



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

October 8, 2015

Myra Stearns, RCP
Director of Respiratory Care Services
Carolinas Medical Center-Pineville
10628 Park Road
Charlotte, NC 28210

Dear Ms. Stearns,

This letter is sent on behalf of the North Carolina Respiratory Care Board in response to your email of August 24, 2015, in which you asked for clarification of the level of medical supervision required for certain advanced respiratory care procedures. As the North Carolina agency that regulates the practice of respiratory care under the Respiratory Care Practice Act ("**RCPA**"), the Board has issued a Conscious Sedation Declaratory Ruling previously which relates to the subject of your message—the performance of a rapid sequence intubation ("**RSI**") by Respiratory Care Practitioners (RCPs). Before addressing your specific questions, we want to provide some background and context.

Medical Supervision for Routine Intubations

The practice of respiratory care is broadly defined in G.S. 90-648 (10), to include a number of physician-directed procedures. Within this broad range of therapeutic applications, in G.S. 90-648 (10) (d), the RCPA identifies particular skills that are within the scope of practice for RCPs including cardiopulmonary resuscitation and maintenance of natural airways, the insertion and maintenance of artificial airways under the direct supervision of a recognized medical director in a healthcare organization whose governing board has approved these services to be offered by the facility.

In G.S. 90-648 (3), the RCPA defines the direct supervision concept that is mentioned in G.S. 90-648 (10) (d) as: "the authority and responsibility to direct the performance of activities as established by policies and procedures for safe and appropriate completion of services". This concept recognizes that the safe, effective, and efficient performance of a range of more routine services, when delivered in a controlled environment like a hospital, may be directed through the adoption of a set of defined procedures, approved in advance by a medical director, which are scrupulously followed by practitioners who also have been trained on the procedures and tested for competency; and where a physician is available in a reasonable proximity. Therefore, the Board has determined that the RCP is acting within the Scope of Practice for Respiratory Care in performing intubations under the definition in G.S. 90-648 (3), so long as a facility has: 1) adopted policies which define the circumstances when an RCP may perform intubations to include direct medical supervision; and 2) established training and annual competency reviews required to perform intubations.



NORTH CAROLINA RESPIRATORY CARE BOARD
125 Edinburgh South Drive, Suite 100
Cary, NC 27511

Supervision for Conscious Sedation

Your question related to the level of supervision required for an RCP to perform conscious sedation, which is not among the respiratory care procedures that the Board considers to be routine. The Board adopted a declaratory ruling which was first issued on July 12, 2007, and was revised on April 9, 2015, in which it recognized that conscious sedation is within the scope of practice for RCPs who are assisting physicians and administering the medications listed in the ruling under direct medical supervision. However, the ruling does not allow RCPs to perform RSI. This is one of the advanced practice areas for RCPs for which, due to the complexity of the related medical issues and the risks to patients, a physician-approved policy or procedure is an inadequate level of supervision.

The Board recognizes that with appropriate training, certain advanced procedures are now provided by RCPs functioning in an assisting role in various hospitals throughout North Carolina. Some of these procedures also may require the administration of a controlled substance. The American Association for Respiratory Care (AARC) recognizes that Respiratory Therapists are called upon to assist physicians by administering sedative and analgesic medications during diagnostic and therapeutic procedures; and AARC believes that Respiratory Therapists can assist physicians during diagnostic and therapeutic procedures, and help to minimize risks by administering prescribed medications and closely monitoring the patient. However, for these types of procedures, including conscious sedation, the physician must be immediately available to furnish assistance and direction throughout the performance of the procedure.

For this reason, the Board has determined that the RCP is acting within the Scope of Practice for Respiratory Care in performing conscious sedation only when, as defined in the ruling, a physician is immediately available and the facility: 1) has adopted policies which define the circumstances when an RCP may assist the physician and provide conscious sedation during the listed procedure; and 2) has established training and annual competency reviews required to perform conscious sedation. In considering its response to your email, the Board also decided to remove the terms rapid sequence induction and intubation from the conscious sedation ruling and to add the additional requirement that a physician be immediately available for conscious sedation procedures.

Finally, I understand that one of your questions in your E-mail asked whether the physician supervisor would need to have intubation identified among the physician's privileges at the hospital. Since that is an issue that comes under the authority of the hospital and to some degree of the NC Medical Board, this Board does not have the authority to provide guidance on it.

Please advise if you have any other questions about this issue.

Regards,


William L. Croft, Ph.D., RRT, RCP
Executive Director