

**LOUISIANA STATE BOARD OF NURSING
3510 NORTH CAUSEWAY BOULEVARD, SUITE 601
METAIRIE, LOUISIANA 70002**

**MINUTES OF THE JANUARY 27, 2004
LSBN COMMITTEE ON NURSING PRACTICE**

**Call to
Order:**

Frankie Rosenthal, Chairperson, called the meeting of the LSBN Committee on Practice to order at 9:20 a.m. on Tuesday, January 27, 2004 in Suite 601 Conference Room of the Board's office.

Roll Call:

Present:

Frankie Rosenthal, MSN, RN, CNS, CNA Chairperson
Deborah Olds, MS, RN, Committee Member
Tommie J. Ashby, RN, BSN, Committee Member
William LaCorte, MD, Ex-Officio Member
Alan Ostrowe, MD, Ex-Officio Member

Board Members:

Deborah A. Ford, MSN, RN, CNA LSBN President

Absent:

Patsy McClanahan, MSN, RDMS, RN, CNP, Committee Member

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice
Barbara Morvant, MN, RN, Executive Director
Peggy Griener, APRN, Credentialing Manager

Guest:

Jeanne Abadie, D.D. Council/Advocacy Center
Joan Baldwin, RN, Endoscopy Center of Monroe
Theresa Brandle, RHIA, Endoscopy Center of Monroe
Warren Hebert, RN, Home Care Association of LA
Georgia Garrett-Klingman, CRNA, LANA, President
Christine Langer, CRNS, MS, LANA
Lisa Lauve, RN, CHRISTUS St. Francis Cabrini
Gale Mello, RN, Southwest LA Dev. Center/OCDD/DHH
Pat Newman, CRNA, LANA
Joni Nickens, NP, RN, LANP
Carol J. Ratcliffe, RN, MSN, CNOR, CHE, CHRISTUS St. Patrick Hospital
Becky Stein, RN, CHRISTUS St. Patrick Hospital
J. Spruel, CPSB
Philip Wilson, M.D., LSUHSC – Human Development Center
Cathryn Wright, APRN, LANP

Motion: by T. Ashby, seconded by D. Olds, to reorder the agenda to accommodate guests: D. Olds, Yes; D. Ford, Yes; Tommie Ashby, Yes; F. Rosenthal, Yes.

**Staff Report –
Nursing Practice
Rules:**

4.5 Board’s rules on Nursing Practice (LAC 46:XLVII.3701-3703)

There are currently three (3) statutes that supercede the Broad rules on the delegation of medication administration to unlicensed personnel: public schools, waiver patients, and juveniles in correctional facilities. The Board’s staff repeatedly explains self-administration of medications, yet this practice is not defined in the rules on nursing practice. Other factors are impacting the delivery of care that pose new challenges: more federal/state monies are being directed to keep the person in the home environment, out of institutions; the utilization of assisted living facilities for the elderly; and family members becoming more involved in nursing care decisions.

Staff reported on a recent meeting with the Developmental Disabilities Council regarding the nursing care for the elderly and disabled citizens in the home/community environment. Although the Law (RS 37:911 et seq.) provides for “gratuitous nursing by friends or members of the family”, the Law does not provide for families to pay for these services rendered by unlicensed personnel. The Council voiced concern regarding the needs of this special population, the elderly and disabled persons, while upholding the Board’s authority to protect the public by regulating the practice of nursing.

The Developmental Disabilities Council was directed to put the issue before the Committee seeking direction as to how to proceed with having the nursing care needs of this population met. The Council is requesting that RNs be allowed to delegate to trained unlicensed nursing personnel the administration of certain medications and nursing interventions such as activities of daily living, gastrostomy tube feedings.

W. Hebert requested guidance from the Board, recognizing the Board’s authority to regulate nursing practice, regarding non-licensed paid personnel performing specific tasks reimbursed under Medicare, Medicaid and other 3rd party payers. P. Wilson, MD addressed ICFR group homes, and the need to provide for RNs being able to delegate to trained unlicensed personnel certain nursing procedures. J. Abadie stated their intent was to work with the Board to provide safe care in a community environment.

Discussion focused on the delivery of safe nursing care and health care coverage.

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 4.5 that the LSBN establish a Focus Group to address and study the issue of selected nursing tasks being performed by trained non-licensed individuals in certain non-institutional settings: D. Olds, Yes; D. Ford, Yes; Tommie Ashby, Yes; F. Rosenthal, Yes.

**Old Business –
Pain
Management:**

5.2 Task Force – RNs scope of practice regarding pain management

Staff reviewed the materials sent to the Committee and shared the document prepared by the Louisiana Association of Nurse Anesthetists (LANA) that was faxed

to the Board office on January 27, 2004 (attachment #1). LANA document addresses all five issues that came before the Practice Committee during the Task Force on Pain Management, April 2003 thru October 2004. The Committee discussed the issue as whether or not to consider the document since it was not received in the Board's office by the required deadline. It was determined that the Committee would hear the information and make the necessary recommendation(s) to the Board.

C. Ratcliff spoke to the statement she submitted regarding a registered nurse monitoring a patient in deep sedation/analgnesia in an acute care hospital by any route (attachment #2). The hospital's responsibility to create a safe environment as documented in C. Ratcliff's statement was presented and discussed. The petitioner stressed that she was not asking for RNs to administer anesthetic agents but to monitor the patients having received these agents.

L. Lauve addressed the JCAHO definitions of sedation levels and discussed how practice has evolved with RNs monitoring patients who slip into deep sedation. It was pointed out that hospitals have systems in place to monitor and treat complications related to sedation level. The hospital is a controlled setting prepared to respond to emergencies. The Task Force documented the number of states that provide for RNs to monitor deep sedation and none of the research studies demonstrated that it was unsafe for RNs to monitor.

D. Ford cited RS 37:930 regarding the administration of anesthetic agents and queried should a person progress to deep sedation with a credentialed physician administering the medications and the RN monitoring what assurance does the Board have that a qualified anesthesia provider will respond? Hospitals have a rescue plan and RNs are trained to rescue patients. A. Ostrowe, MD indicated that it is rare for cardiology patients in the hospital setting receiving conscious sedation to experience complications; however, he did voice some concern for practices in free-standing clinics because emergency support resources vary with the facility.

J. Baldwin, RN, Endoscopy center in Monroe stated that their clinic has been open since 1989, the RN monitors deep sedation, an emergency plan is in place, the physicians are ACLS certified, and, there is a policy in place that requires at least one physician in the room while the patient is sedated. The clinic follows the ASA classification and the endoscopy provider can be involved any time if rescue is needed. The physician administers the drug and stays at the bedside with the patient. C. Ratcliff affirmed that the same is true with patient receiving deep sedation in the hospital, the cardiologist administers the drug and stays at the bedside with the patient.

D. Ford stated that conscious sedation is an evolving practice as evidenced with JCAHO defining four levels of sedation and anesthesia; however, the language of RS 37:930 will require legal review of any Committee recommendations prior to Board deliberation.

G. Garrett-Klingman, CRNA, LANA stated that LANA had given their statement of response to their attorney the first of January and apologized for the delay. LANA concerns were addressed:

- ~specific drugs, such as Ketamine
- ~the issue of safety, need for an additional physician/anesthesia provider other than the physician performing the procedure
- ~ASA classification, level II is a critical patient
- ~liability issue, RNs giving an anesthetic

In response, it was noted that RNs only administer narcotics and sedatives, and that the request before the Committee is for the RN to monitor patients receiving deep sedation. C. Langer addressed the difference between a class II and III patient and how the patient's position may compromise the airway.

The Committee recessed at 10:45 am and reconvened at 11:12 am.

P. Newman and G. Garrett-Klingman reviewed the LANA statements, starting with epidural analgesia. The Committee clarified that the issue under consideration was deep sedation, and there was agreement at the October Practice Committee meeting regarding the other issues under study by the Task Force. The original request dealt with IV drugs; however, current practice addresses sedation by any route. Discussion focused on drugs and deep sedation. It was agreed that the RN's scope of practice does not include the administration of anesthetic agents but that the RN in the acute care setting may monitor deep sedation. The Committee needs to draft a statement to provide for the RN monitoring these patients with specific provisos. The Committee reviewed both statements as submitted by C. Ratcliff and LANA, it was determined that both statements were basically saying the same thing based on JCAHO's definitions and that RNs may monitor patients in deep sedation because of the continuum of sedation, and that guidelines need to be in place for all levels of sedation regardless of the route.

It was determined that the Committee should draft a declaratory statement addressing deep sedation in acute care settings. Discussion focused on acute versus other practice settings, it was agreed that the Board should address the level of care not the specific practice site. The level of care should be the same in acute care versus freestanding clinic with the same resources available to ensure patient safety. It was also determined, based on JCAHO's guidelines regarding conscious sedation, that the RN may monitor a patient in deep sedation provided the facility is JCAHO approved and RNs have documented knowledge, skills, and abilities. It was noted that other bodies accredit many freestanding clinics but that the conscious sedation guidelines are comparable to JCAHO. D. Ford responded that those agencies that are accredited by other agencies would have to ensure that the accreditation criteria for conscious sedation was comparable to JCAHO, the burden of proof was on the facility.

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 5.2 that the LSBN staff prepare a declaratory statement supporting the monitoring of sedation levels as defined by JCAHO by non-anesthesia providers, specifically trained RNs with demonstrated knowledge, skills, and abilities with provisos in varying settings

to include inpatient and outpatient environments D. Olds, Yes; D. Ford, Yes; Tommie Ashby, Yes; F. Rosenthal, Yes.

**Staff Report:
School Nurses
Rectal Diastat**

5.3 School nurses delegating rectal Diastat, National Survey Result – Boards of Nursing

The October 14th minutes were reviewed regarding the request to allow school nurses to delegate rectal Diastat to trained unlicensed school personnel. As directed by the Committee, staff conducted a survey of other boards of nursing regarding the administration of rectal Diastat in the school setting, specifically is rectal Diastat considered an emergency drug, and “who” is allowed to administer the drug. The results of the survey were presented, 28 boards of nursing responded: Emergency drug: 17-No, 7-No response, 2-Yes, 2-Depends on other factors; Administration by: RN-21; LPN-9; Unlicensed-8. Two boards of nursing (CA & OH) have been named in lawsuits regarding unlicensed persons administering rectal Diastat.

Rectal Diastat is not listed as an *emergency drug* in the PRD or in the manufacturer’s literature. Staff has consistently advised callers to refer to the manufacturer’s literature as the most accurate information on the drug. The current Law, RS 37:929(3) provides for the rendering of nursing assistance by an individual in the case of immediate emergency.

The National Association of School Nurses, position statement, The Role of the School Nurse Caring for a Student Requiring a Rectal Medication for Seizures (Nov. 2003), “The administration of rectal gel or rectal suppository medication for the control of seizures in students at school and during school-related activities be the function of the registered school nurse.”

Staff reported what was happening across the state regarding this drug. Calcasieu Parish has over 30 children on rectal Diastat. To date, only 2 of these children have had a seizure in the school since the first day of the school year. Nurses are assigned one-on-one with these children because the physician order reads to administer the drug at the onset of the seizure. The physician is ordering Diastat for all children who have ever had a seizure. The literature indicates that it is to stop the seizures in children with status epilepticus. The rationale is that status epilepticus cause hypoxia and that over a period of time the child will experience brain damage. Several of the nurses who are assigned to students with rectal Diastat are also responsible for 5-7 schools. These schools have not seen a certified school nurse this whole school year. For many children, the only time they receive a health evaluation is by the school nurse; so, once again, staffing has not permitted all students to be exposed to a school nurse. Legally, there are inherent problems in this scenario because there are Laws that mandate the performance of specific screenings within certain time frames such as RS 17:2112 that states:

“every city and parish school board, during the first two months of school, or within thirty days after the admission of any pupils entering the school late in the session, shall test the sight and hearing of each and all pupils under their charge, except those pupils whose parent or tutor objects to such examination, as provided for in RS 17:156.”

The initial request to study the Board's present opinion on rectal Diastat came from a school nurse in the Jefferson Parish school system, January 2003. "Can Diastat be considered an emergency medication, as Epi-pens and Glucagon injections are, since it is used to avert status epilepticus?" Diastat is not classified as an emergency drug, the Board recognizes that it has no authority to classify a drug. Discussion focused on physicians prescribing "off-label" drugs, and the need to discuss these issues with the prescribing physician in Calcasieu Parish. Staff reported attending a local meeting of the school board in Lake Charles in the Fall 2003. Staff gave testimony regarding the Board's authority to determine the scope of practice of registered nurses and the opinion regarding the administration of rectal Diastat, and that there is nothing in the Law that provides for an RN to delegate to a trained unlicensed school employee the administration of rectal drug.

It was noted the Board of Nursing respects the prescribing authority of a physician and that the Legal Standards of Practice (LAC 46:XLVII.3915.) provides for registered nurses to "clarify any order or treatment regimen believed to be inaccurate, or contraindicated by consulting with appropriate licensed practitioner and by notifying the ordering practitioner when the registered nurse makes the decision not to administer the medication or treatment." A. Ostrowe suggested that Tony Sun, MD who represents physicians at a federal level be contacted to intervene and discuss the issues with this physician. It was agreed that T. Sun should be contacted by A. Ostrowe.

Based on the information presented to the Committee it was determined that there is no new data to change the Board's current opinion. Staff was directed to respond to the petitioner that the Committee has studied the issue and determined that rectal Diastat is not classified as an emergency drug.

The Committee recessed at 1:05 pm and reconvened at 1:25 pm.

Minutes: The minutes of the October 14, 2003 Practice Committee meeting were reviewed.

Motion: by D. Olds, seconded by T. Ashby that the minutes of the Practice Committee meeting of October 14, 2003 be accepted as distributed: D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Staff Report: (Conti) 4.1 JCAHO Universal Protocol for preventing wrong site, wrong procedure, and wrong person surgery

Information shared to increase awareness to the errors in surgery and the action taken by JCAHO to correct these errors.

4.2 Withdrawal of APRN request for a declaratory statement regarding the role of the gerontological nurse practitioner

APRN has withdrawn her request for a declaratory statement regarding the role of the gerontological nurse practitioner.

4.3 Publication of immunization information in the Examiner

Staff provided an update regarding a previous opinion request regarding RNs administering flu shots and immunizations. The following statement will appear in the next issue of the Examiner:

“RNs may administer immunizations in a licensed health care facility pursuant to a standing order of a physician when the said physician is available for consultation regarding contraindications and adverse reactions and a single physician assumes responsibility for the safe conduct of the immunization program.”

4.4 Communication regarding LPN scope of practice

The letter from the Vice President, Patient Services was shared with the Committee regarding the variance in scope of practice as defined by the Louisiana State Board of Practical Nurse Examiners and what the Louisiana State Board of Nursing defines as within the registered nurses authorized scope of practice to delegate to LPNs in accordance with the Board’s rules on nursing practice, specifically delegation (LAC 46:XLVII.3703.). Staff reported that this issue was presented to the Committee when work was initiated to place the Board’s opinions on the website.

Staff was directed to forward the letter from the Vice President, Patient Services to the Board’s Administration Committee to seek direction “how to proceed”.

**OLD
Business:**

5.1 Nurse practice opinions rendered prior to 1995

Staff reviewed the sample options distributed for consideration: Sample one, index of all opinions, the caller would find the opinion on the Website index, call and request the Board’s staff to fax a copy of the opinion; Sample two, summative statements of all opinions would be available on the website; Sample three, opinions would be presented in a table format. All three sample would be referenced to provide for a “search” of key words relative to each specific opinion. Three of the Committee members indicated that Sample two provided the needed information and would not necessitate staff involvement since the person could copy the formatted opinion from a web file.

The second issue was what to do with opinions rendered prior to 1995. The index was asterisked to identify those frequently requested opinions. Should these opinions be incorporated into the Board’s rules, declaratory statement, or should the Board reaffirm the previous opinions that are still relevant to practice.

Concern was raised regarding legal issues that could arise from tampering with the original opinion as rendered by the Board to a specific practice question. Staff was directed to forward the samples to the Board’s Administration Committee to seek direction regarding “how to proceed”.

5.2 Task Force – RNs scope of practice regarding pain management (conti)

The Committee reviewed the Practice Committee minutes from the October 14, 2003 meeting. D. Ford reviewed the recommendations from the Task Force on Pain Management regarding the four issues under study:

- 1). Is it within the scope of practice for the RN to administer an analgesic dose of an anesthetic agent for epidural pain management, specifically Marcaine (bupivacaine) and any other drug where the literature indicates that the use of the anesthetic agent is for analgesia?

Recommendation (June 12, 2003, Task Force Meeting): That it is appropriate for the non-anesthesia registered nurse to administer epidural anesthetics for the purpose of analgesia: 6-Ayes, 2-Nays.

2). We want a clear definition of the nurse's scope of practice regarding: Monitoring of a patient in a controlled setting receiving IV Conscious Sedation which may on occasion progress to deep sedation for a short period of time, when administered by a physician.

Recommendation (September 30, 2003, Task Force Meeting): It is within the scope of practice for a registered nurse, (non-CRNA), to monitor a patient in deep sedation in the acute care setting as defined by the literature review, other state boards for nursing reviews, standards of practice, and institutional practice in a controlled environment: 5-Nays; 4-Ayes; 1-Abstention.

Recommendation (September 30, 2003, Task Force Meeting): That the provisions and monitoring of moderate sedation is within the scope of practice of the RN. Progression beyond moderation is not within the scope of practice of the RN and should involve a trained anesthesia care provider: 6-Ayes, 3-Nays, 1-Abstention.

3). Is it within the scope of practice for an RN to delegate to an LPN the injection of intradermal Lidocaine at the IV site to numb the skin prior to starting an IV?

Recommendation (September 30, 2003, Task Force Meeting): To support and amend the current statute to allow the RN to delegate intradermal local anesthetic injection to LPNs for the purpose of IV insertion with appropriate delineation of education, pharmacology and skills: 10-Ayes.

4). Is it within the scope of practice for the registered nurse working in the labor and delivery setting who may demonstrate a competency of management of laboring patients receiving continuous epidural pain relief via pump to administer a bolus dose of the infusing medication (with bupivacaine and sufenta) via the pump using pre-established parameter for pain management during labor?

Recommendation (September 30, 2003, Task Force Meeting): I move to support amending the Nurse Practice Act to allow RNs in the labor and delivery setting who have demonstrated competency may administer subsequent bolus doses and adjust the drug infusion rates in compliance with the authorized prescribers specific orders. Placement of the epidural catheter initial dose and establishment of continuous infusion will be done only by anesthesia care providers or physicians. Anesthesia provider must be immediately available as defined by the institution policy: 5-Nays, 4-Ayes, 1-Abstention.

Following this review the Committee took the following action.

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 5.2 to reaffirm the Board's previous opinion, npop 90.22 (see attachment #3): D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 5.2 to reaffirm the Board's previous opinions, npop 89.07 & 90.23 (see attachment 4 & 5): D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Motion: by T. Ashby, seconded by D. Olds, that in reference to agenda item 5.2 to support and amend the current statute to allow the RN to delegate intradermal local anesthesia injection to LPNs for the purpose of IV insertion with appropriate delineation of education, pharmacology, and skills: D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

5.4 Withdrawal of the opinion request regarding RNs administering intravesical immunotherapy with instillation of the live vaccine strain of Mycobacterium bovis BCG into the bladder for superficial bladder cancer

The letter from the petitioner was reviewed and accepted by the Committee.

New Business:

Unna Boot: The Program Director, Manager, Health Care Standards Section, DHH requested that the Board of Nursing render an opinion regarding the scope of practice of the RN delegating the task of applying an Unna boot dressing and to clarify the practice settings in which this can be delegated, specifically: nursing homes, hospitals, rural health clinics, ambulatory surgical centers, home health agencies, hospice agencies, and intermediate care facilities for the mentally retarded. The Board's previous opinion, rendered 1993, stated that application of an Unna boot is a complex task, which may not be delegated. The rules state that RNs may delegate to LPNs the major part of the nursing care needed by individuals in stable situations when the following three conditions prevail at the same time in a given situation:

- 1) nursing care ordered and directed by RN/MD requires abilities based on a relatively fixed and limited body of scientific fact and can be performed by following a defined nursing procedure with minimal alteration, and responses of the individual to the nursing care are predictable; and
- 2) change in the patient's clinical conditions is predictable; and medical and nursing orders are not subject to continuous change or complex modification.

Staff has written two letters, August and November, 2003, requesting that the petitioner or a representative from DHH attend the Committee meeting to answer any questions regarding the request.

Staff was directed to write a letter to the petitioner stating that the request will be removed from the agenda; if the petitioner wants the request considered by the Board at a later date, a letter would be needed to place the request back on the Committee's agenda.

Thermage Procedures:

The Administrator, Lafayette Surgicare requested that the Board render an opinion regarding the scope of practice of RNs performing Thermage procedure under supervision of a plastic surgeon. The procedure is either performed in the OR, under general anesthesia, in conjunction with other surgical procedures or in treatment rooms with IV sedation under supervision of a plastic surgeon.

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 6.2 to defer action until the next Practice Committee and until the petitioner is present: D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Personal Care

Attendants: The Attorney of Sullivan, Stolier, & Resor requested that the Board render an opinion regarding who is permitted/allowed to administer medication to a non-cognitive resident at an assisted living facility. At the annual meeting of the LA Association of Assisted Living the staff presented the Law and rules regarding medication administration, and what constitutes self-administration of medication. Following review of the request the Committee recommended:

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 6.3 to refer this request to the Focus Group to address and study the issue of RNs delegating to trained unlicensed nursing personnel medication administration to non-cognitive residents in assisted living facilities: D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Ketamine Research

Study: The RN Manager, LSUHSC Shreveport requested an opinion regarding the RN administering analgesic doses of IM or IV Ketamine in sub-dissociative analgesic doses for pain control in fibromyalgia patients as part of a research study. The research protocol and the Board's previous opinions were reviewed.

D. Ford read the response from LANA: "The study intends to evaluate the efficacy of IM Ketamine for relief of pain caused by fibromyalgia. Due to the manufacturer's warning from the Ketamine prescribing information, as listed below, LANA cannot support the request, as stated in the above study, that Registered Nurses be allowed to administer intramuscular Ketamine as part of the LSU Shreveport study protocol. The protocol indicates that a physician will be present with the patient and the Registered Nurse throughout the data collection period. Therefore, it is LANA's recommendation that the physician administer the Ketamine." (See attachment #1 for the Warnings and Precautions).

Motion: by D. Ford, seconded by T. Ashby, that in reference to agenda item 6.4 to defer action until the next Practice Committee and until the petitioner is present: D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Announcements: None

Motion: by D. Ford, seconded by D. Olds, to adjourn: D. Olds, Yes; D. Ford, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

Adjournment: The meeting of the Nursing Practice Committee adjourned at 2:35 p.m.

Submitted: Pat Ladner, MN, RN Date: January 30, 2004

Approved: Date: