

Infusion of Sub-Anesthetic Doses of Ketamine for Disorders of Mood, Anxiety, Trauma, and Stressors Resistant to Medication and Psychotherapy

Background

In 2016, the Board was asked if the infusion of sub-anesthetic doses ketamine in an outpatient clinic setting for specific mood disorders is within the scope of practice of Certified Registered Nurse Anesthetists (CRNA). For the purposes of this statement these disorders relate to a Major Depressive Disorder that has not improved after at least two complete trials of medication and psychotherapy. For the purposes of this statement, this diagnosis and that of PTSD will be referred to as mood, anxiety, trauma and stressor related disorders (MATS). In February, 2016 the Board published a memo stating that this treatment in an outpatient clinic setting is not within the scope of Certified Registered Nurse Anesthetists (CRNA) based on the lack of evidence supporting the effectiveness and safety of this therapy. Utilizing the Scope of Practice Guidelines, this treatment would fall out of scope at the level of the second question “Is performing the role, intervention, or activity consistent with professional nursing standards, evidence based nursing and health care literature”. The answer to this question was “No, not at this time” and, therefore it was out of scope for CRNAs. The memo was silent on the outpatient clinic treatment being in or out of the scope of practice for other Advanced Practice Nurses such as Nurse Practitioners (NPs) or Clinical Nurse Specialists (CNS), although utilization of the Scope of Practice Guidelines would also indicate that this treatment was also out of the scope of all advanced practice licensees.

At the April 2018 Board meeting, Board staff was directed to convene a workgroup to review this issue. Public notice for solicitation for membership was posted and resulted in the work group preparing a report for the Board presented in September 2018. Statutory language authorizing the practice of the CRNA was discussed and the Board directed staff to request an opinion by the Department of Justice (DOJ) specific to the practice the CRNA and “anesthesia”. Would the practice of infusing a sub-anesthetic of ketamine in an outpatient clinic setting for non-anesthetic treatment of MATS align with the statutory language in ORS 678.245 to 678.285? The opinion was received in June 2019. The Board voted to make the opinion public and directed Board staff to reconvene the work group for the drafting of an Interpretive Statement to provide information to the public and to licensees regarding the Board’s interpretation of statute.

Interpretive Statement:

Is the Infusion of Sub-Anesthetic doses of ketamine for the treatment of mood and anxiety disorders in an outpatient clinic setting within the scope of practice of the CRNA?

The DOJ opinion was based upon the scenario of the CRNA owning and managing the clinic where the treatment would take place. The opinion was that, within certain limitation, it probably was within the CRNA scope of practice. The statute identifies that the CRNA performs a patient assessment to support the anesthesia plan (ORS 678.255 (2) (a)). The assessment, though, is not a differential health diagnosis. The existence of a MATS must be determined by a licensed independent health care practitioner (LIP) authorized by the LIP’s Licensing Board to independently diagnose

Who determines that the client could benefit from Sub-Anesthetic infusion of Ketamine for mood and anxiety disorders?

The LIP providing the on-going mental health therapy after appropriate discussion and disclosure with the client. The client must be informed of the current literature available of the effectiveness of this treatment, adverse effects, how the treatments may benefit the client and the cost of this treatment to the client. This information must be documented in the clients' treatment record.

Is the LIP required to refer the client to another provider (CRNA or physician) to provide these infusions?

Not necessarily. The statute for NPs and CNSs allows for full practice authority based upon licensure, knowledge, skills, and abilities (LKSA) and therefore could infuse sub-anesthetic doses of Ketamine. The LIP with the appropriate LKSA, is accountable for the clients outcome and must have all available equipment needed to address any unexpected consequences of the infusion including but not limited to airway management, emergency transport plan, and other resuscitation skills as needed by the client.

What would a CRNA need from the client in order to begin the sub-anesthetic Ketamine infusion?

The client must have a documented diagnosis - related to the disorders discussed and described in this statement and a referral for the infusions from an LIP who has the LKSA to diagnose these disorders. The CRNA must obtain informed consent for the infusions utilizing literature based risk assessment and benefits, what will occur during the procedure, frequency of treatment and cost.

Who is accountable for determining the effectiveness of the treatment?

The referring LIP who has the LKSA to appropriately assess the effectiveness of the treatment. All existing literature states that the administration of sub-therapeutic doses of Ketamine is an adjunct therapy and is not a replacement for ongoing mental health treatment. The LIP and the CRNA must have mechanisms in place for communicating patient tolerance to the infusion, effectiveness of the infusion, and patient's progression in disorder management.

Who may determine that the infusions should cease?

If the client is not tolerating the infusions, then the CRNA must communicate with the LIP that this patient is not a candidate for continued treatment, if the client is not benefitting from these treatments the LIP and the client must make a mutual decision to cease. The CRNA must not continue with the treatments unless authorized to do so by the LIP.

What must a CRNA have available in the clinic setting?

Must have standard equipment necessary to assure that unexpected treatment reactions are managed. The CRNA must also have policies regarding how a client's mental reaction to the infusion will be assessed and handled, post treatment observation time, and other policies based upon literature to assure client safety.

Adopted 9/12/19