

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
July 21, 2009**

- Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Deborah Olds, Chair, at 9:15 a.m. on July 21, 2009 in Salon A of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.
- Roll Call**
- Committee Members Present**
Deborah Olds, MSN, RN, Chair
Patricia Johnson, MN, RN
- Committee Members Excused**
Larry Haley, MSN, APRN, CRNA
- Non-voting Board Members Present**
William LaCorte, M.D.
Robert Bass, M.D.
- Staff Present**
Margaret Griener, MPH, APRN, PNP, Director of Credentialing & Practice
Jennifer Gueho, MSN, APRN, ANP, Credentialing Manager
Brenda Kelt, Licensing Analyst, Recorder
- Guests**
- Linda “Bekki” Starns, RN, PICC Team – North Oaks Medical Center
Joe Ann Clark, RN, PhD, Executive Director - Louisiana State Nurses Association (LSNA)
Denise Danna, RN, President - Louisiana State Nurses Association (LSNA)
Peggy B. Bourgeois, APRN, CNS, Louisiana State Nurses Association (LSNA)
Tracy Craft, RN, Nurse Manager - Lafayette Surgical Specialty Hospital
Selina Guidry, RN, Lafayette Surgical Specialty Hospital
Sally Roberts Ducharme, RN, Director Orthopedics – Our Lady of Lourdes Medical Center
Darlene Menard, LPN, Our Lady of Lourdes Medical Center
Gerald C. Pedersen, APRN, CRNA, Lane Regional Medical Center
Charla B. Johnson, RN, Our Lady of the Lake Medical Center
Robert M. Raheem, RN, Director of Emergency Services – Iberia Medical Center
Celia Cangelosi, Attorney
- Reorder Agenda** Deborah Olds, Chair, reordered the agenda.
- Motion** by P. Johnson, that the chair be allowed to reorder the agenda.
- Vote** Johnson – yes, Olds - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the January 21, 2009 Practice Committee meeting. The Practice committee did not hold a meeting on April 21, 2009.
- Motion** by P. Johnson, seconded, that the Committee approve the minutes of the January 21, 2009 Practice Committee.
- Vote** Johnson – yes, Olds - yes. Motion carried.

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Old Business

Agenda item 4.1 Proposed Rules LAC 46:XLVII.3707 regarding Registered Nurses and Peripherally Inserted Central Catheter (PICC) Insertion, Radiographic Verification of Placement and Removal.

The Director of Credentialing and Practice (M. Griener) advised that the Board commenced with the rulemaking process and held a public hearing on March 27, 2009 where several parties testified. The issue in contention was related to the RN reading the radiographic to verify placement of the PICC line for use, which both the Louisiana State Board Medical Board and the Louisiana State Medical Society stated that in their opinion was the “practice of medicine”.

Discussion ensued.

Motion 4.1 by P. Johnson, seconded, that the Practice Committee recommends that the Board not move forward with rulemaking concerning the ability of trained registered nurses to verify radiographic placement of peripherally inserted central catheters.

Vote Johnson – yes, Olds - yes. Motion carried.

Agenda item 4.2 Update on aesthetic and cosmetic procedures.

Director of Credentialing and Practice (M. Griener) advised that she, the Executive Director (B. Morvant) and Board Attorney (W. Shows) have met with the Executive Director (Dr. Marier) of the Louisiana State Board of Medical Examiners (LSBME) to review this and other topics. LSBN and LSBME are working together to try and build a consensus document that will cover various dermatological and cosmetic procedures. The discussions are on-going and both parties hope that an agreement can be reached for the development of regulations on this topic for both Boards.

Agenda item 4.3 Update on School Nurses

Director of Credentialing and Practice (M. Griener) explained that the 2008 legislative session passed a bill that prohibited a school nurse from delegating the suctioning of tracheostomy to unlicensed personnel. This bill caused many schools to hire Licensed Practical Nurses (LPNs) or the children involved had to return to home based schooling because of insufficient licensed personnel. LSBN helped work with the Department of Education to have this changed. House Bill 223 passed during the 2009 legislative session effectively corrected this problem. The word “outside” was removed from tracheostomy suctioning, now allowing unlicensed school personnel, with proper training, to perform this procedure.

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Agenda item 4.4 Teaching and administering injectable medications by non-nurses specifically registered dietitians. Communication from the Louisiana State Nurses Association (LSNA)

Louisiana State Nurses Association (LSNA) representative (P. Bourgeois) addressed the committee and advised she has sat on the Board of the Louisiana State Board of Examiners in Dietetics and Nutrition (LBEDN) for the last six years as a representative from LSNA. Ms. Bourgeois stated she is a certified diabetes educator (CDE) and had been the Director of diabetes program for Baton Rouge General (BRG) for many years. The concern is that Clinical Dietitians from other states may come to Louisiana to practice and may expect to administer medications i.e. insulin. Discussion ensued regarding the appropriateness of this practice.

The Executive Director (Dr. Clark) of the Louisiana State Nurses Association (LSNA) added that insulin administration is high risk and should not be handled lightly.

Committee chair (D. Olds) advised that RNs can not delegate insulin administration to dietitians, and inquired as to training of these individuals.

M. Griener advised that the Nurse Practice Act in Louisiana is not exclusionary of other disciplines. LSBN is not authorized to issue an opinion to a dietitian performing, or not performing, a particular task. However the committee could recommend to the Board that RNs not be allowed to delegate this task to a dietitian or other non-licensed personnel.

Motion 4.4 by P. Johnson, seconded, that the Practice Committee recommends to the Board that it is not within the scope of practice of the Registered Nurse to delegate medication administration to a dietitian or other non-licensed personnel.

Vote Johnson – yes, Olds - yes. Motion carried.

Agenda item 4.5 Department of health and Hospitals (DHH) submitted a request for changes to the document previously approved by the board (Draft 5) regarding the implementation of rules to allow medication administration by trained direct service workers (DHH)

M. Griener advised that LSBN started to look at this topic back in 1999. Direct Service Workers (DSW) are individuals who work in the home setting on a 1:1 ratio with the patient who is most commonly elderly or disabled. LSBN staff worked with personnel with the Department of Health and Hospitals (DHH) to develop rulemaking. During the 2005 legislative session Act 451 stated that medication attendants and DSW could give medications and directed DHH and LSBN to write rules that would allow this. LSBN Board approved Draft 5 of the rules developed together with DHH in 2006.

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Shortly thereafter there was a change in the administrator of the agency in DHH that had been working with LSBN staff on this issue, and DHH decided not to go through with the rule making due to cost to agencies implementing the program.

Ms. Griener explained that the previous rules allowed for the physician to sign a document that he/she was delegating the medication administration in that specific home to a DSW, making the physician responsible for the DSW worker. This system was not working well due to lack of supervision and training. The proposed rule change (Draft 5) agreed between DHH and LSBN provides for the training of the DSW by a Registered Nurse. This would include 16 hours of training up front on medication administration and the RN going to the patient's home to show the DSW how to administer the medications and/or tube feeding. Director of Credentialing and Practice (M. Griener) stated that after several meetings, LSBN staff and DHH personnel have come up with a revised rule draft, to be numbered Draft 6. Ms. Griener advised that Board staff recommend that the committee support the rule change (Draft 6) provided that the following paragraph in Chapter 92, subchapter D, number A.1 on page 6 is removed:

“Direct service workers performing medication administration or noncomplex tasks can be granted a 60 day grace period to complete the training on medication administration and noncomplex tasks under the following conditions....”

Ms. Griener explained that in reviewing previously proposed rules on this issue, Board members had not wanted to approve any exemptions. The feeling by the LSBN Board was that if it wasn't safe for a DSW to do medication administration without proper training, then it wouldn't be safe in the first 60 days either.

Motion 4.5

by P. Johnson, seconded, that the Practice Committee recommend that the Board approve the “Direct Service Worker Registry Medication Administration and Noncomplex Tasks” notice of intent (Draft 6), with the exception of subchapter D, number A.1 on page 6.

Vote

Johnson – yes, Olds - yes. Motion carried.

The committee took a break at 10:35 am

The committee resumed at 10:45 am

New Business

Agenda item 5.1

Requests for Opinion:

Whether it is within the scope of practice for a registered nurse to collect data regarding vital signs during a regional block while the anesthesiologist is performing the block. (Lafayette Surgical Specialty Hospital)

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Petitioner (T. Craft) explained that their facility had reviewed the previous opinions rendered by the Board in 1987 (Npop87.04), 1988 (Npop88.09) and 1989 (Npop89.03) that stated it was not within the scope of practice for an RN to monitor vital signs during an operative procedure or in a Post Anesthesia Care Unit (PACU) in preparation for surgery. The petition is requesting whether it is within the scope of practice for an RN to monitor vital signs and relay them to the anesthesiologist who is performing a regional block. The anesthesiologist is present throughout the entire procedure and any nursing intervention based on abnormal values would be a direct order from the anesthesiologist in attendance and who is performing the block.

Motion 5.1

by P. Johnson, seconded, that the Practice Committee recommends to the Board that it is within the scope of practice for a registered nurse to collect data regarding vital signs during a regional block while the anesthesiologist is performing the block.

Vote

Johnson – yes, Olds - yes. Motion carried.

Agenda item 5.2

Requests for Opinion:

Whether it is within the scope of practice for a registered nurse to adjust/titrate under physician order the flow rate of Continuous Peripheral Nerve Block (CPNB) pumps, (i.e. ON-Q C-bloc pump). (Our Lady of Lourdes Regional Medical Center)

Petitioner (S. Roberts Ducharme) explained that the Board rendered an opinion last year (Npop08.03) that allowed the RN to remove peripheral nerve block catheters, but the opinion did not provide an approval allowing the RN to titrate the infusion rate. The petition requests whether it is within the scope of practice for the RN to adjust the infusion rate down, and after the patient has completed therapy to turn it back up to the original dosage rate ordered by the physician.

Committee attendee (G. Pedersen) advised he is a licensed CRNA and is in support of the RN performing this task.

Committee chair (D. Olds) explained that since the medications used in the ON-Q pump are considered anesthetic agents, it is not within the scope of a Registered Nurse. Ms. Olds distributed a copy of a medication safety alert dated July 16, 2009 from the Institute for Safe Medication Practices (ISMP) which stated that although the ON-Q pump was designed to deliver local anesthetics to surgical sites, there was evidence to suggest it is sometimes used to deliver medication mixtures, including antibiotics, which the article stated may not be advisable. Ms. Olds expressed concern regarding the use of the ON-Q pump being used with other medications that are off label.

Petitioner explained that the patients are already being sent home with the pumps in place with medication loaded in the device as ordered by their physician, and shown how to adjust the rate themselves. If some facilities are putting medication in the pumps that should not use that delivery system, that is a separate practice issue. Her request is asking to allow RNs to adjust the rate down prior to therapy, and then return the rate back up to the dosage ordered by the physician so the patient can participate in therapy in a timely manner.

M. Griener explained that whenever anesthetics are involved, the Board is unable to render an expansion of the RNs scope of practice because of the current Nurse Practice Act.

Board member (Dr. Bass) stated he has used the ON-Q pump and said he feels it's a very basic device that even the patient is trained on how to adjust when sent home. Dr. Bass felt the Board should be able to give registered nurses the ability to do something that we trust the patient to do. If the petitioner was asking for authority to adjust the dosage by providing pain assessment skills, that would be getting into the area outside of RN practice. But if a physician calls a nurse and tells them the patient is going to therapy and to adjust the rate down, that seems like a basic delegation scenario and not providing the nurse the ability to do this task is doing a disservice to the nursing profession.

Director of Credentialing and Practice (M. Griener) explained that with the current Nurse Practice Act, the Board can not allow the Registered Nurse perform an intervention that the current statute does not allow.

Chair (D. Olds) advised that the agenda item had been discussed with the CRNA Board member (L. Haley) and he was not in favor supporting the petition request. Ms. Olds also mentioned that the manufacturer's pamphlet (I-Flo Corporation) on the ON-Q pump might need to be updated since it currently states:

"The Select-A-Flow allows your doctor to adjust the amount of medicine you receive to best meet your needs."

It specifically states that the physician will adjust the rate.

Ms. Griener suggested that the petitioner consider working with the Louisiana State Nurses Association (LSNA) and request they initiate conversations with the Louisiana Association of Nurse Anesthetists (LANA) representatives to see if the two associations could work together and come to some type of agreement on future legislation.

CRNA committee attendee (G. Pedersen) stated he will contact his association (LANA) and request it be considered for their next committee meeting.

Chair (D. Olds) advised that this item will be kept on the agenda until it is resolved.

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Agenda item 5.3

Requests for Opinion:

Whether it is within the scope of practice for a registered nurse to insert an external jugular IV in an emergency setting. (Iberia Medical Center)

Petitioner (R. Raheem) explained that as the Director of Emergency Services at Iberia Medical Center, he sees patients that need an immediate IV line and they have exhausted all efforts to start one peripherally and wanted to ability to run an external jugular (EJ) IV. Review of the Board's previous opinion of 1994 (Npop94.15) specified this was allowed in a life-threatening situation with radiographic verification and provided that the RN had 8 contact hours of formalized training. Mr. Raheem requests that the Board expand this task to non life-threatening situations. He explained that his facility has seen cases where a patient comes into the ER for a non life-threatening condition or treatment, is unable to have a peripheral IV, but when the patient received medication or fluids through an external jugular IV they were able to go home instead of being admitted.

Discussion ensued regarding the proper training of the RNs as well as competency of the present RN staff.

Motion 5.3

by P. Johnson, seconded, that the Practice Committee recommends that the Board uphold the previous opinion issued 9/1/1994 (Npop 94.15) on the practice of inserting an external jugular vein catheter by a registered nurse in a life threatening situation, and direct Board staff to do further research on this topic.

Vote

Johnson – yes, Olds - yes. Motion carried.

Adjournment

A motion for adjournment was approved and seconded. The Committee adjourned at 11:30 a.m.



Submitted by:

Margaret Griener, Director - Credentialing and Practice

Approved 10/20/2009