

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
April 21, 2010**

Call to Order The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Patricia Johnson, Chair, at 9:00 a.m. on April 21, 2010 in Salon A of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.

Roll Call

Committee Members Present

Patricia R. Johnson, MN, RN, Chair, Board Vice-President
Lucie J. Agosta, PhD, APRN, CNS, ANP, FNP
Larry J. Haley, MSN, APRN, CRNA
Jolie E. Harris, MSN, RN

Non-voting Board Member

William S. LaCorte, M.D.

Non-voting Board Members Absent

Robert A. Bass, M.D.

Staff Present

Margaret Griener, MPH, APRN, PNP, Director of Credentialing and Practice
Brenda Kelt, Licensing Analyst, Recorder

Guests

Jana Edney-Poole, RN, LSUHSC / University Medical Center
Jacqueline L. Hebert, APRN, CNS, LSUHSC / University Medical Center

Review of Minutes The Committee reviewed the minutes of the October 20, 2009 Practice Committee meeting. There was no Practice Committee meeting in January 2010.

Motion by L. Haley, seconded, that the Committee approve the minutes of the October 20, 2009 Practice Committee.

Vote Agosta – yes, Haley - yes, Harris - yes. Motion carried.

Old Business

Agenda item 4.1

The Director of Credentialing and Practice (M. Griener) advised the committee that L.A.C. 46:XLVII.3707 regarding Peripherally Inserted Central Catheter (PICC) Insertion and Removal rule was promulgated in January 2010.

Agenda item 4.2

The Director of Credentialing and Practice (M. Griener) advised the committee that Representative Thomas P. Willmott has sponsored House Bill 343 which would modify Louisiana Revised Statutes 37:935 to include the wording “*or perineural*” catheters to an RN scope of practice in the Nurse Practice Act (NPA) as follows:

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“Notwithstanding any other provision in this Chapter to the contrary, a registered nurse may administer, in accordance with an order of an authorized prescriber, anesthetic agents to intubated patients in critical care settings, and may titrate and continue infusion of local anesthetic agents through the use of epidural or perineural catheters for pain management, excluding obstetric patients, in accordance with rules and regulations promulgated by the Louisiana State Board of Nursing, in accordance with the Administrative Procedure Act.”

The original petitioner had specified ‘ON Q C-bloc pump’ as the delivery system which is made by a particular manufacturer, however HB 343 utilizes the wording ‘perineural’ catheter which the Board staff supports because its not brand specific. Prior to HB 343, meetings and/or discussions were held to discuss this topic with representatives from the Louisiana Association of Nurse Anesthetists (LANA), Louisiana Society of Anesthesiologists (LSA) and the Louisiana State Nurses Association (LSNA).

Representative Willmott was asked to present HB 343 by the Louisiana State Nurses Association (LSNA). Representatives from LSA and LANA provided support for the Bill. HB 343 has been passed by the House health and Welfare committee. If the Bill passes, the Louisiana State Board of Nursing would need to write rules to incorporate this change. Board staff will include more detailed information when writing rules such as training, competencies and skills required.

Committee member (L. Haley, CRNA) stated he is not in support of HB 343 and believes that this task should remain with nurse anesthetists and anesthesiologists.

Committee member (J. Harris) acknowledged that there are many components involved, but HB 343 specifies RN scope within a hospital setting where resources from anesthesiology are available. The ability of the RN to titrate the drug for physical therapy and back up to the prescribed dosage following therapy will allow the patient to participate in physical therapy more safely which will benefit recovery.

Agenda item 4.3

Update on aesthetic and cosmetic procedures.

Director of Credentialing and Practice (M. Griener) advised that the Board staff had prepared and presented a working document entitled ‘Consensus Document – Dermatological and Cosmetic Procedures Performed by Registered Nurses’. The draft included identifying the cosmetic procedures allowed and the training, competencies and supervision required. The working draft was approved on March 11, 2009 by the LSBN Board with instructions to continue to collaborate with the Louisiana State Board of Medical Examiners (LSBME).

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Since the beginning of discussions and collaboration with the Louisiana State Board of Medical Examiners on this topic approximately two (2) years ago, the LSBME Board members have changed. Ms. Griener explained that LSBME has issued a position statement which specifies that physicians must be in charge of practices providing cosmetic and aesthetic procedures regardless of who performs the service including LPN, RN and APRN, cosmetologist or other personnel. The Medical Board views these procedures as the practice of medicine applicable to physician delegation to properly trained staff, provided the physician is on site during the procedure(s).

Director of Credentialing and Practice (M. Griener) advised that she receives between three (3) to five (5) inquiries a week on the topic of cosmetic and aesthetic procedures, most are from RNs. Currently LSBN does not have a written document to provide to these inquiries. After consulting with the Executive Director (B. Morvant), Board staff request that the Practice Committee consider moving forward on this issue so that LSBN could proceed with either a declaratory statement, opinion or rule change for Board staff to utilize when approached with this type of inquiry.

Committee chair (P. Johnson) requested that the document include a definition of the term 'medical spa'.

Motion

by L. Haley, seconded, that the Committee direct Board staff to consult with Board Attorney to write draft of declaratory statement or rules to present to the Practice Committee.

Vote

Agosta – yes, Haley - yes, Harris - yes. Motion carried.

New Business

Agenda item 5.1

Request for Practice Opinion:

Whether it is within the scope of practice for a registered nurse and Cath Lab personnel with documented and verified competency to delegate to the LPN monitoring and removal of Terumo Bands post angiography procedures. (LSUHSC / University Medical Center)

Petitioner (J. Edney-Poole), RN Supervisor of Outpatient Cardiology Unit and Clinical Nurse Specialist (J. Hebert) from LSUHSC University Medical Center (UMC) in Lafayette appeared together before the committee to present the petition.

Petitioner (J. Poole) explained that the Terumo Transradial (TR) Band is a new product that their cardiologist would like them to utilize. In developing an internal policy and procedure for their facility, she found that research material stated Cath Lab personnel for the removal of the device.

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Petitioner (J. Poole) explained that Cath Lab personnel could be an RN, a CP Tech or a Radiology Tech. However, at their facility there are a number of patients sent to their room with the TR Band device in place.

Petitioner (J. Poole) advised that the 'TR Band' mentioned in the petition is made by Terumo Medical Corp but acknowledged there are other types and brands on the market.

Director of Credentialing and Practice (M. Griener) suggested they utilize the term 'radial arterial compression device' in their documentation and policies.

Committee chair (P. Johnson) asked for an explanation of the device and its use.

Petitioner (J. Poole) explained that the TR Band is placed on the wrist over the radial artery and as the physician is pulling out the sheath it's inflated with up to 15 ml of air to provide compression to stop the bleeding. Once that is complete they usually send the patient to recovery and sometimes to the nursing unit depending on where the patient originated. The air is released gradually until all air is released where the device can then be removed. Before the development of this type of device, nurses used manual compression for 5 to 10 minutes.

Committee member (W. LaCorte M.D.) asked for clarification on whether this was used after angiograms.

Committee member (L. Haley) explained that transradial approach is used for percutaneous coronary revascularization (PCI) procedures in upper extremities (radial access) instead of lower extremities (femoral arterial access). It can be used for both angiograms and stent procedures, but radial access is not commonly used for placing stents. The device is excellent in providing mechanical pressure while providing circulation to the patient's hand, but assessment skills are required to determine when the device can be safely removed.

Petitioner (J. Poole) stated that their facility only performs diagnostics.

Committee member (J. Harris) asked for clarification of the process of releasing a patient with this device to the nursing unit (med surgical).

Petitioner (J. Poole) explained that the Cath Lab RN provides the assessment and the patient is assigned to an RN for monitoring and removal of the device if sent to back to their hospital room. The reason for their petition is to determine if the monitoring and removal could be delegated to an LPN on the nursing unit once the patient is released by the Cath Lab personnel. Currently, if there is no RN available to assign to the patient on the nursing unit, the patient remains in the recovery room until the device has been removed.

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Committee member (W. LaCorte M.D.) stated an agram is not a minor procedural event and a patient is going to feel very sick afterward. The patient is deserving of an individual with a higher level of nursing skill at that critical time which is beyond the scope of an LPN.

Director of Credentialing and Practice (M. Griener) presented the Committee with an Advisory Opinion by the Kentucky Board of Nursing which states that the removal of femoral arterial and venous access devices and use of compression devices is within the scope of practice for a RN with competencies and training, but not within the scope for an LPN. A protocol written for the Cath Lab of a hospital in Connecticut (John Dempsey Hospital) specifies that only Cath Lab personnel can maintain and remove the TR band (compression device).

Motion 5.1

by J. Harris, seconded, that the Practice Committee recommends to the Board that it is not within the scope of practice for a registered nurse to delegate to the LPN monitoring and removal of Terumo Bands (radial arterial compression device) post angiography procedures.

Vote

Agosta – yes, Haley - yes, Harris - yes. Motion carried.

Adjournment

A motion for adjournment was approved and seconded. The Committee adjourned at 10:25 a.m.



Submitted by:

Margaret Griener, Director - Credentialing and Practice

Approved 7/21/2010