

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

**MINUTES OF THE APRIL 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 9:03 a.m. on Tuesday, April 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
Patsy McClanahan, MSN, RDMS, RN, CNP, Committee Member

Board Members:

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

Absent:

William LaCorte, MD, Ex-Officio Member
Alan Ostrowe, MD, Ex-Officio Member

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice
Helen Forrest, Compliance Supervisor, Recorder

Guest:

Jan Simoneaux, Louisiana Heart Hospital
Sharn DeVun, Louisiana Heart Hospital
Lisa Harry, Louisiana Heart Hospital
LaVonne Smith, LSUHSC/DOE
Martha Diana Rougeou, Christus St. Francis, Alexandria
Domoine D. Rutledge, East Baton Rouge School System
Wade Shows, Legal Counsel, Louisiana State Board of Nursing
Cynthia Layford, LANP
Susan Rick, LSUHSC
Demetrius J. Porche, LSUHSC
Carol Ratcliff, MSN, RN, CNOR, FACHE
Sue Catchings, HCCS
Beth Edwards, HCCS
Linda Thompson, RNC, BSN, Woman's Hospital
Jeanette Jefferson, RN, Charity School of Nursing
Nikki Essix-Manuel, Attorney, Shows, Cali & Berthelot, L.L.P.

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.

**New Business-
East Baton Rouge
Parish School
System**

The General Counsel of East Baton Rouge Parish School System petitioned the Board to render a legal determination of their ability to contract nursing services in the Baton Rouge area, specifically related to the Louisiana raised statutes that school systems shall employ nurses to perform certain services.

Prior to this Committee meeting, the petitioner was informed that this is a legal issue and the Board of Nursing cannot render a legal opinion. The request was then forwarded to the Board Attorney, Wade Show for review. W. Shows and P. Ladner met with Domoine Rutledge, petitioner, and shared all the laws pertinent to the school system with the attorneys for review. As a result of the meeting, W. Shows prepared a response, which was presented to the Committee.

Mr. Rutledge outlined his position with the School Board and the procedures being implemented by the East Baton Rouge Parish School Systems to construct and develop a health care service delivery model for their student populations and putting together a contractual arrangement. Mr. Rutledge stated that their concerns were in reference to the literal language of the statutes which provides that either city or parish school systems shall employ nurses for whatever the particular services are. Their position is that the statutes contemplate that the school system shall make available and provide the services to the student population. They will do that through HECS. The model that they have in place will conform to existing state laws in terms of the services they provide to their student populations as well as making certain that those services are consistent. The reason they felt it was necessary to petition the Board is because some of the nurses expressed concerns that if they went to work for HECS their license would be in jeopardy. The School Board's position is that they are not in any violations by contracting the services through HECS. All of their nurses will be employees of HECS and will not be subcontracted but employees on their payroll.

Mr. Shows stated that according to the statutes, the school system shall employ certified nurses. The phrase "employment" is questioned by the school nurses as to whether this mean that the nurse has to be W2 employees or does it mean to be able to facilitate the appropriate nursing functions within the school system. Whether "employ" means that the nurses have to be on the East Baton Rouge Parish School Board salary as opposed to delegating that service

through a subcontracting arrangement. Mr. Shows stated his opinion is that it does not require a W2 employee. The phrase employ means to deliver the appropriate services within the guidelines and rules and regulations at the state and federal levels. The statutes state nurses must be certified and Mr. Rutledge indicated and assured the Committee that the employee utilized in the East Baton Rouge System will meet the guidelines of the Board statutes, the Nurse Practice Act, as well as any Federal regulations that deal with the employment of school nurses.

Motion: by T. Ashby, seconded by P. McClanahan in reference to agenda item 6.8 to accept the opinion rendered by Mr. Shows, “ Therefore, it is my legal opinion that, in accordance with the Louisiana Revised Statutes referenced, the East Baton Rouge School Board may move forward with its plan to contract its school nursing services to other sources, as long as the nurses that are hereafter retained are “certified” nurses as defined by said statute: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; F. Rosenthal, Yes.

**RN using
a Fogarty
catheter:**

A Nurse Consultant requested that the Board render an opinion regarding the RN using a Fogarty catheter to remove suspected clots in a Mills mediastinal sump tube. Additional information gathered by the petitioners was provided to the Committee that included the general decision model from the Virginia Board of Nursing. Their “Survey of State Board of Nursing” regarding this issued indicated that none of the States have rendered a specific opinion relative to this procedure.

With regards to this question, P. Ladner referred to the Law, RS 37:913(14)(1), which speaks to additional acts having to be approved by the Board, it must be determined whether it is within the RN scope to perform this procedure. The petitioner presented to the Committee the declotting device.

S. Devon explained and demonstrated the Fogarty catheter technique for declotting a mediastinal chest tube. The technique does require two people, currently a physician and nurse. The catheter would allow its user to go beyond the clot, inflate the balloon at the end with air and pull back to remove the clot. The catheter has marking at about ten centimeters to help to determine how far it should be inserted; it is done under sterile technique.

One of surgeons has requested that the staff nurses begin to declot the tube in situations when he is not available to get to the bedside in a timely manner. The physicians have been using this technique for as long as they have been in practice; their hospital has been opened for about 14 months. It is not known how long this procedure has been in use for this purpose. It was not designed specifically with the intent of declotting tubes, it just happened to be used for this purpose. It is mainly used in the realm of medicine to declot blood vessels.

Ms. Devon stated that problems with not declotting the tube hamper the nurse's ability to assess the drainage and complications could arise within the mediastinal space that could cause negative patient outcomes. S. Devon stated that this issue is being presented to the Board because the discussion ensued among the nursing staff as to determine whether or not this is within the scope of practice for the registered nurse.

The manufacturer has been contacted regarding the usage of Forgarty catheters to declot a tube; today there has not been a response to the query. A Board opinion requires the consideration of the manufacturer's description of the device, the emerging scope of RN practice, as well as the individual RN's knowledge, skills and abilities, knowledge including not only what someone states about the procedure but on what is included in the literature and the manufacturer's handout. This is so that there is knowledge to be gathered and learned to choose the didactic, training and also to knowledge to know what to do in case of complications. Because there is not enough written information, the Committee agreed that they are unable to make a recommendation for an opinion. Suggestions were made to the petitioners regarding researching additional information.

Motion: by T. Ashby, seconded by P. McClanahan in reference to agenda item 6.3 that the Committee table this request until further information and study is received: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

**Bravo pH
Probes:**

The GI Lab Supervisor from CHRISTUS St. Frances Cabrini Hospital requested that the Board render an opinion regarding an R.N. placing a Bravo pH probe without the presence of a physician. The petitioner gave a complete description regarding the purpose of the procedure. how the procedure is performed, and pictures that showed insertion technique.

P. Ladner advised the Committee to first determine if it is within the scope of practice as an *additional act* for the RN to insert the probe and then to determine whether or not the physician must be present. Physician presence usually means being at the bedside.

Martha Rougeou explained the process of placing the Bravo pH probe, opposition for RNs to perform, and presented additional information to the Committee on the recent ruling from the Kentucky Board. The Kentucky Board has approved registered nurses to place the probe without a physician being present. Said statement was read and distributed to the Committee for review. Ms. Rougeou stated that they researched other State Boards online, and that this same issue is currently under study by several boards. It is a new product. The frequency of an RN performing this procedure is on the average of one a month. Most often the physician places the Bravo pH probe at same time he does the EGD, but occasionally the physician will ask the RN to place the probe on an outpatient. Prior to the nurse placing a Bravo pH probe, all patients would have had an endoscope with the marking by the physician of exactly how far the tube is to be inserting.

Prior to this technique, an external probe was worn by the patient for a 24-hour period. The probe was uncomfortable and the patients were not compliance. This procedure is much more comfortable and the patients are more compliance and more likely to go about their daily routine and back to work. The patient is monitored for 48 hours and the literature indicated that it could stay in the patient up to 2 weeks.

Ms. Rougeou also informed the Committee of the information packet given to the patients to take home that deals with the procedure.

Motion:

by D. Ford, seconded by D. Olds in reference to agenda item 6.1 that it is within the scope of practice for the registered nurse to place a Bravo pH probe for the purpose of pH monitoring provided there is documentation of prior assessment of said physician for determination of appropriateness for placement. Additionally, the registered nurse has the documented appropriate knowledge, skills, and abilities to perform the procedure: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

CPT codes

Pursuant to the request of an APRN, DHH submitted a letter requesting the Board's opinion on whether the CPT codes are within the scope of practice by the licensed certified nurse practitioner. A description of the codes was distributed for review, taken from the 1998 Gynecology, Obstetrics and Urology CPT Codes by the American Medical Association. Codes includes the following:

- #51600 – Injection Procedure for Cystogram
- #51725 – Simple Cystometrogram
- #51726 – Complex Cystometrogram
- #51741 – Complex Uroflowmetry
- #51772 – Urethral Pressure Profile Studies
- #51784 – EMG
- #51795 – Intra-abdominal Voiding Pressures
- #57160 – Insertion/Fitting of pressary

The petitioner directed her request to approve the CPT codes for a Family Nurse Practitioner. In reference to code #57160, an opinion has been issued by the Board to allow an RN to insert a pressary. The procedure is also taught in the basic curriculum for the women health and family nurse. The Committee agreed that additional information is needed to make a determination for the other codes.

Motion:

by P. McClanahan, seconded by T. Ashby in reference to agenda item 6.5 to approve CPT code 57160 for FNPs and WHNPs and to defer action on codes 51600, 51725, 51726, 51741, 51741, 51772, 51784, 51795, 57160 until additional information is obtained: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

Old Business -**Declaratory
Statement -
Levels of
Sedation:**

The Board adopted the Declaratory Statement on the Role and Scope of Practice of the Registered Nurse in the Administration of Medication and Monitoring of Patients During the Levels of Sedation (Minimal, Moderate, Deep and Anesthesia) as Defined Herein at the March 17, 2004 Board meeting and referred the statement back to the Committee for final revision to ensure compliance with the Law and Board's rules. Recommended changes were made; a revised copy was distributed to Committee for further review.

The Committee reviewed the statement noting changes that had been made and some additional editorial changes were made. There was discussion in reference to Senate Bill 387. The recommendation of the

Committee and Board motion on sedation were to go forth with this statement because it is in compliance with the Law and it clearly provides for the registered nurse to administer those drugs that will provide for moderate to mild sedation. One of the concerns is the RN's ability to delegate the administration of local anesthetic agents intradermally to provide for pain management when starting an IV. The Bill is still before the Senate Health and Welfare Committee.

Motion: by T. Ashby, seconded by D. Olds that in reference to agenda item 5.2 to approve the editorial changes made in the Declaratory Statement on the Roll and Scope of Practice of the Registered Nurse in the Administration of medication and monitoring of patients during the Levels of Sedation (Minimal, Moderate, Deep, and Anesthesia) as Defined herein: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

**Balloon
Intrauterine
Stent:**

The Clinical Educator – GYN/Oncology from Woman's Hospital requested that the Board of Nursing render an opinion regarding the RN removing a balloon intrauterine stent post-operatively. The petitioner provided information from the manufacturer regarding the stent.

Linda Thompson explained that she discussed this device with surgery and understands that it was placed on the market less than a year ago. In the past, physicians used Foley catheters, which have a different structure and technique. The Foley catheters are simpler and easier to remove than this device. The balloon intrauterine stent is shaped like a triangle and is placed into the cervix in surgery. The physician may have to use an expander or a type of forceps to expand the cervix in order to insert the device. Post-operatively, the RN is being asked to firmly pull on the device for removal. In an attempt to remove the stent, the RN may meet resistance. The literature indicates that the physician must be called when resistance is met. The physician also experienced resistant and was surprised at the firmness needed to remove the device.

The petitioner believes that this is not within the RN's scope of nursing practice to remove an intrauterine stent, whether this device, any other of its kind or a Foley is used.

In further discussing the procedure, the Committee determined that assessment by the physician is required. P. Ladner had searched for literature and other boards of nursing on the RN removing an intrauterine stent, none was found.

- Motion:** by D. Olds, seconded by P. McClanahan in reference to agenda item 6.7 that it is **not** within the scope of practice of the RN to remove a balloon uterine stent device: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.
- Minutes:** The minutes of the January 27, 2004 Practice Committee meeting were reviewed. Editorial changes were made.
- Motion:** by T. Ashby, seconded by D. Olds that in reference to agenda item 3 to accept the minutes of the January 27, 2004 Practice Committee meeting with editorial changes: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.
- Staff Report:** **4.1 Proposed draft – LAC 46:XLVII.4001-4007, Chapter 40, Prevention of Transmission of Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)**
- Act 624 of the 2003 Regular Session amended and reenacted RS 40:2018.1, relative to the Louisiana Commission on HIV and AIDS, to change the name of the commission to the Louisiana Commission to include Hepatitis C. At the same time, CDC Guidelines regarding Hepatitis C were also revised and came forth. Research was done to find out if any other Board had changed their rules to incorporate Hepatitis C and found only the dentist rules were changed. This was taken in consideration and the definition as presented by the CDC has been used for the Board rules.
- A proposed revised copy of LAC 46:XLVII.4001-4007 and a fact sheet regarding exposure prone procedures were distributed to the Committee for review and discussion. Editorial changes were made.
- It is the intent of the Committee that notice be placed in The Examiner to alert the change regarding the incorporation of Hepatitis C in the rules.
- Motion:** by T. Ashby, seconded by P. McClanahan that in reference to agenda item 4.1 to accept the proposed changes to the revised rules: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.
- Old Business:** **(cont'd) 5.1 Nurse practice opinions rendered prior to 1995:**
- P. Ladner reported that a letter has been sent to the Board Administrative Committee to provide direction to the Practice Committee on two issues: 1) What to do with the opinions rendered

1995 and forward, and how to format these opinions for the website; and 2) What to do with the opinions rendered prior to 1995. The issue will have to remain on the agenda awaiting a response.

5.3 Report on Focus Group – Chapter 37, Nursing Practice rules:

P. Ladner reported on the meeting with the Focus Group held on yesterday, April 26, 2004, including some specific direction given. There have been several changes in members of the Focus Group since initially adopted at the March 2004 Board meeting. Revised list was distributed.

Motion: by T. Ashby, seconded by D. Olds that in reference to agenda item 5.3 to accept the revisions to the list of members for the Focus Group: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

New Business (cont'd)–Thermage

Procedure: The request for an opinion from the Board of Nursing regarding the scope of practice of RNs performing Thermage procedures under the supervision of a plastic surgeon was presented to the Practice Committee on January 27, 2004 and action deferred until the next Practice Committee and until the petitioner is present for the meeting. A letter was sent by fax and mailed to the petitioner, Betty Venable, Administrator of Lafayette Surgicare requesting that she attend this meeting. P. Ladner stated that she was unsuccessful in contacting Ms. Venable, but left a message that until she attends the meeting, the request will not be considered. No other response has been received from her.

Motion: by P. McClanahan, seconded by D. Olds that in reference to agenda item 6.2 to defer action until the petitioner can appear before the Committee: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

Analgesic doses of IM or IV

Ketamine: A letter was received from Linda Brown, RN Manager, LSUHSC in Shreveport asking that their request regarding an RN administering analgesic doses of IM or IV Ketamine as part of a research study for pain control in fibromyalgia patients be removed from the Practice Committee.

Motion: by D. Olds, seconded by T. Ashby that in reference to agenda item 6.4 to remove this item from the Practice Committee agenda: D. Olds,

Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, Yes; F. Rosenthal, Yes.

Verbal Orders: A request that the Board of Nursing render an opinion regarding the RN delegating acceptance of verbal orders to LPN was received from the Home Care Division of Synergy Healthcare Group, Inc. The petitioner was not present to address this issue.

Motion: by T. Ashby, seconded by D. Olds that in reference to agenda item 6.6 to defer this item until the petitioner can appear before the Board: D. Olds, Yes; T. Ashby, Yes; P. McClanahan, Yes; D. Ford, 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 10:55 a.m. p.m.

Submitted: Pat Ladner, MN, RN Date: April 21, 2004

Approved: Frankie Rosenthal, MSN, RN, CNS Date: July 27, 2004

