

## NURSES

### CHAPTER 20:48:01

#### DEFINITIONS

##### Section

**20:48:01:01. Definitions.** Terms defined in SDCL chapter 36-9 have the same meaning when used in this article. In addition, terms used in this article mean:

- (1) "Adolescent," ~~a person at least 12 years of age but not yet 18;~~
- (2) "Client," ~~a consumer of nursing care~~
- (3) "Clinical enrichment program," ~~any a~~ program designed to provide supervised clinical experience based on the nursing process and offered by an employing institution or agency to nursing students outside a formal educational program;
- (4)(2) "Complex nursing situation," a situation in which the client's clinical and behavioral state is not predictable and rapid change in that state is reasonably anticipated;
- (5) "~~Controlling institution," an educational institution or general hospital under whose auspices a school is organized and operated;~~
- (6)(3) "Delegation," ~~transferring to a trained individual~~ the transfer of the authority to a trained individual to perform a specific nursing task in a specific situation;
- (7)(4) "Direct supervision," supervision by a registered nurse ~~or, advanced practice registered nurse,~~ licensed physician, or other licensed health care provider approved by the board, who is physically present in the immediate area where the client is being provided nursing service;
- (8) "Equivalent" or "equivalency," ~~the completion, in a school that is not approved by the board or in a school of another kind, of a program that is substantially equal to the preparation received in a board-approved program;~~
- (9)(5) "Licensee," a person who holds a license issued by the board or privilege to practice as ~~either a registered or nurse,~~ licensed practical nurse, certified registered nurse anesthetist, or clinical nurse specialist;
- (10) "~~Minimal supervision," supervision given by a registered nurse, licensed physician, pharmacist, or dentist, who is physically on the premises where the client is being cared for or readily available by electronic communication;~~
- (11) (6) "Nursing assistant," a person trained to assist ~~the a~~ licensed nurse and function in a supportive role, regardless of title, and to whom a nursing task may be delegated;

~~(12)(7)~~ "Registrant," a person who is registered by the board as an unlicensed nursing assistant under chapter 20:48:16;  
and

~~(13)~~ "School," a school that conducts a course of study for the preparation of registered nurses, licensed practical nurses,  
certified registered nurse anesthetists, clinical nurse specialists, certified nurse midwives, or certified nurse practitioners;

~~(14)(8)~~ "Stable nursing situation," a situation in which the client's clinical and behavioral state is known and predictable  
and no rapid change in that state is reasonably anticipated.

**Source:** SL 1975, ch 16, § 1; 3 SDR 35, effective November 11, 1976; 4 SDR 26, effective November 1, 1977; 6 SDR 88,  
effective March 3, 1980; 12 SDR 109, effective January 9, 1986; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 175,  
effective May 28, 1987; 21 SDR 13, effective August 7, 1994; 26 SDR 174, effective July 4, 2000; 41 SDR 12, effective July 31,  
2014; 44 SDR 81, effective November 6, 2017; 45 SDR 9, effective July 30, 2018; 49 SDR 51, effective November 27, 2022.

**General Authority:** SDCL ~~36-9-21, 36-9A-41~~ 36-9-21(1)(2)(4)(7).

**Law Implemented:** SDCL ~~36-9-21, 36-9A-21~~ 36-9-1.1, 36-9-3(7)(11), 36-9-4(9), 36-9-67.1.

## CHAPTER 20:48:04

### THE PRACTICE OF NURSING

#### Section

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nurse.

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20:48:04:02.01 Repealed.

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20:48:04:02.03 Authorization to perform kidney dialysis functions.

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20:48:04:03 Repealed.

20:48:04:04 Repealed.

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20:48:04:06 Intravenous therapy ~~functions which~~ tasks that may be performed by licensed practical nurses.

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**20:48:04:01. ~~Scope and standards~~ Standards of nursing practice—Basic role -- Registered nurse and licensed practical nurse.**

The scope of practice of the registered nurse and the licensed practical nurse is dependent upon each nurse's basic education and demonstrated competence in additional skills acquired through in-service, continuing education, or graduate studies. A licensee is personally responsible for the actions that the licensee performs relating to the nursing care furnished to clients and cannot avoid this responsibility by accepting the orders or directions of another person.

— The following are the standards of nursing practice:

— (1) For the registered nurse:

— (a) The registered nurse shall utilize the following recurring nursing process:

— (i) — Make nursing assessments regarding the health status of the client;

— (ii) — Make nursing diagnoses which serve as the basis for the strategy of care;

— (iii) — Develop a plan of care based on assessment and nursing diagnosis;

— (iv) — Implement nursing care; and

— (v) — Evaluate responses to nursing interventions;

— (b) The registered nurse shall recognize and understand the legal implications of delegation and supervision. The nurse may delegate to another only those nursing interventions which that person is prepared or qualified to perform and shall provide minimal or direct supervision to others to whom nursing interventions are delegated. The registered nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01;

— (c) When providing preventive, restorative, and supportive care, the registered nurse may determine and place durable medical equipment or therapeutic devices necessary to implement the overall nursing plan of care; and

~~\_\_\_\_\_ (d) The board recognizes **Nursing: Scope and Standards of Practice**, 2004, and the **Guide to the Code of Ethics for Nurses: Interpretation and Analysis**, 2008, as published by the American Nurses Association as the criteria for assuring safe and effective practice following licensure;~~

~~\_\_\_\_\_ (2) For the licensed practical nurse:~~

~~\_\_\_\_\_ (a) The licensed practical nurse shall assist the registered nurse or physician in the recurring nursing process as follows:~~

~~\_\_\_\_\_ (i) \_\_\_\_\_ Contribute to the nursing assessment;~~

~~\_\_\_\_\_ (ii) \_\_\_\_\_ Participate in the development of the nursing diagnoses;~~

~~\_\_\_\_\_ (iii) \_\_\_\_\_ Participate in care planning;~~

~~\_\_\_\_\_ (iv) \_\_\_\_\_ Participate in the implementation of nursing interventions;~~

~~\_\_\_\_\_ (v) \_\_\_\_\_ Contribute to the evaluation of responses to nursing interventions;~~

~~\_\_\_\_\_ (b) The licensed practical nurse may practice as follows in two general settings:~~

~~\_\_\_\_\_ (i) \_\_\_\_\_ With at least minimal supervision when providing nursing care in a stable nursing situation; and~~

~~\_\_\_\_\_ (ii) \_\_\_\_\_ With direct supervision when providing nursing care in a complex nursing situation;~~

~~\_\_\_\_\_ (c) The licensed practical nurse may perform the intravenous therapy functions defined in § 20:48:04:06, with demonstrated competence acquired through basic nursing education or in-service training or other forms of continuing education;~~

~~\_\_\_\_\_ (d) The licensed practical nurse shall consult with a registered nurse or other health team members and seek guidance as necessary and shall obtain instruction and supervision as necessary;~~

~~\_\_\_\_\_ (e) The licensed practical nurse may only delegate nursing tasks to unlicensed assistive personnel in accordance with the standards in chapter 20:48:04.01; and~~

~~\_\_\_\_\_ (f) The board recognizes the **NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nursing Programs**, 2007, as published by the National Association for Practical Nurse Education and Service as the criteria for assuring safe and effective practice following licensure.~~

The standards of practice for a registered nurse and a licensed practical nurse are to:

(1) Practice within the legal boundaries for nursing practice authorized in SDCL chapter 36-9 and this article;

(2) Accept personal responsibility and be accountable for actions, competence, decisions, and behavior in the course of nursing practice. A nurse does not avoid this responsibility by accepting the orders or directions of another person;

(3) Perform only those activities, tasks, or responsibilities that another reasonable and prudent nurse with similar educational preparation and demonstrated clinical competence would perform and that one has determined can be accomplished safely;

(4) Perform activities, tasks, or responsibilities only after considering the complexity and frequency of nursing care needed by the client population served;

(5) Perform activities, tasks, or responsibilities only after considering if a practice setting allows a nurse to perform the activities, tasks, or responsibilities in the practice setting, provides a sufficient number of qualified personnel within the practice setting, and provides adequate channels of communication that lend support to the types of nursing services offered in the practice setting;

(6) Maintain competence through ongoing learning and application of knowledge in current nursing practice;

(7) Obtain instruction and supervision when needed in implementing new or unfamiliar nursing techniques or practices;

(8) Document nursing care provided, changes in a client's condition, or relevant information, in an accurate and timely manner;

(9) Maintain professional boundaries and therapeutic relationships with clients;

(10) Collaborate and consult with, or refer clients to, other health care providers to resolve situations beyond one's expertise;

(11) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis, or disability;

(12) Advocate for the respect, dignity, rights, and property of clients;

(13) Take preventive measures to promote an environment that is conducive to health and safety; and

(14) Report illegal, substandard, unethical, unsafe, or incompetent nursing practice.

**Source:** SL 1975, ch 16, § 1; 3 SDR 35, effective November 11, 1976; 12 SDR 109, effective January 9, 1986; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 22 SDR 23, effective August 29, 1995; 26 SDR 174, effective July 4, 2000; 33 SDR 43, effective September 12, 2006; 41 SDR 12, effective July 31, 2014.

**General Authority:** SDCL ~~36-9-21~~36-9-21(2).

**Law Implemented:** SDCL 36-9-1.1, ~~36-9-3~~36-9-3(4)(5)(8)(9)(10)(11), ~~36-9-4~~36-9-4(3)(4)(5)(6)(7).

**References:**

~~1. **Nursing: Scope and Standards of Practice**, 2004 edition, American Nurses Association. Copies may be obtained from American Nurses Publishing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.~~

~~2. **Guide to the Code of Ethics for Nurses: Interpretation and Application**, 2008 edition, American Nurses Association. Copies may be obtained from American Nurses Publishing, 8515 Georgia Avenue, Suite 400, Silver Spring, MD 20910-3492.~~

~~3. **NAPNES Standards of Practice and Educational Competencies of Graduates of Practical/Vocational Nurses**, 2007 edition, National Association for Practical Nurse Education and Service, Inc. Copies may be obtained from the National Association for Practical Nurse Education and Service, Inc., [www.napnes.org](http://www.napnes.org).~~

**Declaratory Rulings:**

Instructing a patient on routine measures for taking care of her a condition does not constitute the practice of medicine and is not grounds for disciplinary action even if the information and recommendations provided are in excess of, or different from, the information and recommendations given by the patient's physician, so long as the nurse did not, on her the nurse's own, treat the symptoms or disease. South Dakota Board of Nursing Declaratory Ruling No. 80-1.

A nurse must exercise professional judgment when a physician transmits accepting orders through a third party, who may or may not be unlicensed, via telephone or otherwise. If an order is transmitted through a third party, all persons, including the third party, must be identified by name and title before the order may be implemented. South Dakota Board of Nursing Declaratory Ruling 87-1.

Although registered nurses, under the direction of a physician, may administer narcotics, analgesics, sedatives, and tranquilizing medications to patients, registered nurses may not administer any medication for the purpose of inducing general anesthesia. It is not within the authority of the board to determine how or for what purpose a specific drug with multiple uses is being administered at any given time. Institutional or agency protocol must address this. South Dakota Board of Nursing Declaratory Ruling 89-1.

Homemakers employed by the Department of Social Services or its contractors may provide assistance with the self-administration of medications to clients who are mentally capable of self-directing their care and who reside in their own home or reside in adult foster care or an assisted living center if the homemakers are trained as homemakers, are placed by an agency, and are under the supervision of a professional social worker or nurse as appropriate and if the assistance is limited to reminding the client to take a medication at a prescribed time, opening and closing a medication container, and returning a medication container to the proper storage area. Services provided under the conditions described are not dependent upon licensure in nursing. South Dakota Board of Nursing Declaratory Ruling 92-1.

**20:48:04:01.01. Scope of nursing practice -- Registered nurse.** A registered nurse in accordance with § 20:48:04:01 shall use the nursing process in the execution of nursing responsibilities, activities, or tasks authorized in SDCL 36-9-3 and this article for the promotion or maintenance of client health and the prevention of illness or injury. A registered nurse may:

(1) Conduct ongoing assessments to anticipate and recognize changes or potential changes in client status, including assimilation of data gathered from a licensed practical nurse and other members of the health care team;

(2) Identify client problems and use clinical judgment in accordance with § 20:48:04:01 to make independent nursing decisions or a nursing diagnosis;

(3) Develop a nursing plan of care that may include interventions for health maintenance, patient teaching, counseling, prevention of illness, rehabilitation, or discharge planning;

(4) Administer independent nursing interventions;

(5) Administer medications and treatments prescribed or ordered by a legally authorized prescriber, including:

(a) Determining which medication to administer when a prescriber orders more than one medication for the same therapeutic indication; and

(b) Determining the dose to administer when a prescriber orders an as-needed medication with a range of doses;

(6) Execute a delegated medical treatment, therapy, or regimen according to an approved medical protocol, standardized procedure, or standing order, including the performance of conservative sharp wound debridement to remove necrotic tissue above the level of viable tissue if the removal is not expected to cause significant blood loss and if the registered nurse holds current wound care certification from a national certification body approved by the board;

(7) Determine and place durable medical equipment or therapeutic devices when providing preventive, restorative, and supportive care, to implement the overall plan of care;

(8) Evaluate client response to nursing interventions and modify the nursing plan of care consistent with intended outcomes;

(9) Monitor changes in a client's health status and take appropriate action, including preventive measures to protect the client, self, and others;

(10) Assess client learning needs, develop a teaching plan to meet the client's needs, implement the plan, and evaluate the outcome;

(11) Delegate only tasks or activities that one can perform safely and in accordance with § 20:48:04.01:01; and

(12) Supervise licensed and unlicensed providers in accordance with this article.

**Source:**

**General Authority:** SDCL 36-9-21(3).

**Law Implemented:** SDCL 36-9-1.1, 36-9-3(1)(2)(3)(4)(5)(6)(7)(11).

**20:48:04:01.02 Scope of nursing practice -- Licensed practical nurse.** A licensed practical nurse, in accordance with § 20:48:04:01, may:

(1) Assist in the identification and administration of nursing interventions, including:

(a) Determining which medication to administer when an authorized prescriber orders more than one medication for the same therapeutic indication; and

(b) Determining the dose to administer when an authorized prescriber orders an as-needed medication with a range of doses;

(c) Administering intravenous therapy, authorized in § 20:48:04:06 or as delegated by a registered nurse pursuant to § 20:48:04:06.01, that is prescribed by a legally authorized prescriber;

(2) Assist in the administration of a delegated medical treatment or regimen according to an approved medical protocol, standardized procedure, or standing order;

(3) Contribute to the evaluation of client care and the adjustment of the plan of care by monitoring client outcomes, collecting data, and communicating findings in a timely manner;

(4) Assist with the identification of client learning needs, teaching, and counseling in accordance with the plan of care;

(5) Delegate only tasks or activities that one can perform safely and in accordance with § 20:48:04.01:01; and

(6) Supervise a nursing assistant in accordance with § 20:48:04.01:02.

**Source:**

**General Authority:** SDCL 36-9-21(3).

**Law Implemented:** SDCL 36-9-1.1, 36-9-4(2)(3)(4)(8)(9)(10), 36-9-4.1(2).

**20:48:04:01.03 Supervision of a licensed practical nurse.** A registered nurse or advanced practice registered nurse who supervises the practice of a licensed practical nurse shall determine if direct or minimal supervision is required after considering:



(1) The educational preparation of the licensed practical nurse, including the basic educational program and the knowledge and skills subsequently acquired by the nurse through continuing education and practice;

(2) The depth of knowledge needed to perform the task and the potential threat to the client's well-being. If the provider determines a task is complex, direct supervision must be provided;

(3) The stability of the nursing situation:

(a) In a stable nursing situation, the licensed practical nurse may practice with minimal supervision. The supervisor is physically on the premises where the client is being cared for or readily available by electronic communication;

(b) In a complex nursing situation, the licensed practical nurse must practice under direct supervision;

(4) The qualifications and number of personnel in the facility where the licensed practical nurse practices and the proximity of the clients to personnel;

(5) Accessible resources in the facility; and

(6) Established policies, procedures, practices, and channels of communication that lend support to the types of nursing services offered.

**Source:**

**General Authority:** SDCL 36-9-21(2).

**Law Implemented:** SDCL 36-9-3(11), 36-9-4.

**20:48:04:06. Intravenous therapy ~~functions which~~ tasks that may be performed by licensed practical nurses.** A licensed practical nurse who has completed a program of study that included supervised clinical practice acquired through a pre-licensure nursing education program or a continuing education program and who has demonstrated clinical competence may perform the following intravenous therapy ~~functions~~:

~~—— (1) Peripheral intravenous therapy to adults and adolescents, as follows:~~

~~—— (a) Perform venipuncture to administer intravenous fluids in peripheral veins, excluding midline catheters;~~

~~—— (b) Assemble and maintain equipment for:~~

~~—— (i) Gravity drip infusion; and~~

~~—— (ii) Electronic controlling devices, excluding client-controlled devices;~~

~~—— (c) Calculate and adjust infusion rates using standard formulas;~~

~~—— (d) Perform routine intravenous tubing set changes;~~

\_\_\_\_\_ (e) Administer, by peripheral route, standard solutions at a defined flow rate, with or without admixtures, mixed and labeled by a pharmacist, registered nurse, or physician. The admixture, potassium chloride, may not be administered at a concentration that exceeds 20 meq/liter or at a rate that exceeds 10 meq/hour;

\_\_\_\_\_ (f) Administer vitamins, antibiotics, corticosteroids, and H2 antagonists by the intravenous piggyback route, that are mixed and labeled by a pharmacist, registered nurse, or physician, excluding the first dose which must be administered by a registered nurse;

\_\_\_\_\_ (g) Convert and flush heparin or saline intermittent infusion devices;

\_\_\_\_\_ (h) Perform routine intravenous site dressing changes;

\_\_\_\_\_ (i) Discontinue peripheral intravenous therapy, excluding midline catheters;

\_\_\_\_\_ (2) Intravenous therapy via an externally accessed centrally placed catheter to adults and adolescents, as follows:

\_\_\_\_\_ (a) Assemble and maintain equipment for:

\_\_\_\_\_ (i) Gravity drip infusion; and

\_\_\_\_\_ (ii) Electronic controlling devices, excluding client-controlled devices;

\_\_\_\_\_ (b) Calculate and adjust infusion rates using standard formulas;

\_\_\_\_\_ (c) Perform routine intravenous tubing set changes;

\_\_\_\_\_ (d) Administer standard solutions at a defined flow rate, with or without admixtures, mixed and labeled by a pharmacist, registered nurse, or physician. The admixture, potassium chloride, may not be administered at a concentration that exceeds 20 meq/liter or at a rate that exceeds 10 meq/hour;

\_\_\_\_\_ (e) Administer vitamins, antibiotics, corticosteroids, and H2 antagonists by the intravenous piggyback route, that are mixed and labeled by a pharmacist, registered nurse, or physician, excluding the first dose which must be administered by a registered nurse;

\_\_\_\_\_ (f) Perform routine heparin or saline flushes; and

\_\_\_\_\_ (g) Perform central line dressing changes tasks for clients who are twelve years of age or older, as ordered by a legally authorized medical prescriber, and as supervised in accordance with § 20:48:04:01.03:

(1) Insert peripheral venous access devices, using a needle or a catheter not to exceed three inches in length;

(2) Administer local anesthetics by the intradermal, subcutaneous, or topical routes for the purpose of pain control when inserting a peripheral catheter;

(3) Obtain blood samples through a peripheral or a central line;

(4) Assemble and maintain peripheral line and central line infusion equipment;

(5) Administer intravenous fluids, with or without out added medication, that have been prepared and labeled by a pharmacist, registered nurse, physician, dentist, or manufacturer, via a peripheral or a central line, excluding the medications listed in § 20:48:04:07;

(6) Calculate and adjust infusion rates using standard formulas for peripheral and central lines;

(7) Reconstitute medications by activation of a manufacturer's prepared bag and vial system;

(8) Administer peripheral intravenous push medications, if:

(a) Direct supervision is provided by a registered nurse, advanced practice registered nurse, physician, or other board-approved licensed health care provider;

(b) The medication is not listed in § 20:48:04:07; and

(c) Administration occurs in a health care facility licensed pursuant to SDCL chapter 34-12;

(9) Flush peripheral or central catheter lines with heparin or saline solutions;

(10) Administer total parenteral nutrition and fat emulsion solutions via a central line;

(11) Assemble and maintain patient-controlled analgesia infusion equipment, program the pump pursuant to an authorized provider's order that prescribes a specific dosage, and assist a client with self-bolus when needed;

(12) Monitor the administration of blood products and plasma volume expanders after a registered nurse or physician has administered the blood product and monitored the client for the initial fifteen minutes of the infusion;

(13) Discontinue intravenous therapy infusion, blood products, and plasma volume expanders;

(14) Perform routine peripheral and central line intravenous site dressing changes;

(15) Remove peripheral intravenous therapy catheters that do not exceed three inches in length; and

(16) Remove implanted venous access device needles.

**Source:** 26 SDR 174, effective July 4, 2000.

**General Authority:** SDCL ~~36-9-21~~36-9-21(3).

**Law Implemented:** SDCL 36-9-1.1, ~~36-9-4~~36-9-4(3)(4)(10), 36-9-4.1(1).

**20:48:04:06.01 Administration of blood components by a licensed practical nurse.** A registered nurse may assign the administration of blood products to a licensed practical nurse if:

(1) The licensed practical nurse has completed a program of study on the transfusion of blood products that included supervised clinical practice acquired through a pre-licensure nursing education program or a continuing education program;

(2) The licensed practical nurse demonstrates clinical competence in the administration of the specific type of blood product to be administered;

(3) The client to be administered the blood product is twelve years of age or older;

(4) The blood product will be administered to a client in a hospital licensed pursuant to SDCL chapter 34-12; and

(5) The licensed practical nurse is directly supervised during the administration of the blood product, according to § 20:48:04:01.03.

**Source:**

**General Authority:** 36-9-21(3).

**Law Implemented:** SDCL 36-9-3(7), 36-9-4.1(1).

**20:48:04:07. ~~Intravenous therapy functions which~~ Tasks that may not be performed by licensed practical nurses.** A licensed practical nurse may not perform the following intravenous therapy functions:

(1) Administration of medications by direct intravenous push or bolus route;

(2) Administration of blood or blood products, fat emulsions, total parenteral nutrition, or chemotherapy;

(3) Administration of any medications by intravenous route not authorized by § 20:48:04:06 Administer the following

intravenous therapy fluids, medications, agents, or drug classifications:

(a) Antiarrhythmics;

(b) Antineoplastic chemotherapy;

(c) Biologics, including immunotherapy;

(d) Fibrinolytics;

(e) Immunoglobulins;

(f) Investigative or experimental;

(g) Oxytocics;

(h) Paralytics;

(i) Thrombolytics;

(j) Tocolytics; or

(k) Vasoactives;

(2) Titrate medications that require continuous assessments to determine the dosage of medication or agent;

(3) Administer medications for the purpose of inducing moderate sedation, a drug-induced depression of consciousness during which a client is capable of responding to verbal commands;

(4) Administer medications for the purpose of inducing deep sedation, a drug-induced loss of consciousness where the client may not be easily aroused and interventions to maintain a patent airway may be needed;

(5) Administer medications for the purpose of inducing general anesthesia, a drug-induced loss of consciousness where the client is not arousable, and interventions are required to maintain a patent airway;

(6) Administer fluids, medication, or agents via an epidural, intrathecal, intraosseous, umbilical, or ventricular reservoir;

or

(7) Insert or remove a midline intravenous catheter, peripherally inserted central line catheter, or other type of central line catheter.

**Source:** 26 SDR 174, effective July 4, 2000.

**General Authority:** SDCL ~~36-9-21~~ 36-9-21(3).

**Law Implemented:** SDCL 36-9-1.1, ~~36-9-4~~.