

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

**MINUTES OF THE OCTOBER 22, 2002
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 Tuesday, October 22, 2002 in Suite 601 Conference Room of the Board's office.

Roll Call:

Present:

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

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice
Deborah Humphrey, C-WHNP, RN, RN Manager (Credentialing)

Guests:

Charlene Brouellette, CRNA, LANA
Connie Brown, LPN Board
Colleen Newman, LA Chapter ACNM
Kathleen Martin, LA Chapter ACNM
Sylvia Oats, Lafayette General Medical Center
Sheri Porter, LANP
Karen Watt, LA Chapter ACNM

Motion:

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

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.

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.

S. Oats, the petitioner, addressed the current practice of nursing as documented in the literature regarding the use of opiates and local anesthetic agents to manage post-operative pain. A communication from G. Mampilly, MD, Anesthesiologist and Pain Specialist, Lafayette General Medical Center regarding RNs administering and monitoring low dose epidurals for pain management and the inherent risk factors was distributed to the Committee members (see attachment #1). The materials submitted by the petitioner and Dr. Mampilly document the safe practice of RNs who have been properly trained administering and monitoring epidurals for patient analgesia without untoward effects, inclusive of bupivacaine (Marcaine).

C. Brouellette, CRNA, representing the Louisiana Association of Nurse Anesthetists (LANA) stated opposition by LANA for RNs administering low doses of Marcaine for epidural pain management. Risk factors such as seizures and cardiovascular collapse can occur if these agents get into the blood stream. LANA contends that RS 37:930 prohibits the administration of low dose anesthetic agents epidurally by any nurse who is not a CRNA.

Motion:

by F. Rosenthal, seconded by T. Ashby and carried, that in reference to agenda item 6.5, that it is within the scope of practice for RNs to administer an analgesic dose of an anesthetic agent for epidural pain management, specifically Marcaine (bupivacaine), in accordance with the Board's guidelines regarding the administration of analgesic doses of anesthetic agents (npop 90.22): P. McClanahan, yes; E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**APRN
Intrapartum
Care:**

The President, Louisiana Chapter of the American College of Nurse Midwives submitted a petition requesting an opinion regarding the authorized scope of practice for a family nurse practitioner or women's health nurse practitioner to evaluate, manage and/or treat pregnant women who are or may be in labor (i.e. intrapartum) when the APRN's education does not provide this didactic content.

An ad appeared in a Baton Rouge newspaper seeking to hire a family nurse practitioner (FNP) for the pregnancy assessment center. The petitioner and two other members of the LA Chapter were in attendance to address their concerns and answer Committee questions regarding who is educationally prepared to manage the care of the intrapartum patient. Staff reported that a letter was written in May 2002 citing the definition of "advanced practice registered nursing" Law (RS 37:913(3)(a) that requires a minimum of a master's degree with a concentration in the respective advanced practice nursing specialty which includes both didactic and clinical components. In other words, in order for an APRN to be licensed and practice in a

certain nursing specialty the APRN must document education of both didactic and clinical components within that specialty. As stated within the petition, primary concern was for the need of “didactic content”.

Motion: by F. Rosenthal, seconded by E. Crapanzano and carried, that in reference to agenda item 6.4, that the staff prepare an article for the Examiner that addresses the issue of APRNs and the management of intrapartum care in accordance with the Law (RS 37:913(3)(a): P. McClanahan, yes; E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

CPT Codes: 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. The first request, dated August 9, 2002 failed to provide the correct description of the requested codes. A second request, dated September 24, 2002, contained additional CPT codes for certified nurse practitioners. At the time of the meeting a description of CPT codes A9502, J0510, J1245, and J3490 were not available for Committee review and deliberation; all CPT codes with a description were reviewed and acted upon by the Committee.

Motion: by E. Crapanzano, seconded by T. Ashby and carried, that in reference to agenda item 6.1, that it is **not** within the scope of practice of CNPs 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**: P. McClanahan, yes; E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

Motion: by E. Crapanzano, seconded by F. Rosenthal and carried, that in reference to agenda item 6.1, to defer action until additional information is obtained regarding the following CPT codes: A9502; J0510; J1245; J3490; 78990; 90801; 90805; 90807; 90862: P. McClanahan, yes; 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, to approve the following CPT codes for CNP:

99221 Initial hospital care for the evaluation and management of a patient that requires medical decision making that is straightforward or of low complexity.

- 99222 Initial hospital care for the evaluation and management of a patient that requires medical decision making of moderate complexity.
- 99232 Subsequent hospital care for the evaluation and management of a patient that requires medical decision making of moderate complexity.
- 99243 Office consultation for a new or established patient that requires medical decision making of low complexity.
- 99244 Office consultation for a new or established patient that requires medical decision making of moderate complexity.
- 99251 Initial inpatient consultation for a new or established patient that requires straightforward medical decision making.
- 99252 Initial inpatient consultant for a new or established patient that requires straightforward medical decision making.
- 99253 Initial inpatient consultation for a new or established patient that requires medical decision making of low complexity.
- 99254 Initial inpatient consultation for a new or established patient that requires medical decision making of moderate complexity.
- 99261 Follow-up inpatient consultation for an established patient that requires medical decision making that is straightforward or of low complexity.
- 99262 Follow-up inpatient consultation for an established patient that requires medical decision making of moderate complexity.
- 93015 Cardiovascular stress test using maximal or sub-maximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report
- 96115 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour: P. McClanahan, yes; 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.

The second request from DHH, dated September 24, 2002, was for additional CPT codes for CNPs to order the following tests.

Motion: by E. Crapanzano, seconded by T. Ashby and carried, that in reference to agenda item 6.1, to approve the following CPT codes for CNP:

- 81001 Urinalysis automated, with microscopy
- 87149 Microbiology identification by nucleic acid probe
- 87480 Microbiology Candida species, direct probe technique
- 87490 Microbiology Chlamydia trachomatis, direct probe technique
- 87510 Microbiology Gardnerella vaginalis, direct probe technique
- 87590 Microbiology Neisseria gonorrhoeae, direct probe technique
- 87797 Microbiology Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism: P. McClanahan, yes; 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 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*. Based on this review the Committee took the following action.

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 follows-up with the petitioner, DHH and Medicare regarding the skilled nursing service: P. McClanahan, yes; E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

**RN delegating
Injection**

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.

Motion: by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.3 that it is within the scope of practice for an RN to delegate to an LPN the

injection of local anesthetic agents under the skin or application of topical anesthetic agents when the said LPN has documented knowledge, skills, and abilities: P. McClanahan, yes; 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. Discussion focused on placement of the probe, frequency of the intervention, inherent risk factors and the skills required to remove an internal vascular probe.

Motion:

by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.6 to defer Board action until additional information is obtained regarding the reason for an RN to remove the internal vascular doppler probe and an explanation of the actual procedure: P. McClanahan, yes; E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

Note: T. Ashby indicated a willingness to visit the site and observe the physician removing an internal vascular doppler probe. The committee directed the staff to contact the petitioner regarding the feasibility of T. Ashby visiting the practice site to observe the removal of a doppler probe.

**RN accessing
a lifeport:**

The Director of Critical Care Services, North Oaks Medical Center petitioned the Board for an opinion regarding RNs accessing a lifeport in the subcutaneous area of the abdomen for recurrent ascites. The petitioner was not present to answer questions regarding the request. The materials submitted by the petitioner were reviewed and discussion focused on patient safety.

Motion:

by E. Crapanzano, seconded by F. Rosenthal and carried that in reference to agenda item 6.7 to defer Board action until the petitioner and a physician is available to attend the Practice Committee meeting and answer questions regarding this procedure and the patient's risk factors: P. McClanahan, yes; E. Crapanzano, yes; T. Ashby, yes; F. Rosenthal, yes.

Minutes:

The minutes of the July 16, 2002 Practice Committee meeting had been distributed to the members prior to the September, 2002 Board meeting.

Motion:

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

Staff Report:

4.1 Staff viewed the new videotape, delegating effectively, released by the NCSBN. The video's content is consistent with the Board's rules on the delegation. The staff will provide educational offerings for RNs and student nurses using this videotape.

4.2 A letter withdrawing an opinion request regarding RNs administering intra-

luminal Alteplase (TPA) into CVADs was distributed (see attachment #2).

- 4.3 Information regarding a new device (Combitube) for emergency or difficult intubations was distributed.
- 4.4 Response to a petitioner's request regarding RNs performing autologous wound care treatments was distributed.

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 sent a letter to the Joint Administration Committee (JAC) for Limited Prescriptive and Distributing Authority regarding Committee action relative to the APRN's practice site and the physician visiting the practice site weekly. The letter was presented to the JAC at their September, 2002 meeting. The Committee expressed appreciation to the Board for defining *practice site* as it relates to home practice.
- 5.3 The method devised by the Focus Group on September 11, 2002 to categorize previous Board opinions (1995 forward) was distributed (see attachment #5).

Announcements/

Communications: 7.1 The National Association of Nurse Massage Therapists

7.2 FDA statement regarding antiwrinkle drug ads (Botox)

Adjournment: The meeting of the Nursing Practice Committee adjourned at 11:25 a.m.

Submitted: Date:

Approved: Date: