

**Louisiana State Board of Nursing  
Practice Committee Meeting Minutes  
October 20, 2010**

- Call to Order**           The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Patricia Johnson, Chair, at 9:02 a.m. on October 20, 2010 in Salon A of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.
- Roll Call**                **Committee Members Present**  
Patricia R. Johnson, MN, RN, Chair, Board Vice-President  
Lucie J. Agosta, PhD, APRN, CNS, ANP, FNP  
Jolie E. Harris, MSN, RN  
Larry J. Haley, MSN, APRN, CRNA
- Non-voting Board Members Absent**  
William S. LaCorte, M.D.  
Robert A. Bass, M.D.
- Staff Present**  
Barbara L. Morvant, MN, RN, Executive Director  
I. Blaine Sharp, MN, APRN, FNP, APRN Compliance Officer – Credentialing and Practice  
Wade Shows, Board Attorney  
Brenda Kelt, Licensing Analyst, Recorder
- Guests**                 Katherine Pate, RN, Telemetry Unit Director – Lane Regional Medical Center  
Janet Istre, RN, CCM, Advanced Medical Consulting  
Candace Manuel, RN, CCM, Advanced Medical Consulting  
Raye Logsdon, RN, Advanced Medical Consulting  
Mary Barth, RN, Advanced Medical Consulting  
Amber Littlefield, RN, School Nurse Supervisor – Lafayette Parish School System  
Kaissy Hammer, RN, IT Supervisor and former School Nurse - Lafayette Parish School System  
Katisha Lathan, RN, School Nurse – Lafayette Parish School System
- Review of Minutes**   The Committee reviewed the minutes of the July 21, 2010 Practice Committee meeting.
- Motion**                 by L. Haley, seconded, that the Committee approve the minutes of the July 21, 2010 Practice Committee.
- Vote**                     Harris - yes, Haley – yes, Agosta – yes. Motion carried.

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### Old Business

#### Agenda item 4.1

Update on rule change §3705 - Perineural Catheters (ON Q C-bloc pump)  
Rulemaking begun, submitted to Fiscal Office on October 20, 2010.

#### Agenda item 4.2

Update on aesthetic and cosmetic procedures.

Board staff met with Executive Director of the Louisiana State Board of Medical Examiners (LSBME). Both parties have made a commitment to draft a consensus document for presentation to both Boards (LSBN and LSBME) for approval.

More research was requested, including from the Dermatological Association regarding training, certification and competencies for both Registered Nurses and Advanced Practice Registered Nurses.

Target date to have a new consensus document draft ready for review on Sharepoint site prior to the December 8, 2010 LSBN Board meeting if possible, or the next Practice Committee meeting scheduled January 19, 2011.

#### Agenda item 4.3

Update on Direct Service Worker (DSW) Registry.

Board staff met with the representatives of Lafourche Arc, one of the larger providers supporting the repeal of the DSW Registry, after the close of the 2010 legislative session to discuss their concerns.

Lafourche Arc submitted a recommendation that LPNs be able to provide training and/or supervision of the unlicensed personnel (Direct Service Worker).

A meeting is expected to be called shortly by DHH inviting all stakeholders to discuss the DSW Registry.

### New Business

#### Agenda item 5.1

Request for Practice Opinion:

Whether it is within the scope of practice for a Registered Nurse to take a verbal or telephone order to write medications or treatments on a prescription pad with the Rx signed as "*verbal order (Doctor's Name) MD / (Nurse's name) RN*" (Lane Regional Medical Center)

Telemetry Unit Director (K. Pate) with Lane Regional Medical Center presented petition on behalf of Director of Emergency Department (B. Conerly) to committee, provided background information and answered questions from committee members.

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Board staff provided committee members with copies of the Louisiana Administrative Codes for Pharmacists which provides detailed rules regarding prescriptions. The pharmacist rules do not provide a provision for verbal orders by unauthorized prescribers.

Discussion ensued regarding current rules on APRN prescriptive authority, authorized agent status, and the potential for prescription fraud and misuse if the Rx was not written by an authorized prescriber (physician or APRN).

### Motion - 5.1

by L. Agosta, seconded, that the issue of Registered Nurse's signing prescriptions with verbal order (V.O.) is not a scope of practice issue, but instead falls within the realm of legal prescriber status as defined in:

- Pharmacists Rules and Regulations: L.A.C.46:LIII:2511-2513 – Prescriptions / Prescription Receipt and Verification;
- Code of Federal Regulations, Title 21, Chapter II, Section 1306.03 – Persons Entitled to Issue Prescriptions;
- Nursing Rules and Regulations: L.A.C.46:XLVII:4513.D – Authorized Practice / Prescriptive and Distributing Authority.

### Vote

Harris - yes, Haley – yes, Agosta – yes. Motion carried.

### Agenda item 5.2

Request for Practice Opinion:

Whether it is within the scope of practice for a registered nurse functioning as a case manager to do the following in a worker's compensation setting: (Advanced Medical Consulting)

- Collaborate with treating physician and request opinion on injured worker's functional and physical abilities to determine appropriateness for return to work and/or vocational rehabilitation referral;
- Scheduling a functional capacity evaluation (FCE) if ordered by physician;
- RN soliciting maximum medical improvement (MMI) status of injured worker from physician.

Petitioners (J. Istre and C. Manuel) explained to committee that they are both licensed Registered Nurses and certified Case Managers representing Advanced Medical Consulting in Lafayette.

Advanced Medical Consulting owner (J. Istre) presented the Petition to committee and provided background information. Petitioners explained they have had difficulties recently with some patient attorneys who have attempted to restrict their ability to perform case management functions as outlined in the petition.

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Board attorney (W. Shows) joined committee meeting at 10:15 am.

Petitioners advised their services as case managers are usually contracted by an insurance adjustor, often in a worker's compensation case, where they review the medical history and act as an advocate for the injured worker to help coordinate and facilitate the individual's treatment and recovery as ordered by the treating physician.

Petitioners provided additional background information and answered questions from committee members.

Board attorney confirmed the Practice Committee has the authority to issue an opinion whether a particular function is within the scope of practice of nursing. However, if a separate rule had been passed by the Louisiana legislature in another healthcare area (such as vocational rehabilitation) which specifically excludes nurses from providing a function or service, regardless to whether that function is within the scope of nursing practice, the exclusion prohibiting the nurse in that function would still apply.

The committee members requested the Board attorney to research the various legal statutes related to agenda item 5.2 and advise Board staff, with results to be provided at the December 8, 2010 Board meeting when the motion for this item will be voted.

### **Motion - 5.2**

by J. Harris, seconded, that in relation to nursing practice, the Practice committee recommends to the Board that it is within the scope of practice for a Registered Nurse functioning as a Case Manager to do the following:

- Collaborate with treating physician and request opinion on injured worker's functional and physical abilities to determine appropriateness for return to work and vocational rehabilitation referral;
- Scheduling a FCE (Functional Capacity Evaluation) if ordered by physician;
- RN to discuss medical improvement status of patient with physician.

### **Vote**

Harris - yes, Haley – yes, Agosta – yes. Motion carried.

Committee took a break at 10:30 am

Committee resumed at 10:43 am.

Board attorney was excused from remaining portion of meeting.

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### Agenda item 5.3

Request for Practice Opinion:

Whether it is within the scope of practice for a registered nurse in a school setting to delegate to an unlicensed trained personnel the observation and supervision of a student with Type I diabetes to self administer a bolus dose of insulin via pump, after the RN has assessed the student and formulated an individual health care plan and with physician order and parental consent. (Lafayette Parish School System)

Petitioner (A. Littlefield) School Nurse Supervisor with the Lafayette Parish School System presented the Petition to the committee. Supporting staff of Lafayette Parish School System (K. Hammer and K. Lathan) assisted in providing background information and answering questions from committee members.

Petitioners indicated that the school system has a large number of students with type I diabetes. The school nurses work with the student under direction of the physician orders and with parental consent to assist the students from an early age to learn how to test their blood sugar, enter it into the pump with their carbohydrate count, and the pump would administer the insulin.

Petitioners explained that direct supervision by the school nurse of the student self administering insulin via pump is problematic since a nurse is not on campus at every school daily when an insulin dose might be needed. Field trips have been cancelled when a school nurse was not available to accompany a group that included a diabetic student, or if the field trip was outside of Lafayette Parish.

The Lafayette Parish School System prepared a '*Diabetic Protocol*' in the summer of 2010 which includes a chart recommending at what age a student could self administer insulin via pump or insulin pen/syringe without supervision provided its supported by physician orders, parental consent has been obtained, and the student's competency to perform the tasks has been verified and documented through a nursing assessment at the beginning of each school year. In the proposed protocol, a TUP (Trained Unlicensed Personnel) of the School System could oversee and assist the student with functions such as CBG (capillary blood glucose) testing, insulin administration, AM/PM snacks, documentation, responding to hyper/hypoglycemia, administering glucagon and notifying parent or nurse.

Petitioner (A. Littlefield) advised she is the new School Nurse Supervisor and did not feel comfortable initiating the new '*Diabetic Protocol*' without Board approval regarding the TUP delegation. At this time the school nurses with the Lafayette Parish School System are supervising the self administration of the insulin of each student. This has resulted in several parental complaints, particularly of the High School students, who are self administering their insulin at home without supervision.

Current State Board of Education rule L.A.C.28:CXV Bulletin 741 §1129 states:

*C. Administration of Medication—General Provisions*

- 1. During the period when the medication is administered, the person administering the medication shall be relieved of all other duties. This requirement does not include the observation period required in Paragraph C.5.*
- 2. Except in life-threatening situations, trained unlicensed school employees may not administer injectable medications.*
- 3. All medications shall be stored in a secured locked area or locked drawer with limited access except by authorized personnel.*
- 4. Only oral medications, inhalants, topical ointments for diaper rash, and emergency medications shall be administered at school by unlicensed personnel.*
- 5. Each student shall be observed by a school employee for a period of 45 minutes following the administration of medication. This observation may occur during instruction time.*
- 6. School medication orders shall be limited to medication which cannot be administered before or after school hours.*

Discussion ensued regarding changes of technology in diabetic care making self testing and insulin administration safer than in the past. Concern was expressed for a student being delayed insulin while waiting RN supervision.

**Motion - 5.3**

by L. Agosta, seconded, that Board staff research the issue of insulin administration in schools and examine policies and procedures in place in other school districts and states and examine possible rewording of the petitioner's question for reconsideration at the December Board meeting.

**Vote**

Harris - yes, Haley – yes, Agosta – yes. Motion carried.

**Agenda item 5.4**

Discussion Issue

Topic was reworded by Board staff. To discuss the ability of licensed registered nurse to perform moderate or high complexity testing in a clinical laboratory setting, independent of direct supervision.

Board staff received notice from the Louisiana State Board of Medical Examiners (LSBME) that an Interpretive Ruling originally issued by LSBME on June 22, 1995 was reaffirmed by their Board on September 20, 2010.

The LSBME Interpretive Ruling states:

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*'...the Law by its terms does not require licensure for "the performance of routine technical procedures under or eligible for a certificate of waiver" in accordance with regulations implementing the federal Clinical Laboratory Improvement Act Amendments of 1988 (CLIA). Such exemption has reference to clinical laboratory test procedures "which do not require the exercise of independent judgment or responsibility" and are considered simple, noncomplex tests classified as "waived tests" by CLIA regulations, as distinct from tests of "moderate complexity" and tests of "high complexity". Licensure under the Law is required, that is, only for the performance of moderate and high complexity tests.'*

The Louisiana State Board of Nursing has an opposing Declaratory Statement issued on February 5, 1997 which allows registered nurses to perform moderate complexity testing in a controlled environment provided the nurse has documented clinical competency, annual continuing education, and quality improvement indicators are developed and monitored by the Laboratory. The LSBN declaratory statement defines **controlled environment** as:

*'...instrument settings that are standardized and maintained or supervised by licensed laboratory personnel and testing done by personnel assigned to a patient care area, with the data base integrated with or reported to the laboratory's data base and nurses performing the testing must be proficiency-tested. Any licensed laboratory personnel requiring supervision for the performance of clinical laboratory tests shall be subject to such supervision.'*

Board staff recommends to the committee the reaffirmation of the LSBN declaratory statement of February 1997, followed by a request to LSBME to rescind their ruling.

Discussion ensued regarding updating of the previous LSBN declaratory statement to include more recent rules of the FDA and CLIA requirements.

**Motion - 5.4**

by L. Agosta, seconded, the Practice committee recommends to the Board update and reaffirm of the existing Declaratory Statement adopted on February 5, 1997 – “*Role and Scope of Practice of Registered Nurses Performing Clinical Laboratory Testing*”, and include a further definition of moderate complexity and waived testing.

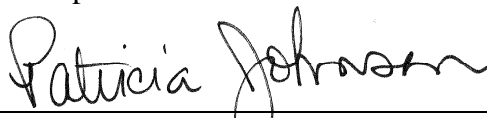
**Vote**

Harris - yes, Haley – yes, Agosta – yes. Motion carried.

**Adjournment**

A motion for adjournment was approved and seconded. The Committee adjourned at 12:08 pm.

**Submitted by:**



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Patricia R. Johnson, MN, RN, NEA-BC  
Practice Committee Chair, 2010  
LSBN Board Vice-President