

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

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

**Call to
Order:**

Frankie Rosenthal, Chairperson, called the meeting of the LSBN Committee on Practice to order at 9:04 a.m. on Wednesday, July 27, 2005 in Suite 601 Board Room of the Board's office.

Roll Call:

Committee Members Present:

Frankie Rosenthal, MSN, RN, CNS, CNA, Chairperson
Patricia Bourgeois, MSN, CNS, RN, LSBN President
Deborah A. Ford, MSN, RN, CNA, Committee Member
Deborah Olds, MS, RN, Committee Member (excused at 12:45 p.m.)
Alan J. Ostrowe, MD, Ex-Officio Member

Committee Members Absent:

James E. Harper, RN, MSN, CFNP, Committee Member
William LaCorte, MD, Ex-Officio Member

Board Member Present:

Michelle T. Oswalt, CRNA, Board Member

Staff Present:

Cynthia Morris, MSN, APRN, Assistant Executive Director
Barbara Morvant, MN, RN, Executive Director
Margaret Griener, APRN, Credentialing Manager
Ellienne Tate, EdD, RN, Consultant for Education/Research
Thania Elliott, RN, MSH, JD, Regional Manager
Lesley Rye, MSN, RM, Regional Manager
E. Wade Shows, Board Attorney
Cherie Brown, Credentialing Supervisor, Recorder

Guests Present:

Joni Nickens, LANP
Jennifer Burkart, RN, MSN, Methodist Hospital
Jan Haindel, RNC, BSN, Woman's Hospital
Dana Robin, RN, BSN, Woman's Hospital
Arlene L. Juneau, RNC, BSN, Woman's Hospital
Dana C. Vidrine, RNC, Woman's Hospital
Sandi Giambrone, RNC, Woman's Hospital
Deborah Smithling, RNC, Woman's Hospital
Belinda Campbell, RNC, Woman's Hospital
Shira Gautreux, RNC, BSN, Woman's Hospital

Wendy Singleton, MSN, RN, Woman's Hospital
Karrie Delise, RNC, BSN, Woman's Hospital
Lani Carter, RN, BSN, Woman's Hospital
Paula Lobell, RN, BSN, Woman's Hospital
Chad A. Sullivan, Attorney
Dr. John Michael Burdine, MD
Gayle Smith, RN, Director of Surgery, Lincoln General Hospital
Christa J. Mars, MD, Lincoln General Hospital
Laurie Lavigne Le Grange, RN, BSN, Woman's Hospital
Amy McCurdy, RN, BSN, Woman's Hospital
August Rantz III, CRNA
Richard MacMillan, Attorney
Roxanne Conway, BSN, Memorial Medical Center
Harold Middleton, RN, BSN, Memorial Medical Center
Kate Young, MSN, RN, ACNP-CS, Schumpert Cancer Treatment Center
Christine Langer, LANA
Judith Scholzen, KCI
Randy Schulte, KCI
M. A. Thomas, MD
Thomas Knight, LSMS
Deborah Ritter, Synergy Healthcare Group
Chris Young, LANA
Julie Bounds, LANA

Minutes: The minutes of the April 27, 2005 Practice Committee meeting was distributed for review prior to the meeting.

Motion: by P. Bourgeois, seconded by D. Ford that the minutes of the April 27, 2005 of the Nurse Practice Committee be accepted as written.

Vote: F. Rosenthal, Yes; D. Olds, Yes; D. Ford, Yes; P. Bourgeois, Yes.

Motion: by D. Ford, seconded by P. Bourgeois that the Practice Committee agenda of July 27, 2005 be re-ordered to accommodate guests. F. Rosenthal, Yes; D. Olds, Yes; D. Ford, Yes; P. Bourgeois, Yes. Motion Carried.

CRNA Scope of Practice:

4.1 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.

C. Morris advised that this issue was brought before the last Practice Committee Meeting, and proceeded to give a brief summary and background surrounding the issue. C. Morris referred to the Law RS 37:913.1.b which gives the definition of the Certified Registered Nurse Anesthetist (CRNA), also RS 37:913.3(a) which gives the definition of Advanced Practice and gives all the components of that definition and RS 37:913.3(b) which allows the CRNA to perform certain acts. Also reference LRS 37:930 Anesthetics; authority to administer section, as well as LAC 46:XLVII.4513.C.8 and LAC:XLVII.4513.C5.c.iii(a).

D. Ford stated that the Practice Committee previously recommended to the Board that the petitioner's request is within the scope of practice. The decision was delayed by the Board so that information from constituents could be reviewed. The issues that were under scrutiny from many correspondents were training, need and access, financial implications, the complexity of pain management, perceived expansion of scope, educational preparation from the schools, safety and the qualifications of the individual practitioner.

August J. Rantz, III, CRNA, stated that he performs these procedures under the prescription of a physician, and under the supervision of a board certified anesthesiologist.

John Michael Burdine, MD, Board Certified Interventional Pain Specialist, stated concerns surrounding the complexity of the standard of care for chronic pain management, litigation issues, and the standardization of training.

Mack Thomas, MD, Louisiana Society of Anesthesiologists, stated that persons trained to perform pain management procedures should have more than just the technical ability, but should also possess the appropriate diagnostic skills.

Christine Langer, CRNA, LANA, LSU School of Nurse Anesthesia, provided information surrounding the curriculum at LSU, and stated that the students receive training in anatomy, facet joint injections, peripheral nerve blocks, and epidural injections.

Julia Bounds, President of LANA, stated that she has been performing pain management procedures for many years. Ms. Bounds further stated that, as a CRNA, she is not practicing medicine but practicing nursing.

Dr. Parr stated his concern for adequate training of the CRNA to perform the pain management procedures in question.

Motion: by, D. Ford, seconded by P. Bourgeois in reference to agenda item 4.1 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:

Vote: D. Olds, Yes; F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carries by a unanimous vote.

**Skin Stapler/
Sutures:**

4.3 Lynda Powell, Vice President of Nursing at Lincoln General Hospital submitted a petition on behalf of Christa J. Mars, MD to approve/deny 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.

C. Morris calls attention to LAC 46:XLVII.3703, LAC 46:XLVII.3915 and a previous related opinion npop.96.09 which stated that it was not within the scope of practice for a registered nurse to insert staples to a laceration.

Gayle Smith, RN, 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.

Dr. Christa J. Mars, MD, stated that skin stapling and skin suturing is easily taught. A surgeon could train the RN to perform the procedures and sign off once they have reached proficiency. Dr. Mars stated that this assistance would improve efficiency in the operating room.

Discussion focused on the previous opinion and the difference between a laceration and a surgical incision.

Motion: by D. Ford, seconded by P. Bourgeois, in reference to agenda item 4.3 that the Practice Committee recommends to approve that RNs may assist the surgeon in the operating room/surgical suite, in the closure of the skin, not to include closure beneath the skin, with a skin stapler or sutures while the surgeon is present managing the position of the skin and supervising and directing the assistance, provided the RN has the knowledge, skills and ability to perform the assistance with documentation of such in his/her

personnel files; further when the facility has policies and procedures on RNs suturing and stapling the skin of surgical incisions.

Vote: D. Olds, Yes; F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

Administration of Radionucleotides

5.2 A petition was submitted by Harold Middleton, RN, BSN and Roxane Conway, RN, BSN, Memorial Medical Center, to request administration of radionucleotides, namely Cardiolite and Neurolite, which are diagnostic tracer elements used for cardiac stress testing and for focal seizure diagnosis.

C. Morris provided background and summary surrounding this issue, indicating that under Louisiana Revised Statutes 37:3213(B) only a licensed Radiologic Technologist can administer these medications.

The petitioners indicate that the request is not for RNs to prepare the injection or administer the test, however simply to inject the patient with the medication.

Discussion ensued, and while there is nothing within the rules that would preclude the RN from administering these drugs, the current law does not allow it; and therefore can not render an opinion at this time.

Motion: by D. Ford, seconded by D. Olds, in reference to agenda item 5.2, administration of radionucleotides, namely Cardiolite and Neurolite, the Practice Committee recommends that Board staff study such and bring back findings to the Practice Committee.

Vote: D. Olds, Yes; F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

Removing Medication/Pyxis:

5.8 A petition was submitted by Jennifer J. Burkart, RN, MSN, Methodist Hospital for an opinion on the RN removing medication from the automated dispensing machine (Pyxis) for physicians.

The petitioner expressed concerns about removing medication from the Pyxis machine for physicians, which denotes that the RN has signed for the medication. Discussion surrounded as to whether this is a Board issue or if this is an operational issue that needs to be addressed by the institution.

Motion: by D. Ford, seconded by D. Olds, in reference to agenda item 5.8 that Board staff issue a letter to said facility on the practice of Pyxis denoting the administration of medications outside the RNs scope of practice.

Vote: D. Olds, Yes; F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

CRNA Prescriptive

Authority: 5.6 Petition submitted by Keith A. Zimmerman, CRNA, MS, Chief Anesthetists, Oakdale Community Hospital, requesting to write orders for medication in relation to anesthesia care without prescriptive authority or collaborative agreement.

C. Morris states that the petitioner is requesting to write orders for preoperative medications, order lab studies, x-rays, EKG etc. without prescriptive authority and without having a collaborative practice agreement.

Motion: by P. Bourgeois, seconded by D. Ford in reference to agenda item 5.6, the Practice Committee recommends that a CRNA requesting to write orders for medication in relation to anesthesia care would need to be approved for prescriptive authority and have a collaborative practice agreement.

Vote: D. Olds, Yes; F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

Rapid Sequence Intubation:

5.9 Petition submitted by Lisa Lauve, Chief Nurse Executive, Christus St. Frances Cabrini Hospital, requesting that an RN as a member of a rapid response team to administer the following classifications of drugs for rapid intubation for emergent airway management in a patient having an acute, life-threatening airway event: Neuromuscular Blocking agents, propofol and etomidate with the following provisos: Critical Care (Intensivist MD) is present performing the intubation: and setting could be anywhere in the facility in response to a “code” or emergency.

C. Morris referenced the previous opinion npop 96.07 which stated that it is within the scope of nursing practice for registered nurse, in the Emergency Department, to administer medication during rapid sequence intubation. C. Morris stated that the petitioner, who is not present, is requesting all settings.

Joni Nickens, LANP stated that she is not opposed to allowing this in an emergent situation.

Chris Langer, LANA stated her opposition advising that these drugs should be administered by those skilled in the administration of general anesthetics.

Discussion ensued regarding emergent situations in other settings that would require a RN to administer neuromuscular blocking agents. The question also arose as to whether or not the Board has the legal authority to render an opinion in this situation.

Motion: by D. Ford, seconded by P. Bourgeois, that in reference to agenda item 5.9 the Practice committee recommend to table the request until the petitioner can come to committee to clarify its use of rapid sequence intubation in setting(s) and further direct Board staff to seek legal opinion as to current statutes in relationship to the subject matter.

Vote: F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. (D. Olds, Excused) Motion carried.

**Chemotherapy
Hepatic Arterial
Pump:**

5.5 Petition by Kate Young, RN, BC-APRN, Christus Schumpert Cancer Treatment Center, requests an opinion on whether it is within the scope of practice for the RN to administer chemotherapy into an implanted hepatic arterial pump or hepatic arterial infusion (HAI) for the purpose of treating metastatic cancer of the liver.

The petitioner, Kate Young, described the hepatic pump and its placement on the patient. The facility has provided inservices for the staff on the use of the pump, and the technique for flushing the pump properly.

Motion: by P. Bourgeois, seconded by D. Ford, that in reference to agenda item 5.5 that it is within the scope of practice for the RN to administer chemotherapy into an implanted hepatic arterial pump or hepatic arterial infusion (HAI) for the purpose of treating metastatic cancer of the liver provided the RN has the necessary knowledge, skills and abilities and there are institutional policies and procedures to guide this practice.

Vote: F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

**Wound Vac
Delegation:**

5.1 Petition by Deborah V. Ritter, RN, BSN, CWOCN, Clinical Director of Wound Care, Synergy Healthcare Group, that the RN may delegate to the LPN vacuum assisted closure (VAC)/ Wound VAC dressing changes/ negative pressure wound therapy in the home setting for stable wounds provided the RN sees the patient at least one time per week for dressing change and wound assessment. And, provided there are no wound complications such as; signs and symptoms of infection, exposure of

organs or other vital structures, excessive bleeding or anticoagulant therapy.

Judith Scholzen, RN, CWCN, Clinical Consultant, KCI explained that as the only distributor of VAC therapy, the company is very involved in educating the home health nurse, RNs, and LPNs.

Discussion ensued concerning a previous Declaratory Statement, Scope of Practice, Wound Care Management, in which the Board stated that the RN could delegate certain wound care interventions in a stable patient.

Motion: by D. Ford, seconded by P. Bourgeois, that in reference to agenda item 5.1, the Practice Committee recommends the RN may delegate to the LPN vacuum assisted closure (VAC)/ Wound VAC dressing changes/ negative pressure wound therapy in the home setting for stable wounds provided (1) RN performs initial wound assessment and determines that the wound is stable; (2) the RN performs a wound assessment at least one time per week doing dressing; and (3) provided that RN resumes wound care management immediately upon report or direct observation of wound complications, such as: signs and symptoms of infection, exposure of organs or other vital structure, excessive bleeding or anticoagulant therapy or any other symptoms of an unstable wound. Further that compliance with the rules on delegation, LAC 46:XLVII.3703.a-c is maintained.

Vote: F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

PCA Delegation: 5.7 Petition by Mary Ann B. Smith, RN, BSN, OCN, Director, GYN/General Surgery/Oncology, Woman's Hospital requesting that the RN may delegate to the LPN functions related to patient controlled analgesia (PCA).

Wendy Singleton, Woman's Hospital, described current policies already in place regarding the RN delegation to the LPN performing PCA functions. Their request is to ensure that the policy as written can be implemented.

Discussion ensued concerning the previous May 14, 1993 opinion, and whether or not the petitioner is requesting the RN to delegate the initial setup of the PCA to the LPN, as the LPN is not allowed, by regulation, to administer an intravenous dose of medication.

Motion: by D. Ford, seconded by P. Bourgeois, that in reference to agenda item 5.7, after deliberation the Practice Committee recommends that the previous opinion rendered May 14, 1993 on RN delegation to the LPN functions related to patient controlled analgesia (PCA) be reaffirmed, as RN may delegate to the LPN who has documented knowledge skills and abilities, the function of subcutaneous site care and rotation of site utilizing a PCA narcotic pump. However, an RN may not delegate the

initial setup, nor changing flow rates, nor filling/changing medication reservoirs in a home setting. Further, with the addition of denoting that the opinion is relevant in all settings.

Vote: F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

IM Rhogam/Rhophylac

Delegation: 5.4 Petition by Tanya G. Johnson, BNS, RNC, Woman's Hospital requesting that the RN may delegate the administration of intramuscular (IM) Rh (D) Immune Globulin (Rhogam, Rhophylac) to the LPN after review and under the supervision of the RN.

C. Morris stated that the rules, namely LAC 46:XLVII.3703.c, prohibit the delegation of certain intravenous medication and fluids to include blood and blood products administered intravenously but does not speak to intramuscular administration of a blood product.

Motion: by D. Ford, seconded by P. Bourgeois, that in reference to agenda item 5.4, the Practice Committee recommends that the RN may delegate the administration of intramuscular (IM) Rh (D) Immune Globulin (Rhogam, Rhophylac) to the LPN after review and under the supervision of the RN provided that the LPN has appropriate knowledge, skills and abilities and such is documented in said LPN personnel file.

Vote: F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

Natreacor: 4.4 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.

Motion: by P. Bourgeois, seconded by D. Ford, that item 4.4 the administering Natreacor in the home setting with RN supervision be held until the next meeting. And further, that staff attempt to have petitioner appear before the committee at said meeting.

Vote: F. Rosenthal, Yes; P. Bourgeois, Yes; D. Ford, Yes. Motion carried.

Ultra Sound

Fetal Presentation: 4.2 Petition was submitted by Laura Musgrove, Nursing Director Women's Services, North Monroe Medical Center, to determine if it is within the scope of practice for the RN to use an ultrasound device as an assessment tool to determine fetal presentation in Labor and Delivery provided the RN has the knowledge, skills and abilities to perform this assessment and is not making a medical diagnosis. The petitioner is not present.

