

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

**MINUTES OF THE APRIL 27, 2005
LSBN COMMITTEE ON NURSING PRACTICE**

**Call to
Order:**

Deborah Ford, substituting for Frankie Rosenthal as Chairperson, called the meeting of the LSBN Committee on Practice to order at 9:00 a.m. on Wednesday, April 27, 2005 in Suite 601 Board Room of the Board's office.

Roll Call:

Present:

Deborah A. Ford, MSN, RN, CNA, Committee Member
Deborah Olds, MS, RN, Committee Member
James Harper, RN, MSN, CFNP, Committee Member

Absent:

Frankie Rosenthal, MSN, RN, CNS, CNA, Chairperson
William LaCorte, MD

Staff:

Cynthia Morris, MSN, APRN, Assistant Executive Director
Barbara Morvant, MN, RN, Executive Director
Margaret Griener, APRN, Credentialing Manager
Cherie Brown, Credentialing Supervisor, Recorder

Guests:

Barbara Shults, Lincoln General Hospital
Gayle Smith, Lincoln General Hospital
August J. Rantz, III
Richard MacMillan
Joni Nickens, LANP
Lisa Bayhi, LANP
Christine Langer, LANA
Ruby Smith, LANA
Idena Carroll, OLOL College
Pamelia Derozan, OLOL College
Georgia Garrett-Klingman, Advisor for LANA

Motion:

by D. Olds, seconded by J. Harper that the Practice Committee agenda of April 27, 2005 be re-ordered to accommodate guests: D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

CRNA Scope of Practice:

5.4 Request submitted by August J. Rantz, III, CRNA, Surginet Outpatient Surgery, petitioning an opinion from the Board if it is within the scope of practice for the CRNA to perform procedures involving the injection of local anesthetics, steroids and analgesics for pain management purposes, including but not limited to, peripheral nerve blocks, epidural injections (62310), and spinal facet joint injections (64470 & 64472) when the CRNA can document education, training and experience in performing such procedures and has the knowledge, skills, and abilities to safely perform the procedures based on an order from the physician.

New material was distributed to the board prior to the meeting for further information. Included was a listing of CPT codes which may be used to report CRNA services from a publication from AANA Managed Care, May 2001. Also, included was information gathered from the Indiana Board of Nursing and the South Dakota Board of Nursing, regarding similar issues which indicates that other states are apparently looking at these scope of practice questions. Also of note, is the communication to the Indiana State Board of Nursing Meeting February 17, 2005 from Jackie Rowles, CRNA, MBA, FAAPM which provides a history that Medicare had been paying for the injection procedures as well as the utilization of fluoroscopic guidance for needle placement, but in August of 2004 reimbursement stopped.

J. Harper indicated that it is important for the board to separate the ability of Medicare reimbursement to the applicability of being within the scope of practice of any Advance Practice Registered Nurse. Further, just because Medicare or Workman's Compensation does not reimburse for a procedure does not mean that the procedure is not within the scope of practice of the APRN.

Lisa Bayhi, Acute Care and Family Nurse Practitioner commented that intractable chronic pain is what the medical community supports should not be treated by the CRNA. Epidural steroid injections do not include narcotics, and is not the treatment of chronic pain.

Joni Nickens, LANP states that it is the position of LANP that a steroid joint injection is not treatment of chronic or intractable pain, but an episodic treatment. LANP supports the CRNAs in their request, but is asking that the Board include other APRNs.

Dr. Ostrowe suggested that the committee have a representative from the State Board of Medical Examiners present for further discussions, and have a legal opinion provided as to whether the LSBN can rule on this practice.

Deborah Ford reported that historically, the Board of Medicine has not generally been involved at the Practice Meetings or the Board Meetings in assisting with decisions. However, the LSBN can always request further clarification from the Medical Board if necessary. In terms of legal opinions, these normally come if someone disagrees with the decision the Board has made.

Richard MacMillan, Gachassin Law Firm attorney for the petitioner, indicates that Mr. Rantz is not practicing pain management, but is performing procedures that have been prescribed by the patient's attending physician, and is doing so under the direct supervision of the physician or the anesthesiologist.

The petitioner indicates that this is one adjunct to the practice of pain management. A prescription is received for an anesthetic block, and the procedure is done only under the supervision of a board certified anesthesiologist and/or a board certified pain management physician. In regards to the lack of reimbursement by Medicare, there are other third party providers who do reimburse for the procedures.

Christine Langer, LANA, Assistant Program Director of LSU Nurse Anesthesia Program, submitted the Standards for Accreditation for Nurse Anesthesia Educational Programs revised January 2004 which indicates that pain management is now a required part of the curriculum. The 2005 Candidate Handbook for the Council on Certification of Nurse Anesthetists stated that pain management is now a part of the Certification Examination.

Motion: by D. Olds, seconded by J. Harper, in reference to agenda item 5.4 that it is within the scope of practice for the CRNA to perform procedures under the direction and supervision of a physician, involving the injection of local anesthetics, steroids, and analgesics for pain management purposes, including but not limited to peripheral nerve blocks, epidural injection and spinal facet joint injections when the CRNA can document education, training, and experience in performing such procedures and has the knowledge, skills and abilities to safely perform the procedure based on an order from the physician: D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

Motion: by J. Harper, seconded by D. Olds, that the committee direct board staff to add appropriate regulatory statutes and law to all practice opinions and request legal advice as appropriate: D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

**Skin Stapler/
Sutures:** 5.1 Lynda Powell, Vice President of Nursing at Lincoln General Hospital submitted a petition on behalf of Christa J. Mars, MD to clarify the

position of the Board that it is/is not in the scope of practice for an RN to assist in the closure of the skin with a skin stapler or sutures while the surgeon is present, managing the wound and positioning the skin.

Ms. Morris states that a videotape was sent by Christa J. Mars, MD which demonstrated the use of the skin stapler to close the opening of a leather slipper to illustrate the ease of the procedure.

In February 21, 1996 the Board rendered an opinion that it is not within the scope of nursing practice for the RN to insert staples into a laceration. There is also a declaratory statement on the LSBN website which indicates that it is within the scope of practice of the RN First Assistant to perform wound closure.

Gayle Smith, Director of Surgery, Lincoln General Hospital states operating room personnel normally consists of the surgeon and registered nurses assisting. If there is not another physician in the room, the surgeon would need assistance either approximating the skin or stapling the wound, particularly in longer wounds.

Discussion became focused on whether it would not be an easier solution for the facility to simply hire the RN First Assistants or encourage the RNs already employed to pursue the RN First Assistant status. The standard of care has already been established for the RNFA to perform wound closure based on education and training.

Motion: by J. Harper, seconded by D. Olds, in reference to agenda item 5.1 that the decision of the Board be delayed on RN's assisting in the closure of the skin with a skin stapler or sutures while the surgeon is present managing the position of the skin pending directing staff to obtain more information from RNFA Association and other appropriate sources. D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

Natreacor/Home Setting: 5.2 A petition was submitted by Shannon Newton, RN and Charlotte McNeal RN of Hospice Care of Louisiana, for an opinion on the administration of Natreacor in the home setting with RN supervision. The petitioners are not present.

The administration of Natreacor in the home setting may be used for comfort/palliative care in patients with end stage heart failure. The drug insert is silent regarding the use of the drug for palliative care.

Motion: by J. Harper, seconded by D. Olds, in reference to agenda item 5.2 that the decision of the Board be deferred on the administration of Natreacor in the home setting with RN supervision pending the petitioner being present to

answer specific guidelines and policies, as well as history of administration in palliative care settings. D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

**Compression
Therapy (Unna
Boot):**

5.3 A petition submitted by Lisa Deaton, RN, Manager, Health Standards Section of the Louisiana Department of Health and Hospitals to request clarification and or/revision of Nurse Practice Opinion 93.22 regarding application and/or delegation of an unna boot to include other practice settings such as Nursing Homes, Hospitals, Rural Health Clinics, Ambulatory Surgical Centers, Hospice, and Intermediate Care Facilities for the Mentally Retarded.

The previous opinion rendered November 21, 1993 stated that the procedure could be performed in home setting and could not be delegated.

Discussion focused on whether it is appropriate, based on the delegation rule, for the procedure to be delegated in the home setting, as well as any other setting.

Motion:

by D. Olds, seconded by J. Harper, in reference to agenda item 5.3 that it is within the scope of practice for an RN to apply compression therapy (unna boot) provided said nurse has the necessary knowledge, skills and abilities. This is a complex task which may be delegated to LPNs in all settings based on compliance with LAC 46:XLVII.3703 Delegating Nursing Interventions. D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

Old Business:

**Changes to Rule
LAC 46:XLVII.3703
And 3705:**

4.1 Reconsideration of proposed changes in Rule LAC 46:XLVII.3703. Definitions of Terms applying to Nursing Practice and 3705. Administration of Anesthetic Agents to submit for republication.

The draft of these rules was approved by the Board October 27, 2004 for rulemaking. The Fiscal and Economic Impact Statement was approved January 7, 2005. The Notice of Intent was published in the Louisiana Register on January 20, 2005. There were no comments in the comment period. When the rules were presented to the Board on March 16, 2005, it was referred back to the Practice Committee for revision.

Motion:

Proposed changes were distributed to the committee prior to the meeting. by J. Harper, seconded by D. Olds, that the Board approved the proposed changes in rule LAC 46:XLVII.3703. Definitions of Terms applying to

Nursing Practice and 3705. Administration of Anesthetic Agents and to direct staff to add grammatical changes of punctuation to match the statute. D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

**Fetus Presentation
In Labor and
Delivery:**

4.2 Request for an opinion related to the RN performing an ultrasound to determine fetal presentation in labor and delivery was tabled until such time as the petitioner and/or Board staff can present requirements for ultrasound proficiency and training and to survey other states regarding this matter.

Minutes:

The minutes of the January 25, 2005 Practice Committee meeting was distributed for review prior to the meeting.

Motion:

by D. Olds, seconded by J. Harper that the minutes of the January 25, 2005 of the Nurse Practice Committee be accepted as written. D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

Announcements:

B. Morvant acknowledged C. Morris for her hard work with the Committee.

Motion:

by D. Olds, seconded by J. Harper to adjourn the meeting. D. Olds, Yes; J. Harper, Yes; D. Ford, Yes.

Adjournment:

The meeting of the Nursing Practice Committee adjourned at 11:45 a.m.

Submitted:

Cynthia D. Morris, MSN, APRN Date:

Approved:

Date: