

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
July 25, 2006**

- Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Frankie Rosenthal, Chair, at 9:00 a.m. on July 25, 2006 in the Clemons Room of the Cook Conference Center & Hotel, located at 3848 W. Lakeshore Dr., Baton Rouge, LA 70808.
- Roll Call**
- Committee Members Present**
Deborah Olds, BSN, RN, Chair
Gerald Bryant, MSN, RN
Michelle Oswald, MSN, APRN, CRNA
James Harper, MSN, APRN, CFNP
- Non-voting Board Members Present**
William LaCorte, M.D.
Frankie Rosenthal, MSN, APRN, CNS
- Non-voting Board Members Excused**
Alan Ostrowe, M.D.
- Staff Present**
Barbara L. Morvant, MN, RN, Executive Director
Cynthia Morris, MSN, APRN, CNS, Assistant Executive Director
Margaret Griener, MPH, APRN, PNP, Director, Credentialing & Practice
Brenda Kelt, Licensing Analyst
- Guests** Joni Nickens, APRN, FNP, Louisiana Association of Nurse Practitioners
Sandi Giambrone, BSN, RN
Lani Carter, BSN, RN
Joynita Harris, BSN, RN
Treneda Collins, BSN, RN
Neal Comarda, M.D., Director Anesthesia – West Jefferson Medical Center
Robert Wright, Parish Anesthesia
- Reorder Agenda** Deborah Olds, Committee Chair, reordered the agenda.
- Motion** by G. Bryant, seconded, that the chair be allowed to reorder the agenda.
- Vote** Bryant - yes, Oswald – yes, Harper - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the April 25, 2006 Practice Committee meeting.
- Motion** by G. Bryant, seconded, that the Committee approve the minutes of the April 25, 2006 Practice Committee.
- Vote** Bryant - yes, Oswald – yes, Harper - yes. Motion carried.

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Old Business Agenda item 4.1

Whether it is within the scope of practice for the RN to perform Class IV laser procedures under the direct supervision of a qualified physician.

M. Griener reported that she researched ten (10) other states documents regarding this issue. Of those that have a statement approving RNs to perform laser procedures, it specifies non-ablative laser procedures under the supervision of a physician. California was specific that it had to be performed in a medical practice setting and did not approve for cosmetic procedures in beauty salons, shopping malls or private residences.

J. Harper requested that the Board acknowledge the Louisiana State Board of Medical Examiners' position that they consider this constitutes the practice of medicine and under the licensed physician direct and personal supervision.

P. Griener reported that the Texas Board has a similar statement that it is the practice of medicine, but also could be delegated to RNs and LPNs with physician supervision.

D. Olds asked if the petitioner wanted to be present or have other information she wanted to provide. B. Morvant reported that the petitioner was given notice and advised that she was not going to be able to attend. C. Morris advised that petitioner answered questions for the Board at the last meeting.

P. Griener reported that the Board receives a number of calls from RNs who wish to set up cosmetology type practices independently with laser procedures. P. Griener reiterated that Texas, California and Maryland all say it's the practice of medicine that can be delegated. The Maryland nursing committee is joined with the medical board and they agreed that an APRN could make the diagnosis and set up a practice, but that an RN functioning in that capacity would require delegation from a physician or APRN.

J. Harper requested clarification on the type of non-ablative procedures the petitioner was requesting approval. M. Oswalt reported that non-ablative procedures could include cosmetology types of treatment with a laser for things such as age spots and wrinkles.

B. Morvant reported that if an RN hires a physician, the physician must have the skills to supervise the practice in this field.

Motion

by M. Oswalt, seconded, that it is within the scope of practice for the RN to perform class IV laser procedures under the direct supervision of a qualified physician with the following provisos:

- the procedures are non-ablative,
- the MD/authorized prescriber possesses the specific knowledge, experience and expertise in laser therapy,
- the MD/authorized prescriber assesses the patient prior to each procedure, gives specific orders and is physically present on the premises and immediately
- the procedure be performed in a medical facility or medical office,

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- the RN has the knowledge, skills and ability to safely and competently perform the procedure
- the education and training of the RN to perform the procedure be documented, and
- the patient is informed that the RN will perform the procedure.

Vote Bryant - yes, Oswald – yes, Harper - yes. Motion carried.

Agenda item 4.2 Spine Diagnostics Center of Baton Rouge, Inc. submitted a Petition for Declaratory Statement or Advisory Opinion on Nursing Practice regarding the term “ancillary services” in the statutes and allege that the Board has attempted to expand the scope of practice for CRNAs into the practice of medicine by allowing CRNAs to perform “pain management” procedures without a physician order and without the personal direction and immediate supervision of a physician.

D. Olds reported that the Petitioner asked that matter be continued to the next Practice Committee meeting per letter of July 5, 2006.

Motion by J. Harper, seconded, that the agenda item 4.2 be continued to the next Practice Committee.

Vote Bryant - yes, Oswald – yes, Harper - yes. Motion carried.

New Business

Agenda item 5.1

Whether it is within the scope of practice for the RN to inject restylane, botox and other cosmetic treatment without a physician’s order, without the physician having seen the patient and without a physician being present.

B. Morvant reported that this request had come from Board staff requesting the Board to render an opinion which arose out of a disciplinary matter. B. Morvant met with compliance staff and legal counsel and believes that Board staff can handle this as a compliance matter without the Board rendering an opinion at this time. B. Morvant advised that an opinion request on this matter would need to be broader and requested approval to withdraw the request for an opinion at this time. At some later day we may have a request from the nursing community which can be reviewed.

Motion by J. Harper, seconded, that request to withdraw request for opinion at this time be granted.

Vote Bryant - yes, Oswald – yes, Harper - yes. Motion carried.

Agenda item 5.2 Neal Cormada, M.D., Medical Director of Crescent City Anesthesia, LTD requests clarification of 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 procedural sedation (Minimal, Moderate, Deep, and Anesthesia) as defined herein.

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N. Cormada reported that West Jefferson Medical Center drafted a new conscious sedation policy using ASA guidelines, JCAHO guidelines and the LSBN guidelines. One of the lines within the LSBN guidelines outlines that a RN (not a CRNA) will not monitor an adult patient with an ASA classification higher than class III, and a pediatric patient higher than class II for deep sedation. When the new West Jefferson Medical Center conscious sedation policy was written and distributed containing this wording, the RNs in the Cath Lab decided that they would be putting their licenses in jeopardy if they took care of patients who they routinely had been taking care of all along, which included patients who came up to the Cath Lab who had MIs or unstable angina. The RNs started refusing to take care of these patients even though traditionally in every hospital this is the type of cases the RNs would normally handle. N. Cormada read part of the concluding statement of the Declaratory Statement which seems to indicate that the RNs can take care of these patients which states “the Board believes that it is within the scope of practice for a Registered Nurse (non-CRNA) to monitor a patient receiving deep sedation/analgesia with or without the drug being an anesthetic agent in a controlled environment, as designated by the institutional policy, under the direct supervision of a physician privileged by the institution to provide moderate/deep sedation.

Nothing within the Law Governing the Practice of Nursing prohibits the administration of non-anesthetic drugs for levels of sedation as defined by JCAHO exclusive of anesthesia when prescribed by an authorized prescriber. N. Cormada expressed concern that there seems to be a conflict between the two statements and they are requesting a clarification. N. Cormada stated that he did not understand why the statement says that RNs can not take care of ASA 4 or ASA 5 patients. He elaborated that if there were airway problems with the patient, then of course the RN can call anesthesia at any time, but that is almost never the case.

C. Morris requested Dr. Cormada to confirm that the only area that needs clarification is the one statement regarding a Registered Nurse, not CRNA, will not monitor an adult patient with an ASA classification higher than class III, and a pediatric patient higher than class II for deep sedation. Dr. Cormada confirmed that is the statement needing clarification.

F. Rosenthal reported that she was a member of the original task force that worked on this policy. Basically, that statement about the pediatric patients came from the American Academy of Pediatrics guidelines that the RNs could monitor a patient ASA levels II and no greater than III. The statement about the adult patient came from AORN statement on the role of the Registered Nurse and administration of moderate sedation. It was also included in the ASA guidelines at that time in 1999, which were revised in 2001, and those statements were taken from those guidelines. F. Rosenthal reported that when she pulled the ASA guidelines for 2005 those statements are no longer there. However, those statements were present at the time it was reviewed when the Declaratory Statement was being worked on. The last part of the concluding statement regarding critical care was meant to state it was related to ventilated patients in ICU/ER.

N. Cormada stated that when he originally read the guidelines, he speculated that it was meant to mean that RNs could not take care of patients above ASA III adult, or

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ASA II pediatric without the direction of a physician who was credentialed to give pain medicine.

G. Bryant reported that moderate sedation is within the realm of practice of an RN, but not deep sedation. The sedation plan, which is part of a requirement for these patients is generally moderate sedation. However, the RN and the team providing moderate sedation should have the skills to rescue a patient who might slip over from moderate to deep sedation should that occur.

M. Oswalt asked Dr. Cormada what medications were presently being used when the anesthetist is being called to the Cath Lab. N. Cormada reported primarily Versed and Fentanyl. There are usually two RNs present who stand by and wait while they administer the Versed and Fentanyl and take vital signs which are all they do in these cases. N. Cormada stated it is also causing problems for the cardiologists who have to wait in line for an anesthesia provider to become available to handle their cases.

Dr. LaCorte requested clarification that it is normally minimal to moderate sedation in the Cath Lab, and not deep sedation. N. Cormada confirmed that is correct, mostly moderately sedation.

M. Griener reported that the document specifies “monitoring” patients. That in answering practice calls from hospitals that the administering seems pretty obvious, but that it is the wording regarding monitoring of the patients that generates many practice calls. That in Dr. Rodriguez’s letter to her, Dr. Rodriguez uses the example that a patient who comes in with an acute MI, goes to the Cath Lab and that we are saying that the RN can not monitor this patient unless the patient is intubated, and that the patient is not intubated for this which causes a dilemma. .

J. Harper requested Dr. Cormada to clarify who assigned the ASA level to the patients entering the Cath Lab if no anesthesia personnel are currently evaluating them. N. Cormada reported that he believes that the physician and cardiologist assign the ASA level and the anesthesia personnel were not involved in this. N. Cormada stated that the Cath Lab area has specifically trained personnel who treat the patients on a one-on-one basis and would like to see the Cath Lab nurses included in the same statement that ICU nurses are within the LSBN guidelines.

M. Oswalt stated that she believed the statement was specifically addressing Diprivan possibly on ventilated patients. N. Cormada reported that Cath Lab does not use Diprivan. F. Rosenthal reported this was why the task force had gotten away from noting specific medications. They had started out with specific medications, but got away from that during the course of developing the statement.

M. Griener reported that the majority of the practice calls coming in are regarding special procedures, but it is the word “monitoring”, not administering, that is the issue for the nurses. J. Harper read page 3, letter c of the Declaratory Statement which says: “A registered nurse (non-CRNA) will not monitor an adult patient with an ASA classification higher than Class III and a pediatric patient higher than Class II for deep sedation.” J. Harper stated that it seemed clear that the ASA class is tied

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to deep sedation only. So that if the patient is an ASA level Class IV, but you're not using deep sedation, then that should not be an issue and should be pretty clear.

Motion

by G. Bryant, seconded, to direct Board staff to clarify the Board's 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 procedural sedation (Minimal, Moderate, Deep, and Anesthesia) as relates to the petitioner's individual institutional policy and practice. A letter to be drafted and sent to the petitioner.

Vote

Bryant - yes, Oswald – yes, Harper - yes. Motion carried.

Agenda item 5.3

Whether non-complex procedures can be delegated to certified/licensed health care professionals who are contracted employees of the East Baton Rouge Parish School System (EBRPSS).

B. Morvant reported that the petitioner requested that we table this agenda item for the next Practice Committee meeting.

Motion

by M. Oswald, seconded, that agenda item be tabled until the next Practice Committee meeting.

Vote

Bryant - yes, Oswald – yes, Harper - yes. Motion carried.

Adjournment

The Committee adjourned at 11:00 am.

Submitted by:

Cynthia Morris, Assistant Executive Director