement of the nurse's employment.
- vi. Absent emergent or unforeseeable medical circumstances, which, if present, shall be documented in the patient's record, all intravenous infusion therapy shall be initiated and completed within a daily four (4)-hour period designated by Edward Andujar, M.D. on written notice to the Board.

a. Dr. Andujar may practice medicine in the "front" portion of the premises of 516 Wood Avenue, Vineland, New Jersey. He shall not practice in the rear of the premises unless and

until he receives approval from the Board after an inspection by the Enforcement Bureau and a demonstration to the satisfaction of the Board that the facility complies with all federal, state and local laws and regulations concerning the health, safety and welfare of patients and will be operated in a manner which ensures that his practice will comport with the public's health, safety and welfare regarding the manner in which patients are to be treated.

In the event Dr. Andujar intends to operate any office for the practice of medicine other than that located at 516 Wood Avenue, Vineland, New Jersey he shall give written notice to the Board and to the Enforcement Bureau of his intent to do so and the intended location of said office not less than 30 days prior to the commencement of practice at the new location. Any initial inspection of said office premises shall be conducted within 14 days following receipt of said notice or the availability of the office premises for inspection, whichever is later.

In the event Dr. Andujar intends to practice from any office location other than 516 Wood Avenue, Vineland, New Jersey without operating a new office, he shall give written notice of his intent to do so and the practice location not less than 10 business days prior to the commencement of practice at the new location.

9. The practice of medicine by Dr. Andujar in the front portion of the premises at 516 Wood Avenue, Vineland, New Jersey shall be conducted in a safe and sanitary manner to ensure, among other things, that: patients and personnel are not unnecessarily exposed to blood and body fluids; only appropriately licensed personnel will have access to any controlled substances maintained on the premises; and that the practice complies in all respects with the requirements of state, federal and local laws relating to the practice of medicine, including that any lab located on the office premises complies with all CLIA requirements.
10. Edward Andujar, M.D. shall not render any treatment for Lyme Disease, nor shall he submit, or permit the submission of, any claim

for any diagnosis of, test, or treatment for, such disease to any patient, insurance carrier, Medicaid or Medicare or to any third party individual or entity. In the event that any patient presents with signs or symptoms consistent with a diagnosis of Lyme disease, Dr. Andujar shall insert an appropriate entry into the patient's chart to support an impression or diagnosis of Lyme disease and shall promptly refer such patient to an independent physician having no employment, independent contractor, or any other practice or financial relationship with Dr. Andujas. Nothing herein contained shall prohibit the submission of a single, initial office visit claim to any insurance company or public payor based upon an initial impression or diagnosis of Lyme disease. Any Lyme disease diagnosis will continue to remain in the patient's chart as part of the patient's medical history. In addition, Dr. Andujar will be permitted to submit claim forms to any insurance company or public payor which may include a Lyme disease diagnosis as a secondary tertiary diagnosis

along with any other primary diagnosis. Any such claim submission beyond that for an initial office visit for the consultation fee and any other services provided as contemplated herein shall be solely for the primary diagnosis and treatment and not for Lyme disease.

11. Edward Andujar, M.D. shall, not later than March 15, 2003 and March 15, 2004, submit to the Board for its review, comment and, if deemed appropriate, its direction, a specific plan for the training of his employees who render medical services to patients. Such plan shall be implemented by Edward Andujar, M.D. as submitted unless the Board either directly or through its Medical Director directs otherwise.
12. Edward Andujar, M.D. shall retain a cleaning service which shall maintain his office in a safe and sanitary manner. The name, address and telephone number of the initial cleaning service shall be supplied to the Board's Medical Director not later than November 15, 2002 and within three (3) business days

following the retention of any subsequent new cleaning service.

13. Edward Andujar, M.D. shall not prescribe, dispense or administer methadone or buprenorphine in any form or combination with other drugs to any patient or other person, nor shall either methadone or buprenorphine be present in any drug or medication inventory maintained by Edward Andujar, M.D. in the course of his medical practice. The prohibitions in *this* paragraph shall apply unless and until such dispensing or administration is permitted pursuant to all state and federal statutory and regulatory provisions.

14. Notwithstanding the prohibition against the possession of buprenorphine contained in paragraph 13, Edward Andujar, M.D. shall be permitted to continue to maintain and possess such buprenorphine which may be in said inventory on the date of this order. Nothing in this paragraph shall authorize the use of said drug except as may be permitted in paragraph 13 nor shall any addition of

buprenorphine to said inventory, by purchase or otherwise, be made unless and until the dispensing or administration completed by paragraph 13 is permitted. On demand made by the Enforcement Bureau, Edward Andujar, M.D. shall identify and produce for inventorying all buprenorphine in his possession. Upon completion of any such inventorying, Edward Andujar, M.D. shall be provided with a copy of any final inventory document and shall acknowledge receipt and the correctness thereof.

15. Unless properly registered with the New Jersey Department of Health and Senior Services to conduct a narcotic treatment program pursuant to N.J.S.A. 24:21-10 and N.J.A.C. 8:65-11.2, and with the appropriate federal regulatory agencies, Edward Andujar, M.D. shall not dispense or administer a narcotic drug listed in any schedule which drug is intended for the detoxification or maintenance treatment of any individual, except:
 - a. To relieve acute withdrawal symptoms, provided that:

- i. Such treatment shall not exceed seventy-two (72) hours;
 - ii. No more than one (1) *day's* supply is provided to the patient at one time; and
 - iii. Arrangements are immediately made for referring the patient to an addiction specialist or a drug treatment program; or
- b. As an adjunct to other medical or surgical treatment for conditions other than addiction in a licensed health care facility.

16. Edward Andujar, M.D., upon demand made by any investigator employed by the Enforcement Bureau or any other representative of the Board or the Attorney General between the hours of 9:00 a.m. and 5:00 p.m. on Monday through Friday, or at any other time or day on which his medical practice premises may be open for the providing of medical services, shall make such office premises and records contained therein available for inspection and shall fully cooperate in any such inspection. During any

such inspection, Edward Andujar, M.D. shall not, either directly or indirectly through any act, directive or any action:

- a. Direct, advise or counsel any employee, volunteer, patient or other person associated with his medical practice to cease or refrain from speaking or providing any information to said individuals pursuant to any inquiry or demand made which relates to any inspection or investigation conducted to determine compliance with this order, N.J.S.A. 45:1-21, any regulation administered by the Board or any other statute or regulation which relates to the practice of medicine or surgery. Nothing herein contained shall be construed to prohibit Dr. Andujar from advising any employee, volunteer, patient or any other person associated with his medical practice that such individual is not obligated to speak with any representative of the Board, the Attorney General or the Enforcement Bureau until such individual

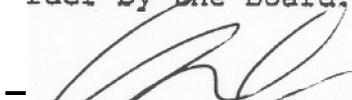
is compelled by law to do so pursuant to
N.J.S.A. 45:1-18.

- b. Engage in any act which may evade, avoid or frustrate any duly conducted investigation conducted by said individuals.

William V. Harrer MD BLD

William V. Harrer, M.D., B.L.D.,
President
State of Board of Medical Examiners

I have read and I understand the terms and conditions of this order. I agree to comply with them, and I hereby give my consent to the entry of this order by the Board.
order by the Board.


Edward Andujar, M.D.
Edward Andujar, M.D.

Dated: 11-27-2

Consented as to form:

Basile & Testa
Attorneys for Edward Andujar, M.D.

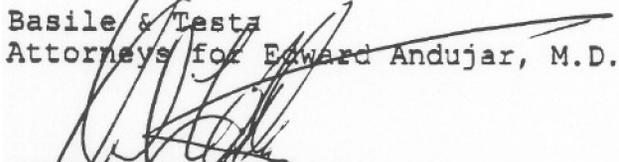

By: Michael L. Testa, Esq.

EXHIBIT A

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
HAS BEEN ACCEPTED**

APPROVED BY THE BOARD ON MAY 10, 2000

All licensees who are the subject of a disciplinary order of the Board are required to provide the information required on the addendum to these directives. The information provided will be maintained separately and will not be part of the public document filed with the Board. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq. Paragraphs 1 through 4 below shall apply when a license is suspended or revoked or permanently surrendered, with or without prejudice. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains a probation or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension or surrender, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The disciplined licensee is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The disciplined licensee may contract for, accept payment from another licensee for or rent at fair market value office premises and/or equipment. In no case may the disciplined licensee authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. (In situations where the licensee has been suspended for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is suspended, for the payment of salaries for office staff employed at the time of the Board action.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee shall not charge, receive or share in any fee for professional services rendered by him/herself or others while barred from engaging in the professional practice. The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board action.

A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11). A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c). A licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall divest him/herself of all financial interest. Such divestiture shall occur within 90 days following the the entry of the Order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Secretary of State, Commercial Reporting Division, demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation, the corporation must be dissolved within 90 days of the licensee's disqualification.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that during the three (3) month period following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical records, the licensee shall ensure that records are promptly provided to the patient.

licensee shall promptly provide the record ~~to the Board~~ *(the patient)*

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any Order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

ADDENDUM TO THE DIRECTIVES

Any licensee who is the subject of an order of the Board suspending, revoking or otherwise conditioning the license, shall provide the following information at the time that the order is signed, if it is entered by consent, or immediately after service of a fully executed order entered after a hearing. The information required here is necessary for the Board to fulfill its reporting obligations:

Social Security Number¹: _____

List the name and address of any and all Health Care Facilities with which you are affiliated:

List the names and addresses of any and all Health Maintenance Organizations with which you are affiliated:

Provide the names and addresses of every person with whom you are associated in your professional practice: (You may attach a blank sheet of stationery bearing this information).

¹ Pursuant to 45 CFR Subtitle A Section 61.7 and 45 CFR Subtitle A Section 60.8, the Board is required to obtain your Social Security Number and/or federal taxpayer identification number in order to discharge its responsibility to report adverse actions to the National Practitioner Data Bank and the HIP Data Bank.

NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license.
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the order; entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.

EXHIBIT B

The New Jersey Board of Nursing Advisory IV Guidelines

March 20, 1998

Dear Nurse Colleague:

In accordance with N.J.S.A. 45:11-23, Definitions of Scope of Nursing Practice, and N.J.A.C. 13:37-6.2, Delegation of Selected Nursing Tasks, the New Jersey Board of Nursing has set forth the enclosed Advisory Guidelines for Licensed Practical Nurses to Initiate and Administer Intravenous Therapy.

The guidelines include *the* Licensed Practical Nurse's scope of practice for patients with both peripheral and central venous lines.

If YOU have any questions about the Advisory Guidelines, please contact Barbara Byers, Nursing Practice, at 973-504-6502 or Kathryn Schneider, Professional Staff at 973-504-6514, Monday through Friday, 8:30 a.m. through 5:00 p.m.

THE NEW JERSEY BOARD OF NURSING,

Patricia A. Polansky, R.N., M.S., CNAA
Executive Director

PAP/msl

The New Jersey Board of Nursing
Advisory Guidelines for: Licensed Practical Nurses
to
Initiate, Administer, and Withdraw
Intravenous Therapy

CERTIFICATION/RECERTIFICATION:

1. ***Upon successful completion of an intravenous therapy certification course and demonstration of educational and clinical competence, Licensed Practical Nurses may initiate and administer intravenous therapy.***
2. ***Through documentation of continuing education, clinical competence and successful completion of an annual intravenous therapy re-certification continuing education program, LPNs may be recertified annually to initiate and administer intravenous therapy.***
3. ***Intravenous therapy certification courses and re-certification continuing education programs shall meet national Intravenous Nursing Standards of Practice.***

COMPETENCIES:

Written documentation shall be maintained verifying that the Licensed Practical Nurse has demonstrated the following competencies for initial certification, maintained continuing education and clinical competence, and obtained annual re-certification to initiate and administer intravenous therapy.

GENERAL COMPETENCIES:

The Licensed Practical Nurse will:

1. ***Demonstrate verbally or in writing a basic knowledge of the anatomy and physiology of the circulatory system.***
2. ***Accurately observe, monitor, report and document the status of a peripheral and central venous site.***
3. ***Demonstrate principles of asepsis and universal precautions in the management of intravenous therapy.***
4. ***Accurately identify the nursing actions to be taken when complications occur.***
5. ***Demonstrate the ability to correctly calculate flow rates.***

Advisory Guidelines for: LPNs to initiate and Administer Intravenous Therapy

6. **Locate and utilize the resources available on a nursing unit for acquiring information concerning medications.**
7. **Identify the action, correct dosage, nursing implications and adverse effects of commonly used intravenous drugs and solutions.**

FACILITY SPECIFIC COMPETENCIES:

Adhering to facility policies and procedures, the Licensed Practical Nurse will competently demonstrate the following:

1. ***Correct use and operation of basic intravenous equipment (bag, tubing, heparin/saline locks/adaptors).***
2. ***Correct administration and regulation of hydrating solutions and premixed medications via existing peripheral intravenous lines.***
3. ***Correct administration and regulation of intravenous drugs via medication infusion devices, and intravenous push medication limited to heparin.***
4. ***Correct procedure for flushing heparin/saline lock/adaptors.***
5. ***Correct conversion of peripheral intravenous infusions to heparin/saline lock, and visa versa.***
6. ***Correct discontinuation of existing peripheral intravenous needles/catheters.***
7. ***Accurate reinforcement of patient teaching as it relates to the practice of intravenous therapy, using established protocols.***
8. ***Safe performance of peripheral venipuncture using a short (less than 3 inches) over the needle catheter or a wing tipped steel needle.***
9. ***Correct performance of peripheral and central catheter site care while maintaining aseptic technique and catheter security.***
10. ***Correct administration and regulation of hydrating solutions and premixed medications to existing central intravenous lines.***
11. ***Correct procedure for performing heparin/saline flushes on existing central venous catheters.***
12. ***Correct conversion of central venous line continuous infusions to a heparin/saline lock and vis versa.***

Advisory Guidelines for: LPNs to Initiate and Administer Intravenous Therapy

13. **Correct administration and regulation of hydrating solutions reconstituted full dose or premixed medications utilizing electronic infusion devices.**

FUNCTIONS WHICH MAY BE DELEGATED TO LICENSED PRACTICAL NURSES:

a. Peripheral Lines:

- (1) **Perform venipuncture to:**
 - (a) **Start intravenous infusion in peripheral veins with a peripheral catheter or a wing tipped steel needle, on the upper extremities of the patient.**
 - (b) **Withdraw a blood specimen(s).**
- (2) **Calculate and adjust the flow rate.**
- (3) **Observe and report on:**
 - (a) **Insertion sites.**
 - (b) **Objective and subjective signs of an adverse reaction to infusion therapy.**
- (4) **Change the dressing on insertion sites.**
- (5) **Change administration sets.**
- (6) **Remove peripheral and midline intravenous needle or catheter from peripheral veins.**
- (7) **Flush a peripheral and midline intravenous device.**
- (8) **Convert an existing peripheral line to an intermittent device.**
- (9) **Convert a peripheral intermittent device to an intravenous line.**
- (10) **Administer medication via a peripheral intravenous line by:**
 - (a) **Adding medication to an intravenous solution;**
 - (b) **Injecting medication into an auxiliary fluid chamber;**
 - (c) **Reconstituting the full dose of the medication.**
- (11) **Under DIRECT supervision, OBSERVE and MONITOR the patient during a blood transfusion.**

Advisory Guidelines for: LPNs to Initiate and Administer Intravenous Therapy

b. Central Lines:

- (1) Calculate and adjust the flow rate.
- (2) Observe and report on:
 - (a) Insertion sites
 - (b) Objective and subjective signs of an adverse reaction(s) to infusion therapy.
- (3) Change dressing on insertion site(s).
- (4) Flush a central line.
- (5) Draw a blood specimen(s) from a central catheter line.
- (6) Change pm adaptor for central line device.
- (7) Infuse hyperalimentation and lipid solutions.
- (8) Administer medications via a central line under **DIRECT** supervision by:
 - (a) Hanging pharmacy prepared solutions, and
 - (b) Injecting medication into an auxiliary fluid chamber;
- (9) **Implanted devices:**
 - (a) Access implanted devices with a Huber needle.
 - (b) Administer medications via implanted devices by hanging subsequent replacement solutions.

c. Subcutaneous Hydration:

Initiate hypodermoclysis and add replacement solutions.

FUNCTIONS NOT DELEGABLE TO LICENSED PRACTICAL NURSES:

A licensed practical Nurse MAY NOT:

1. Initiate a blood transfusion *nor* initiate the administration of blood products.
2. Administer intravenous antineoplastic medications.
3. Administer intravenous push medications, except for heparin.
4. Administer any drug which is under investigation by the United States Food and Drug Administration, is an experimental drug, or is being used in an experimental method.

9. **"Mixing"** means combining two or more substances together to form a uniform mixture or suspension.

10. **"Reconstituting full dose"** means following the directions on the drug label to add the specified amount and type of diluent to the powdered drug in the vial or ampule resulting in a specific strength of the medication solution which has a designated expiration date per the drug label. No portion of the dose may be taken, only the full dose.