Oregon State Board of Nursing
Interpretive Statement

Nursing Practice
Intravenous Hydration Therapy

Oregon State Board of Nursing Interpretive Statements
Oregon State Board of Nursing (OSBN) Interpretive Statements are not laws (statutes or rules) and are not intended to be legal advice. OSBN Interpretive Statements are adopted by the Board as a means of providing information to licensees who seek to engage in safe nursing practice. Licensees are encouraged to review the applicable laws themselves and, if necessary, obtain their own legal advice.

OSBN Statement
Intravenous (I.V.) hydration therapy is a rapidly expanding form of medical treatment in the state of Oregon and across the country. Typically, this treatment involves patients receiving a predetermined mixture of minerals, amino acids, vitamins, or prescription drugs such as Toradol, Pepcid, and Zofran. These mixtures are tailored to address dehydration, migraines, hangovers, nausea, athletic recovery, appetite regulation, inflammation, and more. Despite its growing popularity, there is a relative lack of regulation governing this treatment. The OSBN acknowledges these gaps and, with the mission of protecting the health, safety, and well-being of Oregonians, desires to inform.

Only licensed prescribers may prescribe I.V. products: Allopathic physicians, osteopathic physicians, physician associates, advanced practice registered nurses (APRN) with prescriptive privilege, and naturopathic physicians with a prescribing endorsement. There is no legal authority for a patient to self-prescribe I.V. products by choosing an I.V. "cocktail" from a menu.

Advanced Practice Registered Nurse
Oregon's Nurse Practice Act (NPA) limits the authority to diagnose medical conditions and determine the treatment for diagnosed conditions to those holding licensure as a nurse practitioner, clinical nurse specialist, and certified registered nurse anesthetist (i.e., the advanced practice registered nurse or APRN). The APRN with prescriptive privilege may consider the prescribing of I.V. hydration therapy to treat diagnosed conditions to be within their scope of practice, only when all decisioning points of the APRN Scope of Practice Decisioning Algorithm are met.

Registered Nurse

The registered nurse's (RN) role in I.V. hydration therapy is to assist with the execution of a medical order from an APRN or other licensed prescriber in accordance with the respective prescriber's plan of care or treatment plan for the patient. The RN's engagement in this role must be in adherence with OAR 851-045-0060 Standards Related to RN Scope in the Practice of Nursing and OAR 851-045-0065 Standards of Practice for the LPN and the RN.

Per OAR 851-045-0065(2)(b), the RN may not perform an I.V. hydration-related activity, intervention or role, until the RN has determined the activity, intervention or role to be within their individual scope of practice. The RN may consider an I.V. hydration-related activity, intervention or role to be within their individual scope of practice when all criteria listed in OAR 851-045-0065(2)(b)(A) through (H) are met.

Licensed Practical Nurse

The licensed practical nurse's (LPN) role in I.V. hydration therapy is to assist with the execution of a patient's medical order from an APRN or other licensed prescriber in accordance with the respective prescriber's plan of care or treatment plan for the client. The LPN's engagement in this role must be in adherence with OAR 851-045-0050 Standards Related to LPN Scope in the Practice of Nursing. These standards set forth a clinically directed practice of nursing for the LPN.

The LPN's clinically directed engagement in this role must also be in adherence with OAR 851-045-0065 Standards of Practice for the LPN and the RN. Per OAR 851-045-0065(2)(b), the LPN may not perform an I.V. hydration-related activity, intervention or role, until the LPN has determined the activity, intervention or role to be within their individual scope of practice. The LPN may consider an I.V. hydration-related activity, intervention or role to be within their individual scope of practice when all criteria listed in OAR 851-045-0065(2)(b)(A) through (H) are met.

Additional Information

OSBN licensees must ensure that any person or business engaged in the dispensing, delivery or distribution of a compounded drug in Oregon possesses the required Oregon Board of Pharmacy drug outlet registration(s) and complies with corresponding regulations, including those found in OAR 855-45 Drug Compounding. Those that do not require registration with the Oregon Board of Pharmacy should be well educated in compounding practices and follow established guidelines and standards such as those found in USP <795> and/or USP <797>.

Only the OSBN may grant prescriptive privilege to the license of an APRN. There is no legal authority for any health professional or business to grant prescriptive privilege to an APRN - or to delegate prescriptive authority to an RN or LPN.

I.V. hydration therapy may fall within the scope of practice of other healthcare professions. Questions concerning I.V. hydration therapy and other health care professionals should be directed to their respective regulatory board(s).

Additional Resources:

American IV Therapy Association – Industry Position Statement 5 June 2024, Version 3.1.

Arizona State Board of Nursing (5/2024). Advisory Opinion Intravenous Hydration and Other Therapies.

Infusion Nurses Society (2024). Infusion therapy standards of practice (9th edition). *Journal of Infusion Nursing 47*(15), S17 – S274.

Joint Statement Regarding IV Therapy Clinics and Medical Spas from the Vermont Office of Professional Regulation and Boards of Medical Practice, Nursing, Osteopathic Medicine, and Pharmacy (2024).

National Infusion Center Association (NICA). Minimum Standards for In-Office Infusion: A threshold for minimum standards in infusion practice and quality of care.

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