

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

**MINUTES OF THE July 15, 2003
LSBN COMMITTEE ON NURSING PRACTICE**

**Call to
Order:**

Deborah Ford, Chairperson, called the meeting of the LSBN Committee on Practice to order at 9:06 a.m. on Tuesday, July 15, 2003 in Suite 601 Conference Room of the Board's office.

Roll Call:

Present:

Deborah Ford, MSN, RN, Chairperson
Tommie Ashby, RN, Committee Member
Deborah Olds, MS, RN, Committee Member
Frankie Rosenthal, MSN, RN, CNS, CNA, Committee Member

Absent:

Eli Sorkow, MD, Ex-Officio Member

Staff:

Pat Ladner, MN, RN, Nursing Consultant for Practice
Barbara Morvant, MN, RN, Executive Director
Cynthia Morris, MSN, RN, Assistant Executive Director

Guests:

Charlene Brouillette, CRNA, LANA
Wendy Clesi, RN, DaVita
Patricia Darling, RNCS, FNP
Gwendolyn George, LANP
Shelly Hebert, RN, CRRN, NWLASAN Task Force
Tina Livaudais, BSN, RN, CNN, DaVita
Karen Loden, LSNA
Bernadine Milton, RN, DaVita
Meryl Slowik, RN, BSN, CNN, DaVita
Deborah Travis, RN, MN, SANE, CRRN, MCL, NO
Debbie Wolfe, RN, BSN, DaVita
Cathryn Wright, APRN, LANP

Motion:

by F. Rosenthal, seconded by T. Ashby, to reorder the agenda to accommodate guests:
T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

**New Business:
RN functioning
As a sexual assault**

Nurse:

The Chair for the Northwest Louisiana Sexual Assault Task Force petitioned the Board for an opinion regarding the scope of practice of a “Sexual Assault Nurse Examiner”. The petitioner provided the following materials: the comprehensive forensic examination of the sexual assault victim; recent journal articles, including two research studies, addressing the role and training of the registered nurse serving as a sexual assault nurse examiner (SANE); the Emergency Nurses Association Position Statement: Treatment of Sexual Assault Survivors; the New Jersey Department of Law and Public Safety, Division of Consumer Affairs, State Board of Nursing rules regarding the Sexual Assault Nurse Examiner Program; the Forensic Nurses’ Code of Ethics; the Scope and Standards of Forensic Nursing Practice, developed by the International Association of Forensic Nurses, published by the American Nurses Association (1997). The following additional materials were distributed at the meeting from LSUHSC Health Care Services Division, Medical Center of Louisiana, Department of Emergency Medical Services: Policy #607, Sexual Assault Nurse Examiner (November 1, 2002); SANE, After-Care Information & Follow Up (November, 2002). A copy of the U.S. Department of Justice, Office of Justice programs, Office for Victims of Crime, Sexual Assault Nurse Examiner SANE Development & Operation Guide, Linda E. Ledray, PhD, RN, FAAN, Sexual Assault Resource Service, Minneapolis, Minnesota was presented and available for Committee review.

S. Hebert provided an overview to the role of sexual assault nurse examiners and the collaborative efforts with other disciplines. She explained the purpose of her petition, to seek an opinion to allow nurses to begin training of performing sexual assault examination. Discussion focused on the training requirements and current standards for educational programs. The current course is provided through the Department of Justice. ANA is working with the International Association of Forensic Nurses to develop a course for SANE nurses.

D. Travis presented Charity’s SANE program that requires a registered nurse to successfully complete a forty-hour SANE training program and completed 60 additional hours of clinical training. The SANE nurse must obtain at least 12 contact hours of relevant continuing education per year. The SANE nurse is responsible for the collection of forensic evidence, documentation of the forensic examination, appropriate counseling and referral, and coordinating communication with other involved agencies. The emergency department physician is responsible for the physical exam, any medical treatment that may be required and documentation on the medical record. Charity’s program provides for follow up with the victim and post-examination services.

The Committee questioned the role of the physician and the nature of the physical examination. When necessary both the SANE nurse and emergency physician examine the patient, the SANE nurse performs the speculum examination and the physician performs the bimanual examination of pelvic organs. A pediatrician examines pediatric victims.

Motion:

by T. Ashby, seconded by F. Rosenthal, that in reference to agenda item 6.5 that it is within the scope of practice for an RN to practice under the SANE program provided the RN has documentation of knowledge, skills, and abilities as set forth in the clinical forensic course recognized by ANCC and that the SANE RN shall practice within the

scope and standards of forensic nursing practice as developed by the International Association of Forensic Nurses and published by the American Nurses Association.

Nothing herein shall include a medical diagnosis: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

The Committee recessed at 9:55 a.m. and re-convened at 10:15 a.m.

**APRN position
Statement:**

An APRN requested a position statement regarding the responsibilities of an APRN who is working in collaborative practice with a physician(s) and becomes aware that one of the physicians in the agreement is impaired either by drugs, alcohol or mental illness and may be enrolled in an active drug addiction program. The licensure rules governing prescriptive and distributing authority (LAC 46:XLVII.4513.C) were cited regarding both the APRN and collaborating physician(s): who holds a current, unencumbered, unrestricted and valid medical license issued or recognized by the appropriate board and is in good standing with no pending disciplinary proceedings. Although the practitioner may be enrolled in an active addiction program their license may be “restricted”. Discussion focused on the quality of care and legal ramifications for the APRN. Dialogue will be needed with the Louisiana State Board of Medical Examiners regarding physicians enrolled in their impaired physician program.

Motion:

by D. Olds, seconded by F. Rosenthal, that in reference to agenda item 6.6 the request be referred to the Board’s Compliance Committee: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

**Dialysis
Nursing:**

Registered nurses employed by DaVita Corporation petitioned the Board for an opinion, reconsideration of a previous Declaratory Statement, Role and Scope of practice of Registered Nurses in Dialysis Nursing, regarding RNs delegating to non-RN caregivers the accessing, initiating and terminating double-lumen permcaths and central line catheters in the out-patient setting. The petitioners explained that with the nursing shortage, RNs in chronic dialysis units are responsible for the nursing care of 10-12 patients and that they are not able to perform patient teaching and other such nursing interventions because that have to access, initiate and terminate double-lumen permcaths and central line catheters. There is also an increase in the use of these devices for dialysis. According to the petitioners, the RN workload in chronic dialysis settings is a main reason for RNs leaving dialysis nursing or renal nursing. A copy of the following materials were presented for review:

- 1) American Nephrology Nurses’ Association (ANNA), Position Statement
- 2) DaVita training course on central venous catheter
- 3) Certified Clinical Hemodialysis Technician (CCHT) Information Bulletin *Nephrology Nursing Certification Commission Clinical Hemodialysis Technician Certification Examination* that contains content regarding technicians preparing, initiating and discontinuing dialysis catheters.

Discussion focused on the safe practice of allowing technicians to access and initiate dialysis per catheter in outpatient settings. The petitioners gave a brief over view of current literature. The Committee requested data regarding the latest statistics for

mortality rates and the effectiveness of dialysis treatment in Louisiana and the ANNA standards of clinical practice.

Motion:

by F. Rosenthal, seconded by T. Ashby, that in reference to agenda item 6.14, table the request pending receipt of URR rates, update from ANNA, literature alluded to regarding information on technicians in the dialysis setting and that Mrs. Ladner pull rules on delegation: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

The Committee recessed at 11:45 a.m. and re-convened at 2:50 p.m.

RN administering

Bolus dose:

The Nurse Manager Labor and Delivery, Minden Medical Center petitioned the Board for an opinion regarding RNs working in the labor and delivery setting who has demonstrated competency in the management of laboring patients receiving continuous epidural pain relief via pump to administer a bolus dose of the infusing medication (bupivacaine and sufenta) via pump using pre-established parameters for pain management during labor.

The Committee recessed at 2:52 p.m. and re-convened at 3:05 p.m.

Staff reviewed the materials sent to the Committee:

- 1) Previous Board opinions: npop 96.24, it is not within the scope of practice for a registered nurse, managing the care of the laboring patient, to administer a bolus dose of an anesthetic agent nor may the nurse adjust the rate of anesthetic infusion in accord with LRS 37:930; npop 02.07, that it is within the scope of practice of an RN to replace empty syringes and/or infusion bag of analgesic pre-pared solutions and to adjust the infusion rate and/or the administration of an additional dose of analgesia according to the institution's pain intensity level protocol and the Board's previous opinions regarding the epidural administration of analgesic agents and pain management; and the Board's Guidelines relative to LRS 37:930 and LAC 46:XLVII.3711.
- 2) Britt, R. (2002). *Epidural analgesia during labor: Lower the risks*, Nursing 2002, 32(6), 78. Use of low dose opioid or in combination with low-dose local anesthetics to produce analgesia without anesthesia provide for the mother to push or bear down during labor and encourages early ambulation.
- 3) AWHONN, clinical position statement, *The Role of the Registered Nurse (RN) in the Care of Pregnant Women Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PCEA Catheters)*, (2000). Addresses the role of the RN, clearly states that nonanesthetist registered nurses **should not** rebolus an epidural either by injecting medication into the catheter or increasing the rate of a continuous infusion, and increase/decrease the rate of a continuous infusion.
- 4) AWHONN, clinical position statement, *Professional Nursing Support of Laboring Women*, (2000). Addresses the need for only RNs to care for laboring women.
- 5) ANA, position statement, *Endorsement of Position Statement on the Role of the RN in the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheters)* (1991). Distinguishes between the role of the RN and the RN with education beyond licensure that is specific to obstetric analgesia may administer subsequent bolus doses and adjust

the drug infusion rates in compliance with the anesthesia provider's or physician's patient-specific written orders.

- 6) ProCon Clinical Forum, *The Role of Obstetric Nurse in Labor Analgesia Management*. Addresses the AWOHNN Position Statement, ASA Committee on Obstetrics Response, AWHONN Response, and Community Response.
- 7) Arkansas State Board of Nursing, Position Statement, *Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural)*, (1998). Provides that the RN with education beyond licensure that is specific to obstetric analgesia may administer subsequent bolus doses and adjust the drug infusion rates according to the anesthesia provider's or physician's patient specific written orders.
- 8) Oklahoma Board of Nursing, *Guidelines for the RN in Administration, Management and Monitoring of Epidural Medications* (1992; revised 2000). Excludes labor and delivery.
- 9) North Carolina Board of Nursing, Advisory Opinion, Epidural Analgesia-Administration of subsequent doses of epidural anesthesia/analgesia and the removal of epidural/caudal catheters is within the scope of practice for the RN (Jan. 1986).
- 10) South Dakota Board of Nursing, Position Statement, *Role of the RN in the Management of Analgesia by Catheter Technique for the Client Experiencing Acute or Chronic Pain* (1993, revised 1998 & 2002). Provides for the RN to administer subsequent doses, after initial or test dose following client specific written orders, may **not** alter the rate of a continuous infusion or administer additional doses by way of standing orders.
- 11) Wyoming State Board of Nursing, Advisory Opinion, *The Role of the Registered Professional Nurse in the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, or Intrapleural Catheter)*, (2002). Woman in labor, the RN may replace empty syringes or bags with new pre-prepared solutions.
- 12) Texas State Board of Nursing, *Guidelines for Nurses Administering Medications via the Epidural and Intrathecal Routes for the Purpose of Pain Control*. (1991, revised 2003). Provides for the RN to administer analgesia and anesthetic agents via epidural route for the purpose of pain control.
- 13) Association of Women's Health, Obstetric and Neonatal Nurses, *Nursing Care of the Woman Receiving Regional Analgesia/Anesthesia in Labor*. Quick reference guide for care, does **not** identify the provider of the care.

Other materials submitted by the petitioner address Minden Medical Center policy and procedures.

It was noted that all materials submitted to the Committee for review are maintained on file in the Board's office with an official copy of the minutes.

C. Brouillette stated that the AWHONN guidelines are not appropriate for labor and delivery; the lives of 2 patients are at risk. The catheter, especially during labor can migrate. Non-anesthesia providers place the mother and fetus in jeopardy. Using analgesic doses for epidurals is also referred to as "walking epidurals" because of the dose; the woman does not progress in labor. Discussion focused on the epidurals in laboring women.

Motion: by T. Ashby, seconded by D. Olds, that in reference to agenda item 6.4, refer this request to the Task Force on Pain Management: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

CPT codes: The Program Director, Bureau of Health Services Financing, DHH requested that the Board of Nursing render an opinion regarding the scope of practice of certified nurse practitioners (CNP) performing certain CPT codes and requested the Board's opinion on whether these codes are covered by the CNP and CNS' license.

99291 – Critical Care, evaluation and management, first 30-70 minutes

99292 – Critical Care, evaluation and management, each additional 30 minutes

Discussion focused on the scope of practice for APRNs in the various setting such as FNP in the emergency room, acute care nurse practitioners and clinical nurse specialists working with cardiovascular and ICU patients.

Motion: by F. Rosenthal, seconded by T. Ashby, that in reference to agenda item 6.1 that it is within the scope of practice for CNP and CNS to perform CPT codes 99291 and 99292: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

CPT codes: The Program Director, Bureau of Health Services Financing, DHH requested that the Board of Nursing render an opinion regarding the scope of practice of certified nurse midwives (CNM) performing certain CPT codes.

J7300 – Intrauterine copper contraceptive

J7302 – Levonorgestrel-releasing intrauterine contraceptive system, 52 mg

11981 – Insertion, non-biodegradable drug delivery implant

99234 – Observation or inpatient hospital care (low complexity)

99235 – Observation or inpatient hospital care (moderate complexity)

99236 – Observation or inpatient hospital care (high complexity)

Discussion focused on the scope of practice for CNM, WHNP, and FNP performing these CPT codes.

Motion: by T. Ashby, seconded by D. Olds, that in reference to agenda item 6.2 that it is within the scope of practice for CNM, WHNP and FNP to perform CPT codes J7300, J7302, 11981, 99234, 99235, and 99236: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

CPT codes: The Program Director, Bureau of Health Services Financing, DHH requested that the Board of Nursing render an opinion regarding the scope of practice of certified nurse practitioners (CNP) performing certain CPT codes.

17000 – Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), all benign or premalignant lesions (eg, Actinic keratoses) other than skin tags or cutaneous vascular proliferative lesions, first lesion

56420 – Incision and drainage of Bartholin’s gland abscess

Motion: by F. Rosenthal, seconded by T. Ashby, that in reference to agenda item 6.12 that it is within the scope of practice for CNP and CNS to perform CPT codes 17000 and 56420: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

Note. In order for a CNP to perform Board approved procedures as designated by the specific CPT codes it must be within that said APRN’s area of specialization and consistent with the APRN’s collaborative practice agreement with the collaborative practice physician(s). This disclaimer should appear in The Examiner whenever the APRN’s scope of practice is defined relative to CPT codes.

**Staff Report:
Decision Trees**

Decision Tree, scope of practice for registered nurses and advanced practice registered nurses. The decision trees were presented and it was explained that when these decision trees are placed on the Board’s website they will contain the Law and rules as cited. The Committee stated that the trees were self-explanatory and should assist nurses in determining their scope of practice.

Motion: by F. Rosenthal, seconded by T. Ashby, that in reference to agenda item 4.4.a. and 4.4.b., accept the decision trees for publication on the Board’s website: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

Old Business:

**Pain
Management:**

The Chair reviewed the Task Force objectives and minutes from the May 6, 2003 and June 12, 2003 meetings to provide the Committee with an update. The outcomes of the Task Force will be presented to the Practice Committee for consideration and recommendation to the Board.

**New Business
(Conti.):
RN Delegating
Medication
Administration
Via Gastrostomy
Tube:**

The School Nurses Rapides Parish School Board petitioned the Board for an opinion regarding RNs delegating medication administration via a gastrostomy tube to train unlicensed school employees. The policy developed jointly by the State Board of Elementary and Secondary Education and the Louisiana State Board of Nursing in accordance with RS 17:436.1 was reviewed by the Committee. Section II.D of the policy provides for “oral” medications to be administered at school by trained unlicensed personnel.

Motion: by T. Ashby, seconded by D. Olds, that in reference to agenda item 6.3.it is within the scope of practice of RNs to delegate to trained unlicensed school personnel the administration of medication through a gastrostomy tube in a school setting: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

Unna Boot:

The Program Director, Manager, Health Care Standards Section, DHH requested that the Board of Nursing render an opinion regarding the scope of practice of the RN delegating the task of applying an Unna boot dressing and to clarify the practice settings in which this can be delegated, specifically: nursing homes, hospitals, rural health clinics, ambulatory surgical centers, home health agencies, hospice agencies, and intermediate care facilities for the mentally retarded. The Board’s previous opinion, rendered 1993, stated that application of an Unna boot is a complex task, which may not be delegated. The rules state that RNs may delegate to LPNs the major part of the nursing care needed by individuals in stable situations when the following three conditions prevail at the same time in a given situation:

- 1) nursing care ordered and directed by RN/MD requires abilities based on a relatively fixed and limited body of scientific fact and can be performed by following a defined nursing procedure with minimal alteration, and responses of the individual to the nursing care are predictable; and
- 2) change in the patient’s clinical conditions is predictable; and
- 3) medical and nursing orders are not subject to continuous change or complex modification.

The chair reviewed the procedure from Lafayette General Medical Center and the manufacturer’s insert on the modified Unna boot. Discussion focused on the complexity of the nursing intervention.

Motion:

by F. Rosenthal, seconded by D. Olds, that in reference to agenda item 6.7, defer until the next meeting with provisos as stated, literature search, review of delegation rules: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

Microderm-abrasion:

An RN requested re-consideration of the Board’s previous opinion, 01.12, regarding the requirement of physician assessment prior to an RN performing microdermabrasion. Petitioner stated that it was “restrictive” to require physician assessment for RNs when aestheticians are performing microdermabrasion without physician assessment.

Staff provided information regarding aestheticians, specifically, their training and licensure; the Committee reviewed the related materials.

Motion:

by T. Ashby, seconded by f. Rosenthal, that in reference to agenda item 6.8, defer until the next Practice Committee meeting and the petitioner appears to speak regarding the issues and also until more information is received as to what other states are doing regarding this issue: T. Ashby, yes; D. Olds, Yes, Yes; F. Rosenthal, Yes; D. Ford, Yes.

Phlebotomy Class:

The Department Head, Health Occupations Department, LTC Northeast LA Campus petitioned the Board for an opinion regarding the scope of practice of an RN to delegate/supervise an LPN teaching a phlebotomy class. The Committee reviewed the following materials: the Board’s Declaratory Statement regarding the role and scope of practice of registered nurses performing clinical laboratory testing; R.S. 37:1311-1329; and Chapter 35. Clinical Laboratory Personnel, the rules that govern the licensure and certification of clinical laboratory personnel to practice clinical laboratory science in the State.

Motion: by F. Rosenthal, seconded by D. Olds, that in reference to agenda item 6.9.that the Board of Nursing does not have the authority to determine the educational requirements of the phlebotomist: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

**RN Delegating
To an LPN re-
Insertion of a
Gastrostomy
Tube:**

The Registered Nurse Medical Certification Specialist II, DHH, Health Standards Section FO I petitioned the Board for an opinion regarding the delegation to an LPN re-insertion of gastrostomy tubes in an ICF/MR setting, Waverly Community Home. The Committee reviewed the previous Board opinions relative to the question (89.09, 90.06, 93.01, 93.07) that state it is not within the scope of practice for an RN to delegate to an LPN the insertion of a gastrostomy tube into an old stoma.

Motion: by T. Ashby, seconded by D. Olds, that in reference to agenda item 6.10, defer until the next Practice Committee meeting so the petitioner can speak to this item regarding the role of RNs, specifically an RN employed in the Waverly Community Home or other ICF/MR settings: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

**RN delegating
To an LPN in
L&D**

The Maternal Child Director, Byrd Regional Hospital petitioned the Board for an opinion regarding the RN delegating to an LPN the care of a patient in labor to include: run a pitocin drip or MgSo4 drip under RN supervision; vaginal exam for dilation, care of the baby after delivery with the RN in the room; assign apgar scores provided the LPN is NRP certified; antepartum testing like NSTs. The petitioner did not provide any additional materials. The Committee requested that the petitioner be provided with the AWHONN clinical position statement, Professional Nursing Support of Laboring Women.

Motion: by F. Rosenthal, seconded by D. Olds, that in reference to agenda item 6.11, direct the petitioner to the Board's rules on delegation and the delegation tree and that after review of these documents to determine the role of the RN delegating to the LPN in the L&D setting. Furthermore, if questions arise after this review, contact the Board's staff for clarification: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

**RN removing
PICC line:**

The PICC Nurse, St. Tammy Parish Hospital petitioned the Board to reconsider the opinion that states an RN must have met the same educational requirements established by the Board for peripheral insertion of a percutaneous central catheter (PICC) in order to remove a PICC line. The petitioner provided current Infusion Nurses Society (INS) Policies and Procedures and Infusion Nursing Standards of Practice. The Committee reviewed the Board's previous opinions regarding PICC lines (98.15, 97.02, 96.21, 94.04) and INS standards.

Motion: by F. Rosenthal, seconded by T. Ashby, that in reference to agenda item 6.13 that it is within the scope of practice for RNs to remove PICC lines in the acute care setting

provided the RN has relevant knowledge, skills, and abilities: T. Ashby, yes; D. Olds, Yes; F. Rosenthal, Yes; D. Ford, Yes.

Minutes: The minutes of the April 15, 2003 Practice Committee meeting were distributed and reviewed by the Committee member.

Motion: by T. Ashby, seconded by D. Olds, to accept the minutes as corrected: F. Rosenthal, yes; D. Olds, Yes; D. Ford, Yes.

Staff Report

(Conti.): 4.1 Staff presented a draft proposed copy of the survey for registered nurses regarding the administration of rectal Diastat in the school setting. The Committee revised the form and focus of the survey (see attachment 4.1).

Motion: by T. Ashby, seconded by D. Olds, to approve the survey to sent to school nurses: F. Rosenthal, yes; D. Olds, Yes; D. Ford, Yes.

- 4.2 Staff presented the following rules as published in the *Louisiana Register*:
- 4.2.a. Declaration of Emergency, DHH, Bureau of Community Supports and Services: Mentally Retarded/Developmentally Disabled Waiver Skilled Nursing Services
 - 4.2.b. Declaration of Emergency, DHH, Bureau of Community Supports and Services: Home and Community Based Services Waivers
 - 4.2.c. Rule, DHH, Bureau of Health Services Financing, Title 50
 - 4.2.d. Notice of Intent, DHH Board of Nursing & DPS&C Office of the Secretary, Administration of Medications to Children in Detention Facilities

Staff reported that the “Notice of Intent” (2/20/03) was published to correct the error in the previous “Notice of Intent” (5/20/02) regarding section 509 of the rules, training of unlicensed personnel administering controlled substances.

4.2.e. Notice of Intent, DHH, Bureau of Health Services Financing, Hospital Licensing Standards

4.2.e.i. Executive Director’s response, the Committee discussed the general contents of these rules and directed staff to respond as needed.

Motion: by F. Rosenthal, seconded by D. Olds, to direct staff to explore opinions to determine if there are any opinions in opposition to the recipient criteria outlined in the above cited rules and to submit written comments during the specified time period: F. Rosenthal, yes; D. Olds, Yes; D. Ford, Yes.

4.3 Communication regarding RN performing massage. The Committee reviewed the information submitted by S. Berger-deRada, RN, LMT regarding RNs performing massage therapy under their RN license. Discussion focused on the scope of practice of RNs performing massage and the Board’s prior rulings regarding massage. Staff was directed to obtain a copy of the ad in question with Bellsouth and to request S. Berger-deRada to attend the next Practice Committee meeting.

**Old
Business**

(Conti.): 5.1 Nurse practice opinions rendered prior to 1995.

Motion: by F. Rosenthal, seconded by T. Ashby, to table agenda item 5.1 until the October Practice Committee meeting: F. Rosenthal, yes; D. Olds, Yes; D. Ford, Yes.

5.2 Update – EMS rules, staff reported no activity with these rules.

5.3 Concurrent Resolution, Project HEAL. Staff discussed House Concurrent Resolution No. 42, Regular Session, 2003. It was reported that the resolution provides for one Louisiana State Board of Nursing practice consultant appointed by the Louisiana State Board of Nursing to serve on the advisory council to provide advice to the State Department of Education on specific health-related matters as requested by the state superintendent of education on an as-needed basis.

Announcements/

Communications: The following information was shared with the Committee:

7.1 JCAHO solutions – Cautiously delegate medical histories, physical exams

7.2 State of New Jersey statement regarding medical discharge summaries

7.3 Health System Change – Community Reports 2002-2003 – How U.S. health care system is changing

7.4 Registered Nurse Safe Staffing Act of 2003. It was noted that this Law goes into effect January 2004 and that rules will be forth coming.

Motion: by F. Rosenthal, seconded by T. Ashby, to adjourn: F. Rosenthal, yes; D. Olds, Yes; D. Ford, Yes.

Adjournment: The meeting of the Nursing Practice Committee adjourned at 6:00 p.m.

Submitted: Pat Ladner, MN, RN Date: July 22, 2003

Approved: Date: