

**DRAFT**

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

**MINUTES OF THE FEBRUARY 14, 2003  
LSBN COMMITTEE ON NURSING PRACTICE**

**Call to  
Order:**

Deborah Ford, Chairperson, called the meeting of the LSBN Committee on Practice to order at 9:00 a.m. on Friday, February 14, 2003 in Suite 601 Conference Room of the Board's office.

**Roll Call:**

Present:

Committee Members:

Deborah Ford, MSN, RN, Chairperson  
Patsy McClanahan, RNC, NP, Board Member  
Elsie Crapanzano, MSN, RN, Committee Member  
Eli Sorkow, MD, Ex-Officio Member  
Frankie Rosenthal, MSN, RN, CNS, CNA, Committee Member  
Tommie J. Ashby, RN, Committee Member

Board Members:

Patsy McClanahan,  
Oswald Ferry

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice  
Barbara Morvant, RN, Executive Director

Guests:

Shelia Allen, LA Council of AORN Chapter  
Anne Billeandeaux, Christus St. Patrick  
Charlene Brouellette, CRNA, LANA  
Kahne Caraccioli, Woman's hospital  
Paula Gremillion, Gastroenterology Associates  
Mary Lou Guillot, CRNA, LANA  
Albert Hart, Jr., LA Endoscopy Center  
Lisa Lauve, Christus St. Francis Christus  
Jason Leger, CIS  
Jimmy LeGrositt, Cardiovascular Institute of the South  
Ellen Jones, Christus St. Patrick Hospital  
Carlleen Mac Millan, LA Council of AORN Chapter  
Janet Morse, North Oaks  
Melanie Nutter, Gastroenterology Associates  
Vickie Piazza, North Oaks Health System  
Sylvia Quinney, Christus St. Francis Cabrini Hospital  
Carol Ratcliffe, St. Patrick Hospital  
Kelly Ratcliff, St. John School Board

Donnie Scott, Cardiovascular Institute of the South  
Sue Sihvonen, LA Health Care Review, Inc  
LaVonne Smith, LSUHSC/SDS.  
Becky Stein, Christus St. Patrick Hospital  
Cynthia Swie, MSN Student – Southeastern  
Kent Swie  
Linda Horn-Thompson, Woman’s Hospital  
Michael Turner, MD, Christus St. Patrick  
Nathalie Walker, AORN  
Cathryn Wright, LANA

**Motion:** by E. Crapanzano, seconded by F. Rosenthal and carried, that D. Ford be allowed to re-order the agenda as necessary in order to accommodate the guests: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**CPT Codes:** At the December 5, 2002 Board meeting the Board took the following action: reconsider CPT codes 99223, 99233, 99245, & 99263; and to defer action until additional information is obtained regarding CPT codes: A9502, J0510, J1245, J3490, 78990, 90801, 90805, & 90862.

Donnie Scott, letter on file, requested the Board to approve all of the E&M codes for NP and cited two recent publications by the Office of Inspector General: Medicare Reimbursement For Critical Care Services & Medicare Coverage of Non-Physician Practitioner Services which provides for such reimbursement of services. D. Scott was commended for the quality of his written request and the sources cited to document support of E&M CPT codes.

**Motion:** by F. Rosenthal, seconded by E. Crapanzano and carried, that in reference to agenda item 6.1, that it is within the scope of practice of certified NPs to perform the following CPT codes:

99223 Initial hospital care for the evaluation and management of a patient that requires medical decision making of **high complexity**.

99233 Subsequent hospital care for the evaluation and management of a patient that requires medical decision making of **high complexity**.

99245 Office consultation for a new or established patient that requires medical decision making of **high complexity**.

99263 Follow-up inpatient consultation for an established patient that requires medical decision making of **high complexity**: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**Motion:** by F. Rosenthal, seconded by E. Crapanzano and carried, that in reference to agenda item 6.1, that it is within the scope of practice of certified NPs to perform the following CPT codes:

A9502 Supply of radiopharmaceutical diagnostic imaging agent

- J0510 Injection, Benzquinamide HCL
- J1245 Injection, Dipyridamole
- J3490 Unclassified drugs
- 78990 Provision of diagnostic radio pharmaceutical(s)
- 90801 Psychiatric diagnostic interview examination
- 90805 Individual psychotherapy...(20-30 minutes face-to-face)...with medical evaluation and management services
- 90807 Individual psychotherapy...(45-50 minutes face-to-face)...with medical evaluation & management services
- 90862 Pharmacologic management, including prescription...E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

The Program Director, Bureau of Health Services Financing, DHH requested that the Board of Nursing render an opinion regarding the scope of practice of certified nurse practitioners (CNP) performing certain CPT codes. It was noted that many of these codes have already been reviewed/authorized by the Board as within the certified NPs scope of practice.

**Motion:**

by F. Rosenthal, seconded by E. Crapanzano and carried, that in reference to agenda item 6.1, to approve the following CPT codes as within the certified NP authorized scope of practice:

- 81001 Urinalysis: automated with microscopy
- 87070 Chemistry: any other source except urine, blood, or stool...
- 87149 Microbiology identification by nucleic acid probe
- 87210 Wet mount for infectious agents
- 87220 Tissue examination by KOH slide...
- 87490 Chlamydia trachomatis
- 87590 Neisseria gonorrhoea, direct probe technique: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

Note. In order for a CNP to perform Board approved procedures as designated by the specific CPT codes it must be within that said APRN's area of specialization and consistent with the APRN's collaborative practice agreement with the collaborative practice physician(s). This disclaimer should appear in The Examiner whenever the APRN's scope of practice is defined relative to CPT codes.

**Marcaine:**

The Director of Medicine, Lafayette General Medical Center submitted a petition

requesting an opinion regarding an RN administering 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. The original request was reviewed at the October 22, 2002 Committee meeting with a recommendation to the Board that it is within the RN's scope of practice to administer analgesic doses of anesthetic agents for epidural pain management, specifically Marcaine (bupivacaine); however, based on the testimony of interested parties at the December, 2002 Board meeting the Board deferred the request back to the Committee for additional study.

P. Ladner summarized how this opinion request originated in response to an article published in the spring, 2002 issue of The Examiner . The article summarized the opinions rendered by the Board from 1983 to present regarding the epidural administration of analgesic doses of anesthetic agents by RNs. In January, 1990 the Board said that the administration of low dose Marcaine was not within the RN's scope of practice; however, in May, 1990 the Board approved guidelines for RNs to administer analgesic doses of anesthetic agents for analgesic effect and not for anesthesia. It was apparent, based on the number of practice phone calls, that many institutions implemented the May 1990 guidelines as countering previous opinions that prohibited certain nursing interventions and analgesic doses of anesthetic agents.

C. Brouellette and M. Guillot representing the Louisiana Association of Nurse Anesthetists (LANA) stated opposition by LANA for RNs administering low doses of Marcaine for epidural pain management. Discussion ensued regarding the common use of solutions of morphine with bupivacaine or Fentanyl epidurally to control post-operative pain and the language of RS 37:930.

**Motion:**

by T. Ashby, seconded by F. Rosenthal and carried, that in reference to agenda item 6.5, to seek legal advise from the Board's attorney regarding RS 37:930 as it relates to RNs administering analgesic doses of anesthetic agent, to establish a task force to study the RNs scope of practice as it relates to pain management, and to table this agenda item until the task force makes their recommendation to the Committee: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**RN removing  
Doppler:**

The Clinical Educator for GYN/Oncology, Woman's Hospital, submitted a request for an opinion regarding an RN removing an internal vascular flow doppler probe on post-operative patients who have underwent reconstruction breast surgery. The petitioner was not present to answer questions; the Committee deferred action until someone from the agency could attend and address the request. T. Ashby reported that she discussed the procedure with the petitioner. Ashby was not able to observe the removal of the internal vascular flow doppler but she did review a video tape on the procedure. The Committee review npop 99.01 that provides for registered nurses in acute care settings to remove non-implanted and non-cuffed central venous catheters. The intent of this request is to provide for doppler removal in the patient's home.

**Motion:**

by T. Ashby, seconded by E. Crapanzano, and carried that in reference to agenda item 6.6 that it is **not** within the scope of practice for an RN to remove an internal

vascular flow doppler that is implanted, cuffed, sutured, or non-sutured: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

### **RN accessing**

#### **Life-ports:**

The Director of Critical Care Services, North Oaks Medical Center petitioned the Board for an opinion regarding RNs accessing a life-port device in the subcutaneous area of the abdomen for the treatment of recurrent ascites. The item was deferred back to the Committee from the October 22, 2002 meeting until the petitioner could be present to answer questions regarding the request. The petitioner explained the palliative nature of the treatment as supported in the accompanying literature. Discussion ensued regarding an RN's scope of practice performing peritoneal dialysis and accessing ports.

#### **Motion:**

by E. Crapanzano, seconded by T. Ashby, and carried that in reference to agenda item 6.7 that it is within the scope of practice for an RN to access a life-port in the subcutaneous area of the abdomen to remove recurrent ascites in accordance with a medical order provided that the said RN has documented knowledge, skills, and abilities: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

### **School Nurse**

#### **Delegating**

#### **PRN**

#### **Medications:**

The school nurses, St. John the Baptist Parish, petitioned the Board for an opinion regarding school nurses delegating to trained unlicensed school personnel the administration of PRN medications when the student cannot self-administered and the RN is not physically present on campus. The Board's rules regarding nursing practice requires an RN to assess prior to delegation; administering PRN medications require an assessment. Since the RN cannot delegate an assessment, school nurses have been told that they cannot delegate the administration of PRN medications, specifically metered doses of inhalants for students with asthma. School nurses have identified a specific set of symptoms, characteristic for a student that indicates when intervention with a PRN medication is necessary.

#### **Motion:**

by E. Crapanzano, seconded by T. Ashby, and carried that in reference to agenda item 6.4 that it is within the scope of practice for school nurses, based on their assessment and in collaboration with the child's physician and parents, when a characteristic set of symptoms occur for a specific student that the school nurse may delegate to trained unlicensed school personnel the prescribed PRN metered dose inhalant for students with asthma: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

### **RN Monitoring**

#### **Deep Sedation:**

The Vice-President Chief Nurse Executive, Christus St. Patrick Hospital petitioned the Board for an opinion regarding registered nurses monitoring 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 at the patient's bedside. Staff reported that a letter from the Vice-President initiated discussion regarding RNs monitoring patients receiving deep sedation.

The petitioner provided current articles to support their request and the position statements from the Maryland Board of Nursing regarding procedural sedation and the administration of medications classified as anesthetic agents for purpose of sedation and/or analgesia. Three persons from Christus spoke in favor of the petition, citing the number of cases performed without complications; and, two LANA representatives spoke in opposition to the request.

**Motion:** by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.9 that the Board defer action until the task force convenes and makes recommendation to the Committee regarding section RS 37:930 E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**APRN  
Performing  
Sigmoidoscopy:**

The Administrator, Louisiana Endoscopy Center, Inc., petitioned the Board for an opinion regarding the requirement for videotaping of each flexible sigmoidoscopy when the procedure is performed by an APRN and whether the procedure as defined by Ochsner must be met at other practice site. In 1995 the Board rendered an opinion regarding APRNs performing flexible sigmoidoscopy for screening rectal carcinoma with the stipulation that the procedure be videotaped and maintained for physician review and to waiver the APRN requirement for two RNs, E. Ducote and M. Nutter, currently performing the procedure at Ochsner.

**Motion:** by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.8 that staff respond to the petitioner's request with a letter stating that it is within the APRN's scope of practice to perform fiberoptic flexible sigmoidoscopy and to delete the previous requirement for videotaping when the said APRN has the documented knowledge, skills, and abilities: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**RN delegating  
Bowel  
Dis-impaction:**

The Home Health Director, Beauregard Memorial Hospital, petitioned the Board for an opinion regarding an RN delegating to a CNA bowel dis-impaction in the home health setting. Medicare states that this is not a skilled nursing service. The patient has no caregiver that can provide this intervention. The only skilled nursing service for this patient is changing the foley catheter once a month. The initial request was considered by the Committee at the October 22, 2002 meeting and was deferred back to Committee while staff gathered additional information. Staff reported contact with Medicare and Medicaid regarding this nursing intervention and is still awaiting a response.

The Committee reviewed the Board's previous opinion regarding an RN delegating to a home health aide digital stimulation of the rectum on patients who are not at risk for dysreflexia and the rules on delegation, specifically *appropriate supervision is available during the task implementation and the definition of a non-complex task.*

**Motion:** by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.2 that the Board defer action until staff receives information from Medicare and Medicaid regarding the skilled nursing service: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**RN delegating  
Injection of  
Local Anesthetic**

The Director of the Breast Center, Our Lady of Lourdes submitted a request for an opinion regarding an RN delegating to an LPN the injection of local anesthetic agents at the IV site prior to starting an IV to provide patient comfort. The Board sent the Committee's recommendation back to the Committee for reconsideration and requested a legal opinion from the Board's counsel.

**Motion:** by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.3 that the exception in RS 37:930(D) which permits registered nurses who are not certified nurse anesthetists, to administer local anesthetic agents by injection under the skin does not include language indicating that this function can be delegated; therefore, and RN can **not** delegate to an LPN the injection of local anesthetic agents.

Furthermore, that this issue be referred to the task force regarding RS 37:930: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**RN Initiating  
Standing Orders:**

The Associated Medical Director and Quality Improvement Specialist, LA Health Care Review, Inc., submitted a request for an opinion regarding the use of standing orders for adult influenza and pneumococcal vaccines and whether or not an RN can assess vaccine status and order vaccine to be dispensed and administered under a standing order protocol in the hospital setting.

The LSBME's statement regarding *Public Immunization, Revised September 27, 2000* was distributed. This statement answered most of the petitioner's questions. It was also explained that only APRNs with limited prescriptive and distributing authority are authorized to sign for and distribute free drug sample; only physicians and pharmacists are authorized to order and receive drugs.

**RN Injecting  
Contrast Media:**

The Manager, Cardiac Cath Lab, Teche Regional Medical Center submitted a request for an opinion regarding RNs injecting contrast media intra-arterially during diagnostic cardiac cath procedures, to inject the contrast media for the cardiologist while he/she is in the cath lab during the procedure, but not immediately adjacent to the procedure table. Staff addressed npop 86.10 that provides for RNs to inject contrast media by IV push for use in radiologic testing procedures and npop 88.07 provides for RNs to administer intra-arterial medications.

**Motion:** by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.11 that it is within the scope of practice for registered nurses to administer intra-arterially contrast media for cardiac cath procedures provided the said RN has the documented knowledge, skills, and abilities: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**Minutes:** The minutes of the October 22, 2002 Practice Committee meeting had been distributed to the members prior to the December 2002 Board meeting.

**Motion:** by F. Rosenthal, seconded by E. Crapanzano, to accept the minutes as distributed: E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**Staff Report:** 4.1 Staff reported on Task Force PROJECT HEAL created by Concurrent Resolution #20, regular session, 2002 to review statutory and regulatory requirements for health screenings and procedures in schools. The Task Force's final report goes before BESE Board for appropriate consideration and was distributed to all Board members prior to the meeting. Staff will monitor bills for the upcoming session that might try to open school related statutes and change language regarding an RN's scope of practice.

5.2 The Pharmacy Board is completing their process of rules revisions to complement the revised statute. The rules: *Drug Abuse Treatment Center Pharmacies* was distributed to Board members.

5.3 The communication from the AORN requesting that the Board establish the professional registered nurse as a circulating nurse for each operative procedure was discussed. Staff related that the Board, in 1982, issued an opinion *that the process of circulation is not to be delegated* and that DHH incorporated this ruling in their licensing guidelines for operating rooms. This was explained to the AORN representatives prior to discussion of the agenda item and they indicated that the Board's previous action and DHH outcome met their request.

## **Old**

**Business:** 5.1 Update on the rules regarding administration of medications by trained unlicensed personnel in juvenile detention centers (Act 502 of the 2001 Regular Session): Staff is working with the Department of Corrections regarding joint re-promulgation of rules (Notice of Intent) to handle one correction and to publish the rules in accordance with the Administrative Procedure Act.

5.2 Staff reported that all the opinions, 1995 forward, are categorized according to the functional health patterns with separate listings regarding the delegation to certain nursing interventions to unlicensed nursing personnel and LPNs. Another list indicates those functions that are outside the scope of RN practice. The declaratory statements rendered prior to 1995 were identified as well as the discrepancies between the LPN's Board statement regarding scope of practice and those interventions that the Board of Nursing has identified as non-delegable. This item will be placed on the next Committee agenda for discussion.

5.3 The staff shared the Executive Director's testimony given at the public hearing regarding the proposed EMS certification rules. DHH and members of the EMS Commission indicated their willingness to work with the Board in revising these proposed rules to address the Board's concerns.

## **Announcements/ Communications:**

7.1 A letter from a school nurse requesting the formation of a task force to study the



use of rectal Diastat in the schools was discussed. Staff updated the Committee regarding the challenges of managing these students in the school setting with the limited number of school nurses. Staff was directed to conduct a statewide assessment of school nurses regarding the need to form a task force to study this nursing intervention.

**Adjournment:** The meeting of the Nursing Practice Committee adjourned at 1:25 p.m.

Submitted: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_