Prescribing and Use of Drugs by Non-Physician Health Professionals:

A Jurisdictional Review of the Profession of Respiratory Therapy

November 2008
Non-Physician Prescribing and Use of Drugs  
Jurisdictional Review for Profession of Respiratory Therapy  
November, 2008

Ontario

Regulatory Body  
College of Respiratory Therapy of Ontario

Governing Legislation  
Regulated Health Professions Act  
Respiratory Therapy Act, 1991 and regulations under the Act

Authority to Prescribe/Administer Drugs:  Administer only

Scope of Practice

Respiratory Therapy Act, 1991

3. The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation. 1991, c. 39, s. 3; 1998, c. 18, Sched. G, s. 44 (2).

Authorized Acts under the Respiratory Therapy Act, 1991

4. In the course of engaging in the practice of respiratory therapy, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:
   1. Performing a prescribed procedure below the dermis.
   2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
   3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.
   4. Administering a substance by injection or inhalation. 1991, c. 39, s. 4; 1998, c. 18, Sched. G, s. 44 (2).

Additional requirements for authorized acts

5. (1) A member shall not perform a procedure under the authority of paragraph 1, 2 or 4 of section 4 unless the procedure is ordered by,
   (a) a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;
   (b) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991; or
(c) a member of a health profession that is prescribed by regulation. 1998, c. 18, Sched. G, s. 44 (3).

O Reg 753/93
designates recommending, dispensing or selling medical gases or equipment for an improper purpose as an act of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code.

Other Regulatory Body Documents

Professional Practice Guideline for Delegation of Controlled Act

This College document provides guidance on when a Respiratory Therapist can accept delegation or can delegate a controlled act.

Professional Practice Guidelines for Dispensing Medication

This College document outlines the difference between administration of drugs and the delegated authority a member of the profession can receive to dispense medication.

CRTO position statement on Respiratory Therapist working as Anesthesia Assistant, the following is an excerpt

“Registered Respiratory Therapists have worked alongside Anesthesiologists in Ontario operating rooms. The traditional role of the Operating Room Respiratory Therapist has included providing technical support to the Anesthesiologist for the proper use and maintenance of the anesthetic gas machine, in addition to also providing airway management. Over the past several years this role in the operating room has evolved to include a more advanced and specialized role with increasing responsibilities to the Respiratory Therapist. In some Ontario hospitals Respiratory Therapists have undergone additional training in order to perform activities such as the provision of conscious sedation, administration of anesthetic gases and medications, insertion and management of arterial lines and assessment of the depth of anesthesia under the guidance of an Anesthesiologist and under the authority of medical directives. The title for this role varies within institutions. Although the title of “Anesthesia Assistant” is not a legislated protected title, it is associated with this role in some facilities in Ontario. The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice of Respiratory Therapy and the legislation, standards and policies of the College.”

Professional Practice Guidelines for Orders of Medical Care

This College document outlines the requirement on medical order for RT to administer substance by injection or inhalation.

1 [http://www.crto.on.ca/pdf/RT-Anesthesia-Assistant.pdf](http://www.crto.on.ca/pdf/RT-Anesthesia-Assistant.pdf)
Alberta

Regulatory Body
College and Association of Respiratory Therapists of Alberta (CARTA)

Governing Legislation

Health Professions Act\(^2\), R.S.A. 2000 serves as umbrella legislation for multiple health professions. CARTA anticipates the proclamation of the RT regulation under HPA in the near future. However until this occurs, the Respiratory Regulation under the Health Disciplines Act is still in effect.\(^3\)

Authority to Prescribe/Administer Drugs

Administer only

Scope of Practice

\begin{tabular}{|l|}
\hline
\textit{Health Professions Act, 2000 Schedule 26} \\
\hline
3 In their practice, respiratory therapists do one or more of the following: \\
\hline
(a) provide basic and advanced cardio-respiratory support services to assist in the diagnosis, treatment and care of persons with cardio-respiratory and related disorders, and \\
(b) provide restricted activities authorized by the regulations. \\
\hline
\end{tabular}

Authorized Acts

\begin{tabular}{|l|}
\hline
\textit{Respiratory Therapy Regulation under Health Disciplines Act} \\
\hline
6(1) A registered member may provide or assist in the provision of the following health services: \\
\hline
(a) patient evaluation; \\
(b) cardiopulmonary resuscitation and support; \\
(c) mechanically augmented ventilation; \\
(d) patient transport; \\
(e) aerosol therapy; \\
\hline
\end{tabular}

\(^3\) http://www.carta.ca/healthAct.htm
(f) humidity therapy;
(g) distribution of anaesthetic agents and gases;
(h) distribution and administration of medical gas supplies;
(i) airway management;
(j) blood gas analysis;
(k) non-invasive cardiopulmonary testing and monitoring;
(l) transcutaneous monitoring;
(m) arterial and capillary punctures;
(n) maintenance of equipment used in the provision of any of the health services referred to in clauses (a) to (m);
(o) research and education in any of the health services referred to in clauses (a) to (m);
(p) administration or supervision of programs involving the provision of any of the health services referred to in clauses (a) to (m).

(2) A registered member may assist in management plan development related to respiratory therapy.

(3) Subject to section 7, no registered member shall provide any of the health services referred to in subsection (1) or (2) except under the supervision of a physician.

AR 328/85 s6;508/87;195/89

7(1) No registered member shall provide any of the following health services except with the consent of the hospital board and under the supervision of a physician who is available to assess the quality and result of the procedure:

(a) neonatal transport;
(b) endotracheal intubation;
(c) arterial line sampling;
(c.1) arterial line insertion;
(d) specialized pulmonary diagnostic techniques and evaluation procedures;
(e) airway provocation studies;
(f) long term pacemaker programming and evaluation;

(g) hemodynamic monitoring.

(2) In addition to the requirements of subsection (1), a registered member who provides the health services referred to in subsection (1)(c.1), (e), (f) or (g) shall ensure that a physician is readily available to render assistance if necessary.

(3) No registered member shall provide any of the following health services except with the consent of the hospital board and under direct supervision:

(a) cardiac tolerance testing;

(b) assisting in pacemaker implantation and evaluation;

(c) assisting in bronchoscopy techniques;

(d) assisting in anaesthesia;

(e) intraoperative autologous transfusion.
Non-Physician Prescribing and Use of Drugs
Jurisdictional Review for Profession of Respiratory Therapy
November, 2008

Manitoba

Regulatory Body
Manitoba Association of Registered Respiratory Therapists

Governing Legislation
Registered Respiratory Therapists Act C.C.S.M. c. R115

Authority to Prescribe/Administer Drugs
Administer only

Scope of Practice

<table>
<thead>
<tr>
<th>Registered Respiratory Therapists Act</th>
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<tr>
<td>1(2) Without restricting the generality of the definitions of &quot;practice of respiratory therapy&quot; and &quot;respiratory therapy&quot; a person shall be deemed to be practising respiratory therapy within the meaning of this Act who by advertisement, sign, or statement of any kind, written or oral, alleges or implies or states that he is, or holds himself out as being qualified, able or willing to assist any individual or individuals by way of medically supervised and co-ordinated treatment by medical gases, aerosols, oxygen, compressed air, or other therapeutic medical gas mixtures applied directly or indirectly to the airways, including</td>
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<tr>
<td>(a) the administration of drugs by the foregoing means; or</td>
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<td>(b) the assistance of ventilation with or without mechanical devices; or</td>
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<td>(c) the provision of safe and effective application of equipment and techniques to patients; or</td>
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<tr>
<td>(d) the evaluation of effectiveness of the foregoing procedures and techniques; or</td>
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<tr>
<td>(e) the provision of sufficient expertise in the therapy to effectively evaluate equipment, to correct problems with equipment and provide stimulus to the development of new equipment to meet special needs; or</td>
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<tr>
<td>(f) the performance of tests and measurements used as aids in the diagnosis or evaluation of the function of the cardio-pulmonary system; or</td>
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<tr>
<td>(g) the performance of cardio-pulmonary resuscitation techniques; or</td>
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<tr>
<td>(h) procurement of arterial and capillary blood samples for blood gas analysis.</td>
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</tbody>
</table>

Limitation of right to practise⁵

7 Nothing in this Act or in the by-laws of the association authorizes any person
   (a) to prescribe drugs for use internally or externally; or
   (b) to direct or prescribe the use of anaesthetics.

Other Regulatory Body Documents

| The Manitoba Association of Registered Respiratory Therapists Standards of Practice section 8.4 |
| Respiratory Therapists will follow established policies and procedures in reference to the maintenance of records, use of pharmacologic agents and reporting of relevant information.⁶ |

⁵ Ibid. s.7
Quebec

Regulatory Body
Ordre professionnel des inhalothérapeutes du Québec

Governing Legislation
Respiratory Therapy is one of the professions regulated under the *Professional Code*, R.S.Q., chapter C-26. *Professional activities that may be engaged in by respiratory therapist, Regulation respecting certain*, R.Q. c. C-26, r.121.0001

Authority to Prescribe/Administer Drugs
Administer and adjust prescribed medication

Scope of Practice


37. Every member of one of the following professional orders may engage in the following professional activities in addition to those otherwise allowed him by law:

*(s)* the Ordre professionnel des inhalothérapeutes du Québec: participate in the assessment of cardiopulmonary function for diagnostic or therapeutic follow-up purposes, participate in the administration of anesthesia, and deal with problems affecting the cardiopulmonary system;

37.1. Every member of one of the following professional orders may engage in the following professional activities, which are reserved to such members within the scope of the activities they may engage in under section 37:

7) the Ordre professionnel des inhalothérapeutes du Québec:

(a) provide ventilatory assistance, according to a prescription;

(b) take specimens, according to a prescription;

(c) test cardiopulmonary function, according to a prescription;

(d) provide clinical monitoring of the condition of persons under anesthesia, including sedation analgesia, or under ventilatory assistance;

(e) administer and adjust prescribed medications or other prescribed substances;

(f) mix substances to complete the preparation of a medication, according to a prescription; and
Non-Physician Prescribing and Use of Drugs
Jurisdictional Review for Profession of Respiratory Therapy
November, 2008

(g) introduce an instrument, according to a prescription, into a peripheral vein or an artificial opening or in and beyond the pharynx or beyond the nasal vestibule.

Nova Scotia

Regulatory Body
Nova Scotia College of Respiratory Therapists

Governing Legislation
Respiratory Therapists Act, S.N.S. 2007, c. 13
Respiratory Therapists' Regulations

Authority to Prescribe/Administer Drugs
Administer

Scope of Practice
Respiratory Therapists Act

(w) "practice of respiratory therapy" means the application of professional respiratory therapy knowledge, skills and judgement in the provision of diagnostic, assessment, and therapeutic modalities to assist in the management of cardio-respiratory and related disorders, in collaboration with physicians and other health care professionals, to achieve optimal respiratory health, wellness and functional performance and includes, but is not limited to,

(i) conducting patient cardio-respiratory assessment,
(ii) performing basic respiratory care therapy modalities,
(iii) performing airway management techniques,
(iv) optimizing pulmonary ventilation,
(v) applying medical gas therapy,
(vi) providing cardio-pulmonary resuscitation and stability,
(vii) administering and monitoring prescribed pharmaceutical substances,
(viii) procuring blood samples from various sites,
(ix) performing pulmonary diagnostic testing,
(x) performing cardiac diagnostic testing,
(xi) performing hemodynamic monitoring,

(xii) performing hyperbaric medicine therapy,

(xiii) performing anaesthesia assistance within the scope of practice of the profession,

(xiv) such delegated medical functions as are approved in accordance with the Medical Act,

(xv) educating patients, families, colleagues and health care professionals concerning respiratory care,

(xvi) such other aspects of respiratory therapy as may be prescribed in regulations approved by the Governor in Council, and research, administration and education relevant to subclauses (i) to (xvi);

Other Regulatory Body Documents

From the Nova Scotia College of RT website:

What is a Respiratory Therapist?

Respiratory Therapists are healthcare professionals who assist physicians with the diagnosis and treatment of lung disorders. Their duties include:

- Maintaining an open airway for trauma, intensive care, and surgery patients
- Assisting in cardiopulmonary resuscitation and support
- Providing life support for patients who can't breathe on their own
- Assisting in high risk births
- Stabilizing high risk patients being moved by air or ground ambulance
- Assisting anesthesiologists in the operating room
- Administering inhaled drugs and medical gases such as asthma medication and oxygen
- Conducting tests to measure lung function
- Teaching people to manage their asthma or to quit smoking
- Providing in-home respiratory care to adults and children with chronic lung disease

7 What is a Respiratory Therapist?, Nova Scotia College of Respiratory Therapists, http://www.nscrt.com/about.htm
British Columbia

Respiratory Therapy is not regulated in British Columbia. The BC Society of Respiratory Therapists (BCSRT) made application to the Health Professions Council (HPC) for designation as a self-regulating health profession in February 1991. A College Task Force Committee was established to review the HPC recommendations and create bylaws for a future college. However, in September 2004, the BC government undertook a revision of the Health Professions act and BCSRT received a letter from the Ministry of Health Planning indicating that all future regulation of health professions was going to be put on hold. In April 2005, a letter was sent from the Deputy Minister of Health indicating that there was no appetite in adding a regulatory college. In May 2007, the BCSRT submitted additional information to the Ministry of Health regarding the state of regulation for Respiratory Therapists across Canada. This information was submitted at the request of Ministry of Health officials who met with the BCSRT in December 2006. No further information available on the status of the Society’s application.  

Registered Respiratory Therapist (RRT) credentials in Canada

Respiratory therapy is regulated in the provinces: Alberta, Manitoba, Ontario, Quebec and Nova Scotia. The Canadian Society of Respiratory Therapists (CSRT) is a certifying body and national professional association for respiratory therapists in Canada. Successful completion of the CSRT National Certification Examination is one of four requirements for individuals wishing to be a Registered Respiratory Therapist (RRT) in Canada.

The four criteria for CSRT RRT registration are:

i) Applicants must have graduated from a respiratory therapy educational program in Canada, which has been accredited by the Council on Accreditation for Respiratory Therapy Education (CoARTE) *;

ii) Authorization to practice respiratory therapy in Canada as a citizen or other official authorization;

iii) Successful completion of the CSRT National Certification Examination;

iv) CSRT membership criteria must also be met.

The CSRT has developed a National Competency Profile for entry level practice of respiratory therapy. Within this profile, section Q: Medical Gas Therapy competency and section T: pharmacology. Both these sections address the Respiratory Therapist’s act to administer medical gas and medication during the course of practice.  

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International Jurisdictions

Australia and New Zealand

Respiratory services are mainly provided by specialty advance practice nurses.

No legislation exists in New Zealand or any of Australia’s 8 states and territories:

- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

The Australian & New Zealand Society of Respiratory Science\(^\text{11}\) (ANZSRS) and the Thoracic Society of Australia and New Zealand (TSANZ) function as academic interest groups, with representation from almost all Australian and New Zealand jurisdictions.

Nursing specialist interest groups exist in most jurisdictions.\(^\text{12}\)

International Jurisdictions

United Kingdom

RTs are not a regulated profession in the UK. Preliminary research indicates RT duties and responsibilities are filled by Respiratory Nurse Specialists. The Association of Respiratory Nurse Specialists\(^\text{13}\) does not provide standards of practice.

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\(^{11}\) http://www.anzsrs.org.au/about.html

\(^{12}\) For example: The Respiratory Nurses' Interest Group of NSW, viewable at http://www.rnig.org.au/Index.html

\(^{13}\) http://www.arns.co.uk/pages/home.html
Non-Physician Prescribing and Use of Drugs
Jurisdictional Review for Profession of Respiratory Therapy
November, 2008

Authority to Prescribe and/or Administer Drugs in United States Jurisdictions\textsuperscript{14}

Respiratory Therapy
The National Board for Respiratory Care, Inc. (NBRC) is a voluntary health certifying board which was created in 1960 to evaluate the professional competence of respiratory therapists. NBRC Examinations include:

Certified Pulmonary Function Technologist (CPFT)
The Entry Level CPFT Examination is designed to objectively measure essential knowledge, skills and abilities required of entry level pulmonary function technologists at beginning practice.

Certified Respiratory Therapist (CRT)
The Entry Level CRT Examination is designed to objectively measure essential knowledge, skills and abilities required of entry level respiratory therapists.

Neonatal/Pediatric Respiratory Care Specialty Examination (NPS)
The Neonatal/Pediatric Respiratory Care Specialty Examination is designed to objectively measure essential knowledge, skills and abilities required of respiratory therapists in this specialty area.

Registered Pulmonary Function Technologist (RPFT)
The RPFT Examination is designed to objectively measure essential knowledge, skills and abilities required of an advanced pulmonary function technologist.

Registered Respiratory Therapist (RRT)
The Registry Examination System was developed to objectively measure essential knowledge, skills and abilities required of advanced respiratory therapists and to set uniform standards for measuring such knowledge\textsuperscript{15}

State Licensure Issues:
In 48 states, the District of Columbia (DR) and Puerto Rico (PR) licensing of the respiratory therapist is required. The only two states that currently do not regulate Respiratory Therapy practice are Alaska and Hawaii. All the licensed states use the NBRC CRT examination as their own state licensure exam.

State licensure laws provide a detailed scope of what encompasses respiratory practice, including the qualifications and competencies one must possess to be a respiratory therapist, and the circumstances under which the respiratory therapist may practice. Respiratory therapists provide/render their services either under medical direction or medical supervision of a licensed

\textsuperscript{14} For a list of all US licensure boards, visit http://www.respiratorytherapyjob.com/Respiratory-Therapist-Licensure/

\textsuperscript{15} National Board for Respiratory Care, available at https://www.nbrc.org/Examinations/tabid/70/Default.aspx
physician. Respiratory therapists cannot prescribe; they carry out the orders of a physician. The respiratory therapy scope of practice statements for the states all include the phrase ‘administering medications to the cardio pulmonary system’, or similar words. For example, below is what the RT law in Arizona states:

"Administering pharmacological, diagnostic and therapeutic agents related to respiratory care procedures and necessary to implement a treatment, disease prevention, pulmonary rehabilitative or diagnostic regimen prescribed by a physician." In short, if the drug (medication) is related to cardio-respiratory practice, and it is prescribed by the physician, the RT can administer it. The laws do not get specific on what exact drugs respiratory therapists can administer. But it is understood that these would be cardio-respiratory drugs or medications that are US Food and Drug approved (oxygen, for example is a FDA approved drug).

The states of Alaska and Hawaii are unique in size and population. While these two states do not require licensure, it is nearly universal that the respiratory therapists work in hospitals or clinics and it is a de facto requirement that all respiratory therapists are required to have either the CRT or RRT credential.

**Advanced Practice roles in Respiratory Care:**
The 48 states, DC and PR that regulate the practice and profession of respiratory therapy, while having a core of identical provisions, also have unique variations. These variations stem from the influence of certain professions, including physicians and nurses, while the legislation creating respiratory therapy state licensure laws were crafted. In a few states, respiratory therapists may act on orders from both registered nurses and physicians.

In 14 states (AL, AR, CA, MA, MS, NM, NC, ND, OK, RI, SD, TX, WV, WY) there is a provision in the state licensure law that reads: “This chapter does not prohibit a respiratory therapists from performing advances in the art and techniques of respiratory care learned through formal or specialized training.” This excerpt is from the North Dakota Respiratory Therapy law. The law there also permits advanced practice. “RCPS may perform new and innovative respiratory care procedures, but only in appropriately identified environments and under the training and practice guidelines established by the AARC.” The regulations state: “those advanced practice procedures that are recognized by the Board in Declaratory Rulings as being within the scope of respiratory care, when performed by an RCP with appropriate training”. This provision opens the way for consideration, usually via regulations that would permit an expansion of respiratory therapy scope of practice. This provision has been used in several states that, through their own regulations, permit specially trained respiratory therapists to provide conscious sedation for example.

Some states permit their licensure boards to have the authority to change, or amend the practice act. North Carolina is one of those states, whereby “Declaratory Rulings” allow for significant
changes to the practice act without changing the law itself. Other states, such as Idaho, do not allow for much, if any interpretation of the law.

**Use of Controlled Substances:**

The United States Drug Enforcement Association (DEA) has added Respiratory Care Practitioners to its list of licensed medical professionals who are authorized to administer controlled substances, provided the administration of the controlled substance has been ordered by a physician and such administration is related to a respiratory care procedure. Oklahoma, for example permits respiratory therapists to administer conscious sedation agents. A few other states permit this within the context of ‘advanced practice’. (See example on Oklahoma ruling on conscious sedation).\(^\text{16}\)

**American Society of Anesthesiology Position Statement: Respiratory Care Practitioner’s Role in Conscious Sedation\(^\text{17}\):**

Respiratory Care Practitioners are prepared through formal didactic and clinical educational experience, and through nationally validated credentialing examination processes. Respiratory Care Practitioners, through training and routine job descriptions and responsibilities, are prepared to manage risks to the cardio-respiratory systems associated with the administration of conscious sedation agents. The American Society of Anesthesiology in its position statement of 1996 has published and publicly recognized non-physicians such as respiratory therapists as being capable of administration and monitoring of patients receiving conscious sedation. The Assistant Attorney General to the Oklahoma Board of Medical Licensure and Supervision has reviewed the Respiratory Care Practice Act and subsequently has reported to the Respiratory Care Advisory Committee conscious sedation drug administration and monitoring are within the scope of practice of Respiratory Care Practitioners pursuant to the Act.

The Respiratory Care Advisory Committee to the Oklahoma Board of Medical Licensure and Supervision recommends adoption of the following “Respiratory Care Practitioner Conscious Sedation Guidelines” delineating the roles and responsibilities of Respiratory Care Practitioners associated in the provision of care to patients receiving conscious sedation:

1) The “advanced practitioner” registered respiratory therapist (RRT), having demonstrated through competency and skills assessment, may under the supervision of a duly license physician, assist physicians during diagnostic and/or therapeutic procedures with patient assessment, administration of prescribed medications, and patient monitoring.

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\(^{16}\) Cheryl West, Director of Government Affairs, American Association for Respiratory Care (AARC) - personal communication, September 4, 2008.

2) The “entry-level” certified respiratory therapist (CRT), having demonstrated through competency and skills assessment, may under the supervision of a duly licensed physician, assist physicians during diagnostic and/or therapeutic procedures with patient assessment and monitoring.

3) Training, competency and skills assessment and verification shall be consistent with the position of the American Society of Anesthesiology; shall be comprehensive in content to assure patient safety; shall be consistent with training, competency and skills assessment of other non-physician health care professionals duly authorized to administer/monitor conscious sedation, and shall be congruent with the rules and regulations of the healthcare organization, its medical staff and any relevant regulatory/accreditation body. (Adopted by the Oklahoma State Board of Medical Licensure and Supervision July 27, 2000)

The following is a review of a few key US jurisdictions on the regulation of Respiratory Therapists.

**North Carolina**

**Regulatory Body**
North Carolina Respiratory Care Board

**Governing Legislation**
Article 38 of the Respiratory Care Practice Act.\(^{18}\)
The Board provided a declaratory ruling\(^{19}\) on an advanced practice role in RT,\(^{20}\) including a list of drugs which Respiratory Care Practitioners are permitted to prescribe (see List).

**Authority to Prescribe/Administer Drugs**
Administering and application (differing rights for Respiratory Therapists and Respiratory Care Practitioners).

**Scope of Practice**

<table>
<thead>
<tr>
<th>Article 38 of the Respiratory Care Practice Act</th>
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<tbody>
<tr>
<td>(10) Practice of respiratory care. - As defined by the written order of a physician licensed under Article 1 of this Chapter, the observing and monitoring of signs and symptoms,</td>
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\(^{18}\) Respiratory Care Practice Act, Art.38, State of North Carolina, [http://www.ncrcb.org/Article%2038%20%20%20%20%202-8-08%20%208.5%20arial.pdf](http://www.ncrcb.org/Article%2038%20%20%20%20%202-8-08%20%208.5%20arial.pdf)

\(^{19}\) “The North Carolina Respiratory Care Board concludes that Respiratory Care Practitioners may provide advanced care procedures and administer pharmacologic agents related to these procedures under the direct orders of a physician and protocols established by an Ambulance Provider licensed pursuant to Chapter131E of the North Carolina General Statutes.” [http://www.ncrcb.org/Final-Declaratory%20Ruling%20RCP%20Advanced%20Practice-Revised%207-12-07.pdf](http://www.ncrcb.org/Final-Declaratory%20Ruling%20RCP%20Advanced%20Practice-Revised%207-12-07.pdf)

\(^{20}\) [http://www.ncrcb.org/Final-Declaratory%20Ruling%20RCP%20Advanced%20Practice-Revised%207-12-07.pdf](http://www.ncrcb.org/Final-Declaratory%20Ruling%20RCP%20Advanced%20Practice-Revised%207-12-07.pdf)
general behavior, and general physical response to respiratory care treatment and
diagnostic testing, including the determination of whether such signs, symptoms,
reactions, behavior, or general response exhibit abnormal characteristics, and the
performance of diagnostic testing and therapeutic application of:
a. Medical gases, humidity, and aerosols including the maintenance of associated
apparatus, except for the purpose of anesthesia.
b. Pharmacologic agents related to respiratory care procedures, including those agents
necessary to perform hemodynamic monitoring.
c. Mechanical or physiological ventilatory support.
d. Cardiopulmonary resuscitation and maintenance of natural airways, the insertion
maintenance of artificial airways under the direct supervision of a recognized medical
director in a health care environment which identifies these services within the scope of
practice by the facility's governing board.
e. Hyperbaric oxygen therapy.
f. New and innovative respiratory care and related support activities in appropriately
identified environments and under the training and practice guidelines established by the
American Association of Respiratory Care. The term also means the interpretation and
implementation of a physician's written or verbal order pertaining to the acts described in
this subdivision.

List/Class

<table>
<thead>
<tr>
<th>Declaratory Ruling-RCP Advanced Practice</th>
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<tbody>
<tr>
<td>Pharmacologic Agents related to the <strong>Advanced Respiratory Care</strong> Procedures:</td>
</tr>
<tr>
<td>• Adenosine</td>
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<tr>
<td>• Amiodarone</td>
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<td>• Anectine</td>
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<td>• Ativan</td>
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<td>• Atropine</td>
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<td>• Benadryl</td>
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<td>• Calcium chloride</td>
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<tr>
<td>• Clonidine</td>
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<td>• Demerol</td>
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<td>• Dextrose</td>
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<td>• Dilantin</td>
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<td>• Dobutamine</td>
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<td>• Epinephrine</td>
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<td>• Esmolol</td>
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<td>• Etomidate</td>
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<td>• Furosemide</td>
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<td>• Haldol</td>
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<tr>
<td>• Ibuprofen</td>
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21 [http://www.ncrcb.org/Final-Declaratory%20Ruling%20RCP%20Advanced%20Practice-Revised%207-12-07.pdf](http://www.ncrcb.org/Final-Declaratory%20Ruling%20RCP%20Advanced%20Practice-Revised%207-12-07.pdf)
Non-Physician Prescribing and Use of Drugs
Jurisdictional Review for Profession of Respiratory Therapy
November, 2008

- Labetalol
- Lidocaine
- Magnesium sulfate
- Morphine
- Narcan
- Nitroglycerine
- Nitroprusside
- Norcuron
- Phenergan
- Procainamide
- Procardia
- Sodium bicarbonate
- Succinylcholine
- Tylenol
- Valium
- Verapamil, and
- Versed

Illinois

Regulatory Body
Respiratory Care Board

Governing Legislation
The Respiratory Care Practice Act

Authority to Prescribe/Administer Drugs
Administer (different rights for RTs and Respiratory Care Practitioner)

Scope of Practice
Respiratory Care Practice Act. Sec. 10.
"Respiratory care" and "cardiorespiratory care" mean preventative services, evaluation and assessment services, therapeutic services, and rehabilitative services under the order of a licensed health care professional or a certified registered nurse anesthetist in a licensed hospital for an individual with a disorder, disease, or abnormality of the

cardiopulmonary system. These terms include, but are not limited to, measuring, observing, assessing, and monitoring signs and symptoms, reactions, general behavior, and general physical response of individuals to respiratory care services, including the determination of whether those signs, symptoms, reactions, behaviors, or general physical responses exhibit abnormal characteristics; the administration of pharmacological and therapeutic agents related to respiratory care services; the collection of blood specimens and other bodily fluids and tissues for, and the performance of, cardiopulmonary diagnostic testing procedures, including, but not limited to, blood gas analysis; development, implementation, and modification of respiratory care treatment plans based on assessed abnormalities of the cardiopulmonary system, respiratory care guidelines, referrals, and orders of a licensed health care professional; application, operation, and management of mechanical ventilatory support and other means of life support; and the initiation of emergency procedures under the rules promulgated by the Department. A respiratory care practitioner shall refer to a physician licensed to practice medicine in all its branches any patient whose condition, at the time of evaluation or treatment, is determined to be beyond the scope of practice of the respiratory care practitioner.

Michigan

Regulatory Body
Michigan board of respiratory care

Governing Legislation
The Public Health Code, Act 368\(^\text{23}\)

Authority to Prescribe/Administer Drugs
Administer

Scope of Practice

<table>
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<td>(d) “Practice of respiratory care” means the provision of respiratory care services. Practice of respiratory care may be provided by an inpatient or outpatient service or department within a health facility, by a home care agency or durable medical equipment company, or by an educational program.</td>
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<tr>
<td>(e) “Respiratory care services” means preventative services, diagnostic services, therapeutic services, and rehabilitative services under the written, verbal, or</td>
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Non-Physician Prescribing and Use of Drugs
Jurisdictional Review for Profession of Respiratory Therapy
November, 2008

Telemceived order of a physician to an individual with a disorder, disease, or abnormality of the cardiopulmonary system as diagnosed by a physician. Respiratory care services involve, but are not limited to, observing, assessing, and monitoring signs and symptoms, reactions, general behavior, and general physical response of individuals to respiratory care services, including determination of whether those signs, symptoms, reactions, behaviors, or general physical response exhibit abnormal characteristics; the administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care services; the collection of blood specimens and other bodily fluids and tissues for, and the performance of, cardiopulmonary diagnostic testing procedures including, but not limited to, blood gas analysis; development, implementation, and modification of respiratory care treatment plans based on assessed abnormalities of the cardiopulmonary system, respiratory care protocols, clinical pathways, referrals, and written, verbal, or telemceived orders of a physician; application, operation, and management of mechanical ventilatory support and other means of life support; and the initiation of emergency procedures under the rules promulgated by the board.

Colorado

Regulatory Body
Department of Regulatory Agencies

Governing Legislation
The Respiratory Therapy Practice Act, 2006

Authority to Prescribe/Administer Drugs
Administration

Scope of Practice

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<tr>
<th>Colorado Revised Statutes, Title 12 Professions and Occupations, Article 41.5, Respiratory Therapy Practice Act</th>
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<tr>
<td>6) &quot;Respiratory therapy&quot; means providing therapy, management, rehabilitation, support services for diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system under the overall direction of a medical director. Respiratory therapy includes the following:</td>
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<td>(a) Direct and indirect pulmonary care services that are safe, aseptic, preventative, and restorative to the patient;</td>
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<td>(b) The teaching or instruction of the techniques and skill of respiratory care whether or not in a formal educational setting;</td>
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<td>(c) Direct and indirect respiratory care services including but not limited to the</td>
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24 [http://www.dora.state.co.us](http://www.dora.state.co.us)
administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, and pulmonary rehabilitative or diagnostic regimen prescribed by a physician or advanced practice nurse;
(d) Observation and monitoring of signs, symptoms, reactions, general behavior, and general physical response to respiratory care treatment and diagnostic testing for:
   (I) The determination of whether such signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics; or
   (II) The implementation based on observed abnormalities of appropriate reporting, referral, or respiratory care protocols or changes in treatment regimen pursuant to a prescription by a physician or advanced practice nurse or the initiation of emergency procedures;
(e) The diagnostic and therapeutic use of the following in accordance with the prescription of a physician or advanced practice nurse\(^\text{26}\): Administration of medical gases, exclusive of general anesthesia; aerosols; humidification; environmental control systems and biomedical therapy; pharmacologic agents related to respiratory care procedures; mechanical or physiological ventilatory support; bronchopulmonary hygiene; respiratory protocol and evaluation; cardiopulmonary resuscitation; maintenance of the natural airways; insertion and maintenance of artificial airways; diagnostic and testing techniques required for implementation of respiratory care protocols; collection of specimens from the respiratory tract; or analysis of blood gases and respiratory secretions and participation in cardiopulmonary research;
(f) The transcription and implementation of the written and verbal orders of a physician pertaining to the practice of respiratory care.

New York

Regulatory Body
Office of Professions

Governing Legislation
Education Law, art. 164 – Respiratory Therapy\(^\text{27}\)
Rules of the Board of Regents Part 29 Unprofessional Conduct


\(^{26}\) Ibid.

\(^{27}\) Respiratory Therapy, Article 164, Education Law, Office of Professions, New York State Education Department, http://www.op.nysed.gov/article164.htm
Authority to Prescribe/Administer Drugs
Administration

Scope of Practice

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<th>Education Law, section 8501, Article 164</th>
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Definition of the practice of respiratory therapy

The practice of the profession of respiratory therapy, which shall be undertaken pursuant to the direction of a duly licensed physician, is defined as the performance of cardiopulmonary evaluation, respiratory therapy treatment techniques, and education of the patient, family and public.

1. Evaluation shall include the acquisition, analysis and interpretation of data obtained from physiological specimens, performing diagnostic tests, studies and research of the cardiopulmonary system and neurophysiological studies related to respiratory care.

2. Therapy shall include the application and monitoring of medical gases (excluding anesthetic gases) and environmental control systems, mechanical ventilatory support, artificial airway care, bronchopulmonary hygiene, pharmacologic agents related to respiratory care procedures, and cardiopulmonary rehabilitation related and limited to respiratory care.

Respiratory therapy services may be performed pursuant to a prescription of a licensed physician or certified nurse practitioner.

Oklahoma

Regulatory Body
State Board of Medical Licensure and Supervision

Governing Legislation
Respiratory Care Practice Act, 1995

Authority to Prescribe/Administer Drugs
Administration

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28 Ibid. s.8501
Scope of Practice

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<tr>
<th>State of Oklahoma Respiratory Care Practice Act, Title 59 O.S., section 2026 -2045</th>
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<tr>
<td>2. &quot;Practice of respiratory care&quot; shall include, but not be limited to, the direct and indirect respiratory care services including but not limited to the administration of medical gases, pharmacological, diagnostic, and therapeutic agents and services related to respiratory care procedures necessary to implement and administer treatment, ventilatory support, maintenance of the airway via natural or artificial means, specimen collection, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by orders of a physician; observing and monitoring signs and symptoms, physiologic measurements of the cardiopulmonary system, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general response exhibit abnormal characteristics; and implementation, based on clinical observations, of appropriate reporting, referral, respiratory care protocol, or changes in treatment, pursuant to a prescription by a person authorized to practice medicine under the laws of this state, or the initiation of emergency procedures under the rules of the Board or as otherwise permitted in the Respiratory Care Practice Act. The practice of respiratory care shall also include the terms &quot;inhalation therapy&quot; and &quot;respiratory therapy&quot;. The practice of respiratory care shall not include the delivery, set-up, installation, maintenance, monitoring and the providing of instructions on the use of home oxygen and durable medical equipment;</td>
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30 Ibid, s.2039