

**Louisiana State Board of Nursing
Practice Committee Meeting Minutes
October 22, 2008**

- Call to Order** The meeting of the Louisiana State Board of Nursing Practice Committee was called to order by Deborah Olds, President, at 11:15 a.m. on October 22, 2008 in the Board Room of the Louisiana State Board of Nursing, 17373 Perkins Road, Baton Rouge, Louisiana 70810.
- Roll Call** **Committee Members Present**
Deborah Olds, MSN, RN, President
Michelle Oswald, MSN, APRN, CRNA
Patricia Johnson, MN, RN
Lucie J. Agosta, PhD, APRN
- Non-voting Board Members Absent**
William LaCorte, M.D.
Alan Ostrowe, M.D.
- Staff Present**
Barbara Morvant, MN, RN, Executive Director
Margaret Griener, MPH, APRN, PNP, Director of Credentialing & Practice
Brenda Kelt, Licensing Analyst
Laura Guillory, Licensing Analyst
- Guests** Mary Darlene Hesse, RN, CNO, Jennings American Legion Hospital
Lisa Sorrel, RN, CMSN Student
- Reorder Agenda** Deborah Olds, President and acting chair, reordered the agenda.
- Motion** by M. Oswald, seconded, that the chair be allowed to reorder the agenda.
- Vote** Agosta – yes, Johnson – yes, Oswald - yes. Motion carried.
- Review of Minutes** The Committee reviewed the minutes of the July 22, 2008 Practice Committee meeting.
- Motion** by P. Johnson, seconded, that the Committee approve the minutes of the July 22, 2008 Practice Committee.
- Vote** Agosta – yes, Johnson – yes, Oswald - yes. Motion carried.
- Old Business**
Agenda item 4.1 Update on Declaratory Statement and guidelines on IV therapy to include PICC line infusion and competencies. Original request for opinion submitted by Lafayette General Medical Center on 8/28/07 and reviewed at the January 22, 2008 Practice committee. Practice Committee reviewed draft of the Declaratory Statement prepared by Board staff at the April 22, 2008 meeting. At the June 11, 2008 Board meeting, the Board determined that rule change would be required. Review proposed rule change and update.

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Board President (D. Olds) reported that there was one small change on the rule draft which was approved during the Board meeting.

Agenda item 4.2 Update on aesthetic and cosmetic procedures.

The Executive Director (B. Morvant) and Director of Credentialing and Practice (M. Griener) met with staff from the Medical Board to review this topic and they are interested in working together with LSBN staff so that the resulting proposed document would show a consensus from both Boards. The draft of the document will be presented to the Practice Committee for review in January, 2009.

New Business

Agenda item 5.1

Request for Opinion:

Whether it is within the scope of practice for a registered nurse to discontinue Tunneled Dialysis catheters (cuffed or un-cuffed) in the acute general hospital. (Jennings American Legion Hospital)

Petitioner explained that this issue was raised when a physician at their facility asked an RN to pull out a temporary dialysis catheter. The RN had never done this before, nor had the RN supervisor.

The Petitioner solicited information from the manufacturer, Medcomp, on the discontinuation of the Medcomp dialysis catheters. They provided the following:

The instructions for use for both Medcomp's short term and long term hemodialysis catheters contain the following warning in the catheter removal section:

"Warning: Only a physician familiar with the appropriate techniques should attempt the following procedures."

As for any procedure it is up to each facility to determine their own policy. Long-term tunneled catheters require an incision and for the cuff to be dissected out. This most likely would need to be done by a physician. The short term catheters are removed by cutting sutures, pulling the device out and applying pressure. Some facilities allow nurses to do this.

Board staff (M. Griener) reported that an earlier Practice opinion dated 9/24/1987 states it is within the realm of practice for the RN to remove tunneled IV catheters without cuffed devices, if the nurse has appropriate education and skills documented, and provided the physician is readily available.

There is also a separate Practice opinion dated 5/19/1997 which states that it is not within the scope of practice for an RN to remove the Shiley/Quinton catheter in a chronic dialysis setting. However, the Shiley/Quinton catheter is not as frequently used. The general recommendation from the manufacturer is that a physician should remove their product.

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The Petitioner advised the committee that this is the first time this issue was raised and may not come up again for some time. Their facility is a 60 bed rural hospital. The catheter is put in by a surgeon and sutures need to be clipped for its removal. They are normally removed by a nephrologist or surgeon. They are willing to establish a training and skills program to train their nurses on this procedure if directed by the Board, but she is concerned that maintaining a skills competency will be difficult for a procedure that will not be performed regularly by their RNs.

Committee chair (D. Olds) stated that the Board can not authorize an RN do perform a task where the manufacturer recommends it be performed by a physician.

The petitioner withdrew her request for an opinion from the committee and asked for guidance on how to respond to the initial inquiry at their facility.

Motion

by M. Oswalt, seconded, that the Practice Committee directs Board staff to compose a letter to the Petitioner stating that according to the manufacturer's product insert, that the catheter be removed by a physician.

Vote

Agosta – yes, Johnson – yes, Oswalt - yes. Motion carried.

Agenda items 5.2

Discussion Items

5.2 A

National Council of State Boards of Nursing (NCSBN) Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 7, 2008).

Board staff explained that LSBN already follows most of the guidelines outlined in the Councils APRN consensus report. Following are some highlights:

Identifies four categories of APRN:

- certified registered nurse anesthetists (CRNA)
- certified nurse-midwife (CNM)
- clinical nurse specialist (CNS)
- certified nurse practitioner (CNP)

The areas where LSBN rules are incongruent with the NCSBN Model rules are:

- Removing the requirement for collaboration or supervision. An APRN would be an independent practitioner once licensed by the Board. CRNAs would not work under supervision as designated now, and the other three categories (CNM, CNS and NP) would not work under collaboration of a physician.
- Cease issuing temporary APRN permits. APRN applicants would receive full APRN licensure from the Board for practice.

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Board staff reported that the educational and licensure requirements for APRN licensure currently followed by LSBN are in line with those recommended in the report with the exception of the two changes already noted.

Discussion Item

5.2 B

Scope of Practice of LPN/LVNs working in Dialysis Units

Board staff reported that the report was issued by the National Council of State Boards of Nursing (NCSBN) in September 2008. It contained information on practice in other states which is congruent with practice in Louisiana.

Discussion Item

5.2 C

2008 Legislature, Act 802. Non-complex health procedures in the school system

Director of Credentialing and Practice (M. Griener) reported that she attended the meeting on October 17, 2008 at the Department of Education which included the public school nurses. Act 802 and its repercussions were discussed.

Although LSBN was aware of House Bill 378, it was not presented by LSBN, and changes made to the document in its final form as Act 802 were not discussed with LSBN staff prior to its approval.

Administrative rules were written by LSBN in conjunction with the Department of Education in 1996 to allow relatives and school employees to perform non-complex health procedures and allow the RNs to delegate these tasks to unlicensed personnel. The document included a list of procedures which were allowed, including procedures such as tracheostomy and oral pharyngeal suctioning.

The revision of House Bill 378 (which became Act 802) removed oral pharyngeal suctioning completely and added 'outside' to tracheostomy suctioning which was not defined and unclear.

Some school boards read Act 802 similar to LSBN staff's interpretation that an unlicensed school staff member could not be 'made' to perform a non-complex task, such as oral pharyngeal suctioning, if the staff member was uncomfortable doing so.

However, after Act 802 was passed, there were several differing legal opinions as to the appropriate delegation of this task. This resulted in some school boards removing the students who require tracheotomy suctioning and from the schools. Some parishes such as Jefferson parish have hired LPNs to perform this task and they are assigned to accompany the child during the school day. If the school cannot afford the LPN, then the child is not allowed to attend school.

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The original bill included an amendment that stated that LSBN would develop guidelines regarding the oral pharyngeal suctioning. Although the bill was not brought forth by LSBN, when Board staff monitored its progress through the legislature, this amendment was still in place. The LSBN Executive Director (B. Morvant) reported that at some point this amendment was removed when the bill went into conference committee, which is a closed process, and LSBN staff was not advised or consulted regarding the subsequent changes that developed into the final law.

Because of the problems resulting from Act 802, there is now a move to repeal it by the Department of Education (DOE). It is hoped that the interested parties will come to LSBN for consultation in the future on any nursing related issues to help alleviate this type of problem from happening again.

Board staff reported for general information that the ratio of students to school nurses in Louisiana is much higher than the national average:

- Louisiana – 1 nurse for every 1500 students
- National – 1 nurse for every 750 students

There was no discussion on any other business or issues.

Adjournment

A motion for adjournment was approved and seconded. The Committee adjourned at 12:05 p.m.



Submitted by:

Margaret Griener, Director of Credentialing and Practice

Approved 1/21/2009