

**LOUISIANA STATE BOARD OF NURSING
3510 NORTH CAUSEWAY BOULEVARD
SUITE 501
METAIRIE, LOUISIANA 70002**

**MINUTES OF THE May 6, 2003
LSBN TASK FORCE ON RN SCOPE OF PRACTICE
REGARDING PAIN MANAGEMENT**

**Call to
Order:**

Deborah Ford, Chairperson, called the meeting of the LSBN Task Force on RN Scope of Practice Regarding Pain Management to order at 11:05 a.m. on Monday, May 6, 2003 in Suite 601 Conference Room of the Board's office.

Roll Call:

Present:

Task Force Members:

Deborah Ford, MSN, RN, Chairperson
Frankie Rosenthal, MSN, RN, CNS, CNA, Committee Member
Pat Brandon, RN Ochsner Clinic Foundation
Sylvia Oats, MHA, RN, OCN, Lafayette General Medical Center
Carol J. Ratcliffe, MSN, CNOR, CHE, RN, Christus St. Patrick Hospital
Kathy Wren, CRNA. PhD, LSUHSC
Charlene Brouillette, CRNA, MS, APRN, LANA

Absent:

Lisa Lauve, RN, VP, Nursing Christus St. Frances Cabrini Hospital
Tawna Pounders, RN, LSNA
Ginger Broussard, RN, Director, Breast Center
Linda Pullig, RN, Director Anesthesia/Pain Management

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice

Guests:

Becky Stein, RN, Christus St. Patrick Hospital
Sheri Lewis
Elizabeth Maunth
Sheila Dufrene, RN
Pat Branda, RN

The Board of Nursing's public comment policy was read.

Motion

by S. Oats, seconded by C. Ratcliffe to accept the minutes of the April 14, 2003 meeting as distributed with one correction, 5.1, first bullet, change discharged to discharged: F. Rosenthal, Yes; C. Brouillette, Yes; K. Wren, Yes; C. Ratcliffe, Yes; S. Oats, Yes; P. Brandon, Yes.

Staff Report: Reviewed the Task Force mailing and the 14 additional handouts that were distributed prior to the start of the meeting. The Chair announced a 15 minute recess, 11:15 am to 11:30 am, to provide for review of the new materials.

Old Business: 5.1 S. Oats reported that statements from regional boards of nursing were obtained and she reviewed the position statements regarding epidural pain management.

~**Maine:** within the RN's scope of practice to instill analgesics into an epidural catheter: bolus doses; instillation of medications, continuous infusion (with provisos); postoperative pain management, instill anesthetic medications, e.g. Marcaine .5%.

~**Alabama:** within the RN's scope of practice to monitor and adjust local anesthetic agents epidurally with an electronic pump or infusion reservoirs; replace and refill reservoirs; education beyond basic. RN not authorized to administer a bolus dose.

~**Nevada:** within the RN's scope of practice to administer anesthetic agents for pain management/moderate sedation, not anesthesia; did not address PCA epidurals.

~**North Carolina:** within the RN's scope of practice to administer subsequent doses of epidural anesthesia/analgesia and to remove epidural/caudal catheters.

~**Wyoming:** within the RN's scope of practice to manage (adjust rate) and monitor the care of patients with catheters/devices for analgesia that are on a regulated medication delivery system to alleviate surgical, pathological, or chronic pain (with provisos).

~**Texas:** within the RN's scope of practice to administer anesthetic/analgesic medications via the epidural/intrathecal route for pain control.

~**Mississippi:** within the RN's scope of practice to administer analgesic doses of anesthetic agents via intravenous, epidural or intrathecal catheters (with provisos).

~**Arkansas:** within the RN's scope of practice to manage and monitor the care of patients with catheters/devices for analgesic to alleviate pain: bolus dose via continuous infusion pump, following establishment of appropriate therapeutic range; adjustment of infusion rate, replacement of empty infusion containers (with educational provisos).

~**Maryland:** within the RN's scope of practice to administer medications classified as anesthetic agents, when administered for purpose other than anesthesia such as sedation, analgesia and/or emergency intubations (with provisos).

Motion: by S. Oats, seconded by P. Brandon to recognize that the boards position statements are in support of the RN's scope of practice to perform epidural pain

management: F. Rosenthal, Yes; C. Brouillette, Yes; K. Wren, Yes; C. Ratcliffe, Yes; S. Oats, Yes; P. Brandon, Yes.

Discussion focused on the RNs role regarding pain management; there was disagreement regarding the position of the Florida Board of Nursing. C. Brouillette will provide the Committee with a copy of Florida's position.

Motion: by K.Wren, seconded by F. Rosenthal to delete Maryland from the above motion, Maryland does not address epidural catheters, following discussion: F. Rosenthal, Yes; C. Brouillette, Yes; K. Wren, Yes; C. Ratcliffe, Yes; S. Oats, Yes; P. Brandon, Yes.

The following position statements were reviewed:

~**American Nurses Association Board of Directors Policy/Position:** Title: Endorsement of Position Statement on the Role of the Registered Nurse (RN) in the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheter) (1991).

~**American Association of Nurse Anesthetists (AANA):** Provisions of Pain Relief by Medication Administered via Continuous Epidural, Intrathecal, Intrapleural, Peripheral Nerve Catheters, or Other Pain Relief Devices (No. 2.8, adopted by the Council on September 1895, adopted by AANA Board of Director's June 1989, Revised 1990, 1995).

Note: The cited documents will be filed with the Board's minutes of this meeting.

The Committee members reviewed four (4) of the eight (8) articles regarding epidural pain management:

~McCaffery, M. & Pasero, Chris. Pain: Clinical Manual, Chapter 6, the intermittent bolus guidelines and dose ranges were reviewed and discussed.

~Postgraduate Institute for Medicine & Health Management Solutions, Inc. (2002). The forefront of postoperative pain management, effective pain management promotes early ambulation and discharge with fewer complications. "Postoperative analgesia was provided with a basal infusion of 0.2% ropivacaine 6-8 mL/hr, and a breakthrough dose, as needed, of a 2 mL bolus every 10 min, with a maximum dose of 18-20 mL per hour" (p.7)..

~Liu, S.; Allen, H. & Oisson, G. (1998). Patient-controlled Epidural Analgesia with Bupivacaine and Fentanyl on Hospital Ward. Anesthesiology, 88(3): 688-94. The study showed that patient-controlled epidural analgesia (PCEA) with bupivacaine and Fentanyl provided effective and safe pain management (p. 694) K. Wren stated the study had nothing to do with safety but with the efficacy of technique.

~Pasero, C. & McCaffery, M. (1999). Providing epidural analgesia. Nursing99. The article addressed the educational requirements of the RN to titrate analgesics to relieve pain and manage adverse reactions based on recognized guidelines.

Motion: by P. Brandon, seconded by S. Oats to adopt the statement that the literature review confirms that it is within the RN's scope of practice to perform epidural pain management with local anesthetics and narcotics; following discussion the

motion was amended to read “subanesthetic doses of local anesthetics work synergistically with intraspinal opioids to provide better analgesia at lower doses than would be possible with opioid alone”: F. Rosenthal, Yes; C. Brouillette, Yes; K. Wren, Yes; S. Oats, Yes; P. Brandon, Yes. C. Ratcliffe was not present for the vote.

The question was raised regarding “who does the dosing”? Discussion focused on initial versus re-dosing; it was noted that the postoperative pain article addresses the expanding role of nurses in acute pain management (p. 16>18). Pasero and McCaffery discuss nurse bolus dosing with subanesthetic doses via pump (p. 38). K. Wren cited the Law (RS 37:930.D) regarding RNs administering local anesthetics epidurally.

RS 37:930.D: “Nothing herein shall prohibit the injection of local anesthetic agents under the skin or application of topical anesthetic agents by a registered nurse when prescribed by a physician or dentist who is licensed to practice in the state; however, this provision shall not permit a registered nurse to administer local anesthetics perineurally, peridurally, epidurally, intrathecally or intravenously. This subsection shall not be applicable to certified registered nurse anesthetists provided for in 37:930(A)”.

The Chair cited the remaining agenda: letter from Christus Schumpert endorsing the Board’s statement regarding administration of analgesic doses of anesthetic agents; previous opinions rendered by the Board as submitted by LANA and Board staff; and the Nurse Practice Act, section 930. The Chair offered to extend the meeting time but other members had previous commitments.

At the next meeting the members were directed to review the literature to answer the question who administers what drugs, initially and bolus. The items cited above that were not discussed at this meeting regarding epidural pain management will be placed on the agenda for the next meeting. The members agreed to meet three (3) hours to provide additional time to complete discussion on epidural pain management and start discussion on conscious sedation and the delegation of Lidocaine intradermally to LPNs prior to starting IVs.

Next Meeting: The Task Force is scheduled to meet on June 12, 2003 from 11:00 am to 2:00 pm in conference room 601, Board’s office.

Announcements: None.

Communications: None.

Adjournment: The meeting of the Task Force adjourned at 1:10 p.m.

Submitted: Pat Ladner, MN, RN Date: May 9, 2003

Revised: Pat Ladner, MN, RN Date: June 13, 2003

Approved: Date: