

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

**MINUTES OF THE APRIL 15, 2003  
LSBN COMMITTEE ON NURSING PRACTICE**

**Call to**

**Order:**

Deborah Ford, Chairperson, called the meeting of the LSBN Committee on Practice to order at 9:10 a.m. on Tuesday, April 15, 2003 in Suite 601 Conference Room of the Board's office.

**Roll Call:**

Present:

Task Force Members:

Deborah Ford, MSN, RN, Chairperson

Deborah Olds, MSN, RN, Committee Member

Frankie Rosenthal, MSN, RN, CNS, CNA, Committee Member

Eli Sorkow, MD, Ex-Officio Member

Absent:

Tommie Ashby, RN, Committee Member

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice

Guests:

Cathryn Wright, APRN, LANA

**Minutes:**

The minutes of the February 14, 2003 Practice Committee meeting were distributed and reviewed by the Committee member.

**Motion:**

by F. Rosenthal, seconded by D. Olds, to accept the minutes as distributed: F. Rosenthal, yes; D. Olds, Yes; D. Ford, Yes.

**Staff Report:**

4.1 Staff reported confirmation from the Education Consultant, Department of Education to survey school nurses regarding administration of rectal Diastat in the school setting. Staff will draft a letter surveying safe practice with the Board's nursing practice opinion 99.17 and the Education Consultant for the State will distribute the survey to the school nurses.

**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 has not received a response from 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 of 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. Following review of the Scope of Practice statement on the Louisiana State Board of Practical Nurse Examiners website regarding tasks an LPN may perform the Committee recognized that some of these tasks are non-delegable by an RN. This item will be placed on the next Committee agenda for discussion.

**Motion:** by F. Rosenthal, seconded by D. Olds to accept (for publication) the Board’s advisory opinions from 1995 forward: F. Rosenthal, Yes; D. Olds, Yes; D. Ford, Yes.

**Motion:** by F. Rosenthal, seconded by D. Olds to direct staff to format the advisory opinions alphabetically using the four major categories: an RN’s authorized scope of practice; outside an RN’s authorized scope of practice; delegation of specific nursing functions to LPNs; delegation of specific nursing functions to unlicensed nursing personnel; and to provide an abstract of each opinion for the Board’s web-page: F. Rosenthal, Yes; D. Olds, Yes; D. Ford, Yes.

**Motion:** by F. Rosenthal, seconded by D. Olds to reaffirm the Board’s declaratory statements rendered prior to 1995: Declaratory Statement on the Delegation of Nursing Functions in Home Health; Declaratory Statement Regarding Nursing Accountability and/or Responsibility for Patient Care Assignments and Nursing Care Delivery; Declaratory Statement on the Legal Scope of Practice a Registered Nurse in Relationship to the Emergency Medical Technician; Declaratory Statement on Differentiation between the Role of the Neonatal Nurse and the Role of the Advanced Practitioner of Neonatal Nursing: F. Rosenthal, Yes; D. Olds, Yes; D. Ford, Yes.

5.3 The staff summarized a conference call regarding the Board’s response to the revised proposed EMS certification rules. The Board continues to maintain their testimony regarding RS 40:2017.10 enacted in 1968, amended and enacted in 1977 and the following points: that DHH has the authority to adopt and enforce rules and regulations; that the Law refers to the provider as “emergency medical services personnel or technicians”; and that the Law does not provide for delegation of EMS interventions. There was no consensus between DHH, members of the EMS Commission and the Board at the end of the conference call.

5.4 D. Ford reported on the Task Force: RN Scope of Practice Regarding Pain Management that met on April 14, 2003. The Task Force identified the following objectives, areas of study:

~To determine if any of the three issues (epidural administration of anesthetic agents for analgesia, deep sedation for procedures, RN delegating to LPNs injection of local anesthetic agents) are appropriate for the non-anesthesia RN to deliver safe, quality care to the citizens of LA.

~To determine if pain management clinical guidelines that provide for appropriate, safe care of patients are:

- 1) in conflict with RS 37:930,
- 2) meet intent of RS 37:930,
- 3) exceed the scope of the Law (RS 37:930).

~To determine if there is a need for an attorney's review of the Law and to review the results/actions related to the Task Force recommendations.

**New Business -  
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. The Director is under the impression that Medicare does not approve dis-impaction as 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 literature and the payment guidelines from A National Information Network (NIN) and cited an example under section 205.1.C (Medicare Guidelines) that addresses *Intermittent Skilled Nursing Care*, specifically 205.1.C.2, that provides examples of the need for infrequent, yet intermittent, skilled nursing services: "The following is an example of the need for infrequent, yet intermittent, skilled nursing services: the patient who experiences a fecal impaction (i.e., loss of bowel tone, restrictive mobility, and a breakdown in good health habits) and must be manually dis-impacted. Although these impactions are likely to recur, it is not possible to pinpoint a specific timeframe; ..." (p.14.20, NIN).

**Motion:**

by F. Rosenthal, seconded by D. Olds that it is not within an RN's scope of practice to delegate to unlicensed nursing personnel bowel dis-impaction in the home health setting: F. Rosenthal, Yes; D. Olds, Yes; D. Ford, Yes.

**Announcements/  
Communications:**

**None.**

**Adjournment:**

The meeting of the Nursing Practice Committee adjourned at 10:25 a.m.

Submitted: Pat Ladner, MN, RN Date: April 29, 2003

Approved: Date: