

**DRAFT**

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

**MINUTES OF THE JULY 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 9:08 a.m. on Tuesday, July 27, 2004 in Suite 601 Board 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  
Alan Ostrowe, MD, Ex-Officio Member

Board Members:

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

Absent:

William LaCorte, MD, Ex-Officio Member

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice  
Peggy Griener, MPH, APRN, Credentialing Manager  
Helen Forrest, Compliance Supervisor, Recorder

Guest:

LaVonne Smith, LSUHSC/DOE  
Carol Ratcliff, MSN, RN, CNOR FACHE  
Carmela Tardo, MD  
Dorothy Martino  
Marilyn Miller  
Chawn Texada, School Nurse/LSNO – President  
Althea C. Martin, LSNO  
Carmen Lemoine, School Nurse  
Sammi Lawson, School Nurse, OPSB  
Eddie Hodley  
Deborah Spell, Southwest Medical Center  
Sandy Keller  
Joni Nickens, NP, RN, LANP  
Carol Cains, Louisiana State Nurses' Association  
Tawna Pounders, Louisiana State Nurses' Association  
Georgia Garrett-Klingman, CRNA, LANA, President  
Pam Cook, CFNP  
Janet Kennedy

Kathy McWhorter  
Warren Hebert, RN, Home Care Association of LA  
Josie Cuscie, DHH-OCDD  
Jeanne LeVille, DHH-BCSS  
Gale Mello, RN, Southwest LA Dev. Center/OCDD/DHH  
Cynthia Prestholdt, SLU Graduate Nursing  
Alicia Dean, Charity Hospital, ED  
Olander Holloway, MCLNO - Charity Hospital  
Mary E. Koffmann, MCLNO - University Hospital  
Jeanne Abadie, D.D. Council/Advocacy Center

**Motion:** by T. Ashby, seconded by D. Olds, to reorder the agenda to accommodate guests: D. Olds, Yes; Tommie Ashby, Yes; F. Rosenthal, Yes.

**Rectal Diastat:** The Medical Director, Children’s Hospital Epilepsy Center, submitted a request on behalf of the professional Advisory Board, Epilepsy Foundation of Southeast Louisiana, a United Way funded Agency regarding clarification rectal Diastat in the school setting. Sixteen (16) attachments were submitted with the petitioner’s request, including videotape *Diastat Administration Instructions*. Staff distributed a letter from G. Barkley, M.D. regarding the Board’s advisory opinion on the administration of rectal Diastat.

P. Ladner provided a brief overview regarding the Board’s review and response to RNs delegating rectal Diastat to unlicensed school personnel. The Board studied data from two separate studies regarding Diastat administration and determined in December 2003 “to defer action until more information is received from other state boards of nursing regarding the delegation of rectal Diastat in the school setting”. To date, no additional information was available for review by the Board from other boards of nursing.

The videotape was shown.

P. Ladner reviewed the materials received from the petitioner, C. Tardo, M.D. The materials were extensive with research documenting the efficacy of the drug. C. Tardo, M.D. was thanked for the excellent job compiling the data for Board review. R.S. 17:436.1 provides for medication administration in the school setting, cites the policy as promulgated by the State Board of Elementary and Secondary Education and the Louisiana State Board of Nursing. The policy provides for the administration of injectable medications in life threatening situations, and for oral, inhalant, topical ointment for diaper rash, and emergency medications to be administered at school by trained unlicensed school personnel. Rectal Diastat is not considered an emergency drug; therefore, the previous ruling by the Board has been in accordance with the current Law and the Joint

Policy Statement by both Boards. Based on staff review of the issue, unless the policy is changed, the Board of Nursing cannot issue a statement in conflict with the Joint Policy Statement. Staff recommends that the issue be brought to the full Board for deliberation regarding an action.

The following is a summary of the testimonies:

C. Tardo, M.D., Epilepsy Foundation & Children's Hospital – The FDA has approved the drug for home administration, the drug is prepared for administration by unlicensed personnel, it is safely administered by trained unlicensed personnel, should only be administered for a certain seizure cluster and must be first administered in the hospital or by the physician or at home prior to delegation to trained unlicensed personnel.

M. Miller, MS, RN, Epilepsy Foundation & Children's Hospital – The drug can be safely delegated to trained unlicensed personnel, the videotape refers to cluster seizures as a “medical emergency”.

D. Martino, Epilepsy Foundation – Available to answer questions.

A. Martin, RN, School Nurse – Expressed concern regarding: “safety”, the Joint Policy Statement regarding which drugs may and may not be delegated to trained unlicensed school personnel; having to teach unlicensed personnel the difference between an ordinary versus a cluster seizure, cluster seizures are not considered a medical emergency.

Chawn Texada, RN, School Nurse – Expressed concern regarding the four hours of student monitoring required after the drug is administered; cited an example of a physician refusing to allow rectal Diastat to be given at the school.

Carmen Lemoine, RN, School Nurse – Spoke to general principles of nursing care: safety, quality, and that the need for children to receive proper treatment from trained, competent individuals.

A. Ostrowe, MD discussed the issues presented and stated, “we don't want to miss a true cluster seizure it is an emergency situation”. The Board should authorize the training of unlicensed school personnel to those individuals who are willing to administer rectal diastat.

L. Smith, RN, LSUHSC/DOE – Expressed appreciation to the Board for safe guarding the welfare of students; stated that physician treatment regimens are different across the state; distributed the Louisiana Educational Rights of children with Exceptionalities in Public School, Section 504 and Title II of the Americans with Disabilities Act and addressed their implications.

**Motion:** by Ashby, seconded by Olds that in reference to agenda item 6.4 to defer action until further information is received from the petitioner and school nurses for Committee review: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**RN Fetal  
Fibronectin  
Sampling:**

The Department Head New Family Center, St. Tammany Parish Hospital petitioned the Board to render an advisory opinion regarding the scope of practice of a registered nurse performing a vaginal speculum examination for the purpose of fetal fibronectin sampling on a preterm labor patient in the labor and delivery setting. A physician has requested that registered nurses perform the testing; the agency's Director of Nursing Service does not agree with nurses performing this procedure. The Committee reviewed the request and information submitted by the petitioner. The fetal fibronectin test determines the presence of fetal fibronectin in the vagina, if present in the vagina; it means there has been a break in the membrane attachment. The manufactures literature states "Your doctor will use a swab (like a Q-Tip) to get vaginal discharge during a pelvic exam."

Staff reported communication with Board Member P. McClanahan regarding this issue, her response was that an RN should not assess a pre-term patient who is presenting; the patient will need a medical diagnosis by either an APRN or physician.

The following is a summary of the testimonies:

J. Kennedy, RN expressed concern because these are high-risk patients.

K. Mc Whorter, RN stated that improper use of the speculum by an RN could tear the membrane; and that the experienced L & D staff are not comfortable performing the procedure. Literature from the manufacture clearly states that the test is to be performed by the "doctor".

**Motion:** by T. Ashby, seconded by D. Olds that in reference to agenda item 6.1 that it is **not** within the scope of practice for a registered nurse to perform a vaginal speculum examination for the purpose of a fibronectin sampling on a preterm labor patient: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Declaratory  
Statement:**

**4.5 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**

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 on 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.

Staff received numerous phone calls regarding certain statements under section A. regarding "advanced cardiac life support and/or pediatric life support based on the patient's age" and section C. "the prone position". The position statement was edited to delete the historical information regarding epidural pain management and the injection of local anesthetic agents under the skin; delete the statement regarding "the prone position" and added "Institutional sedation policy shall determine which situations may compromise the RN's ability to assess the patient and which situations require the services of a licensed anesthesia provider".

The following is a summary of the testimonies:

O. Holloway, RN stated that Charity Hospital required the Emergency Nursing Pediatric Course (ENPC), developed by the Emergency Nurses Association, instead of Pediatric Life Support. The ENPC incorporates the information from Pediatric Life Support, Pediatric Trauma, as well as initial assessment and triage for pediatric patients.

A. Dean, RN, MSN all RNs get ACLS, ENPC is equal to PALs or better, the ENPC course requires 2 half days of lecture and skill stations.

K. Beck, RN that the ENPC is recognized by JCAHO and internationally.

Georgia Garrett-Klingman, CRNA, no concerns.

D. Spell, RN addressed general concern for "no additional responsibilities" and ASA classification of Class IV or V in the ER for emergency situations.

T. Pounders, RN her concern was addressed with the deletion of the historical information addressing epidural pain management and the injection of local anesthetic agents under the skin.

**Motion:** by D. Olds, seconded by T. Ashby that in reference to agenda item 4.5 to accept the revisions to the statement and further modify the language to state “advance life support or equivalent of based on patients age” and to spell out the language of R.S. 37:930.D and as specified in R.S.:935: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Propofol Administration:** **4.3 Joint Statement of the American Society of Anesthesiologist and the American Association of Nurse Anesthetists regarding Propofol Administration:**

Staff reviewed the Joint statement of the American Society of Anesthesiologist and the American Association of Nurse Anesthetists regarding propofol administration. The Board’s previous opinion (96.16) and SB 387 authorizing registered nurses to administer anesthetic agents to intubated patients in critical care settings is in accordance with the joint statement.

**Pain Management Fellowships:**

**4.4 American Associations of Nurse Anesthetists – Pain Management Fellowships:**

The Committee reviewed the proposed draft statement by the American Association of Nurse Anesthetists *Quality Standards for Fellowship in Pain Management*; the statement will be monitored by the Committee and respond when appropriate.

**5.2 Board’s rules regarding registered nurses administering analgesic doses of anesthetic agents (SB 387)**

SB 387 authorizes the Board to develop and promulgate rules and regulations in accordance with the Administrative Procedure Act. The Committee discussed the various options for revising LAC 46:XLVII.3703 (Chapter 37. Nursing practice) to provide for registered nurses to administer, in accordance with an order of an authorized prescriber, anesthetic agents to intubated patients in critical care settings, and titrate and continue infusion of local anesthetic agents through the use of epidural catheters for pain management, excluding obstetric patients.

**Motion:** by T. Ashby, seconded by D. Olds that in reference to agenda item 5.2 the Committee defer action until staff can present a proposed draft of revisions to the rules, LAC 46:XVLII.3703 regarding registered nurses administering anesthetic agents through epidural catheters for pain

management and to direct the staff to sent these proposed rules to the members of the Pain Management Task Force: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**NPs Performing  
Stress Tests:**

The Chief Nursing Officer, Southwest Medical Center, submitted a request regarding the scope of practice of a nurse practitioner performing a physiologic or pharmacologic cardiac stress test in the absence of the collaborating physician and with an RN assisting with the stress test. The stress test is performed in the radiology department with appropriate monitoring. The hospital would assure competency of the NP. The petitioner submitted their current policy regarding RNs assisting physicians with pharmacologic stress tests; the RN's responsibilities are clearly delineated in the policy. Board opinion 98.05 was shared with the Committee; this opinion provides for an RN to administer a Dobutamine infusion that is pump regulated for stress testing provided the physician remains at the bedside at all times. The Board prohibited an RN from delegating the Dobutamine infusion to an LPN. In a later opinion, 02.01, The Board provided for an RN to perform a physiologic cardiac stress test when the physician provides supervision as defined by the Medicare or Center of Medicare and Medicaid Services, which requires the physician to be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.

P. Ladner stated that there are several points that the Committee needs to consider in their review of this request. The Agency policy provides for either an RN or Technologist to assist with the pharmacologic stress tests; the Board's rules on delegation prohibit an RN from delegating a complex task to unlicensed nursing personnel. Secondly, this request is for a pharmacologic stress test, while the Board opinion 98.05 addresses Dobutamine, 02.01 only addresses physiologic cardiac testing. The Committee might want to have the petitioner clarify if this request is only for pharmacologic stress tests or physiologic and pharmacologic stress tests. The NP performing either a physiologic or pharmacologic cardiac stress test must be ACLS certified.

The petitioner, D. Spell, spoke to the hospital's credentialing process and indicated that ALCS was required. The request is for a NP to perform a physiologic or pharmacologic cardiac stress test.

**Motion:**

by D. Olds, seconded by T. Ashby that in reference to agenda item 6.3 that it is within the RN's scope of practice to assist the APRN that has the knowledge, skills, and abilities, and has prescriptive authority and a collaborative agreement with a collaborating physician to perform a

physiologic or pharmacologic cardiac stress test: D. Olds, Yes; T. Ashby, 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.

This issue is a result of home health agencies being cited by the Department of Health and Hospital because of LPNs serving as the “intake nurse” on patients. P. Ladner received a call from DHH regarding this matter. She in turn informed DHH regarding the Board’s statement on Transmission and Acceptance of Verbal Orders, which is clearly addresses RNs delegating to the LPNs acceptance of verbal orders when it is the LPN’s patient. Here the question relates to the hospital setting. In addition to the statement of the Board, the Rules speak globally to the responsibility of the RN to supervise and monitor nursing care. According to the owner of the home health agencies the LPN only gets the data, the RN reviews the information and determines the plan of care.

W. Hebert, Executive, Louisiana Home Association, was in attendance to further address this issue. The duties and responsibilities of the LPN while serving as the “intake nurse” were discussed in details. The concern remains regarding “who” makes the decision in directing nursing care, and that this is the issue that the Board must address.

**Motion:** by T. Ashby, seconded by D. Olds that in reference to agenda item 6.6 to defer this item until the further information is received for review: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

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

P. Ladner reported on the SCR 151 regarding assistive living facilities and the action taken by the Board of Nursing at the May 2004 meeting to dissolve the Focus Group.

**Motion:** by D. Olds, seconded by T. Ashby that in reference to agenda item 5.3 that the final list of names for the Focus Group on Registered Nurses Delegating Selected Nursing Tasks to Trained Unlicensed Nursing Personnel be approved: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Motion:** by D. Olds, seconded by T. Ashby that in reference to agenda item 5.3 that the Focus Group on Registered Nurses Delegating Selected



Nursing Tasks to Trained Unlicensed Nursing Personnel be dissolved: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Motion:** by T. Ashby, seconded by D. Olds that in reference to agenda item 5.3 to ask the Board to provide legal counsel to determine the best way to proceed with the request of the Developmental disabilities Council regarding patient-centered alternatives that would assure appropriate training and oversight of paid non-licensed direct support workers: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

### **APRN Cosmetic**

**Procedures:** An APRN submitted a letter requesting the Board's opinion on whether certain cosmetic (Botox and collagen injections) CPT codes are within the scope of practice by the licensed certified nurse practitioner. The Board has rendered an opinion relative to RN injecting sclerotherapy on telangiectasis (spider veins) with provisos to include the physician doing the assessment, making the diagnosis, and determining the treatment where the injections would go.

In order to permit reimbursement to the APRN for the procedure performed, information would be processed through DHH for a CPT code. DHH would then send the code to the Board to determine whether or not it is within the APRN scope of practice. At this point, the Board is seeking a different process because Louisiana is the only state that deals with CPT codes which is a Medicaid/Medicare issue. The Board can only approve the practice, which is being addressed.

Since performing the procedure was not included in her educational training as an APRN, P. Cook was requested to gather information and to document her knowledge skills and ability, and to present to the Committee.

The following testimony was given:

P. Cook was able to provide the CPT codes provided by the American Medical Association that included the procedures to be performed during the process. P. Cook intends to perform the procedures in collaboration with a physician. Discussion ensued regarding the APRN's ability to perform the procedure with a collaborative practice agreement.

**Motion:** by T. Ashby, seconded by D. Olds that in reference to agenda item 6.5 it is within the scope for practice for an APRN to administer Botox and collagen injections and perform sclerotherapy provided the APRN is in collaborative practice with a collaborating physician and that this collaborative practice agreement specifies the APRN's prescriptive

authority and documents the APRN's knowledge, skills and abilities to perform said procedures: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Old Business: 5.1 Nurse practice opinions rendered prior to 1995:**

P. Ladner reported that the response from the Board Administrative Committee has not been received as to how the Practice Committee is to proceed. The issue will have to remain on the agenda awaiting a response.

**Minutes:** The minutes of the April 27, 2004 Practice Committee meeting were distributed for review prior to the June 16, 2004 Board hearing. Editorial changes were made.

**Motion:** by D. Olds, seconded by T. Ashby that in reference to agenda item 3 to accept the minutes of the April 27, 2004 Practice Committee meeting with editorial changes: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Staff Report:**

**APRN Scope  
Of Practice:**

**4.1 APRN scope of practice requests:**

P. Ladner reported that staff requested that the Committee consider another process of determining APRN scope of practice issues rather than determining the scope based on requests of DHH to review certain CPT codes. P. Ladner reported that there is not much in the literature regarding the scope of practice for APRNs in different specialties. Information shared with the Committee included: an article by C. Buppert, CRNP, JD regarding which procedures NPs are primarily allowed to perform; the American Academy of Nurse Practitioners Role Position Statement; the Nurse Practitioner primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health prepared by the U.S. Department of Health and Human Services. It was suggested that the last document be used by the Committee as a resource to decision making regarding the APRN's scope of practice.

P. Ladner stated that the issue was discussed at length with P. McClanahan and both agreed that in order to go forth, there probably should be something in the rules that gives an overall basis for determining scope of practice. Presently, competencies are addressed by the certifying agencies. P. Griener added that in addition to

determining competencies of an advanced practitioner, the other issue relates to reimbursement in how would it be determined by DHH.

P. Ladner, along with P. Griener, will meet with B. Morvant to further discuss all the issues before bringing it back to the Committee.

**Personal Care  
Services – Long  
Term:**

**4.2 Proposed rules on Personal Care Services – Long Term**

P. Ladner reported that the Board's staff reviewed and responded to the Department of Health and Hospital's proposed rules on Personal Care Services – Long Term that was published in the May 20, 2004 *Louisiana Register*. A copy of the response was shared with the Committee.

**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 April 27, 2004; the Committee deferred action until the next Practice Committee and until the petitioner is present for the meeting. A letter was sent mailed to the petitioner, Betty Venable, Administrator of Lafayette Surgicare requesting that she attend this meeting. P. Ladner distributed a letter from B. Venable requesting that the petition regarding the scope of practice of RNs performing Thermage procedures under the supervision of a plastic surgeon be disregarded.

**Motion:** by D. Olds, seconded by T. Ashby that in reference to agenda item 6.2 to remove the item from the Committee's agenda: D. Olds, Yes; T. Ashby, Yes; F. Rosenthal, Yes.

**Announcements:** None

**Motion:** by T. Ashby, 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 1:05 p.m.

Submitted: Pat Ladner, MN, RN Date:

Approved: Date:

