

February 4, 1998

Gloria Artus, R.N.
Director of Endoscopy
Our Lady of the Lake Regional Medical Center
5000 Hennessy Blvd.
Baton Rouge, LA 70808

Dear Ms. Artus:

Your request for an opinion of the Board of Nursing regarding the role of the registered nurse in the initial placement of a Percutaneous Endoscopic Gastrostomy (P.E.G.) was presented to the Board at its meeting on February 4, 1998.

The information you sent and related information was studied by the Nursing Practice Committee on January 5, 1998 and the Committee presented its recommendation to the Board on February 4, 1998, and, after due deliberation, the Board adopted the following opinion:

In reference to agenda item 6.3, that it is within the scope of practice for a registered nurse to serve as the operative assistant to the physician/endoscopist performing a percutaneous endoscopic gastrostomy (PEG) by assisting with the preparation of the abdomen, injecting a local anesthetic agent under the skin, performing a stab wound for trocar placement, threading the wire/thread and positioning of the gastrostomy tube under the direct supervision of a physician/endoscopist provided that the registered nurse has two years of gastroenterology nursing, certification (CGRN), and documented knowledge, skills, and abilities are on file in the said registered nurse's file. Furthermore, an RN serving as the operative assistant to the physician/endoscopist may not be utilized as the circulating nurse for the procedure.

The Board expressed appreciation for your presence at the Committee and Board meetings to answer questions relative to the request. If you have any questions regarding this communication, please contact me.

Sincerely,

Barbara L. Morvant, MN, RN
Executive Director

npop 98.03