LOUISIANA STATE BOARD OF NURSING
3510 NORTH CAUSEWAY BOULEVARD
SUITE 501
METAIRIE, LOUISIANA 70002

MINUTES OF THE JUNE 12, 2003 LSBN TASK FORCE ON RN SCOPE OF PRACTICE REGARDING PAIN MANAGEMENT

Call to Order: Deborah Ford, Chairperson, called the meeting of the LSBN Task Force on RN Scope of Practice Regarding Pain Management to order at 11:00 a.m. on Thursday, June 12, 2003 in Suite 601 Conference Room of the Board's office. The Committee recessed from 11:05 to 11:15 am to provide for the members to review new materials.

Roll Call: Present:

Task Force Members:
Deborah Ford, MSN, RN, Chairperson
Frankie Rosenthal, MSN, RN, CNS, CNA, Committee Member
Pat Brandon, RN Ochsner Clinic Foundation
Sylvia Oats, MHA, RN, OCN, Lafayette General Medical Center
Carol J. Ratcliffe, MSN, CNOR, CHE, RN, Christus St. Patrick Hospital
Lisa Lauve, RN, VP, Nursing Christus St. Francis Cabrini Hospital
Tawna Pounders, RN, LSNA
Charlene Brouillette, CRNA, MS, APRN, LANA
Andrew Pitt, CRNA
Connie Brown, RN, LSBPNE

Absent:
Ginger Broussard, RN, Director, Breast Center
Linda Pullig, RN, Director Anesthesia/Pain Management
Kathy Wren, CRNA, PhD, LSUHSC

Staff:
Barbara Morvant, MN, RN, Executive Director
Pat Ladner, MN, RN, Nursing Consultant for Practice

Guests:
Ellen Jones, RN

The agenda was amended to add 5.5 Review of other boards of nursing statements regarding epidural analgesia.

Minutes: The following corrections were made to the minutes of the May 6, 2003 meeting:

Page 2 – **Maine:** (also addresses RNs role with laboring patients) discussion focused on whether or not to delete or expound on this statement since the purpose of the task force is not to study this facet of nursing.

Motion: by S. Oats, seconded by P. Brandon to strike the statement, "also addresses RNs role with laboring patients": F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

Page 2 – **Alabama:** To add a statement that "nurses are not authorized to bolus doses".

Motion: by C. Brouillette, seconded by A. Pitt to add the statement; The Chair requested clarification regarding a substitute member moving a motion. B. Morvant state that to the best of her knowledge, the Board did not have any policies regarding substitute task force members: F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

B. Morvant clarified that the Board approved LANA for three representatives; therefore, A. Pitt may be considered the third representative for LANA. A. Pitt was acknowledged as a task force member representing LANA.

Page 3 – article by Liu, S; Allen, H & Oisson G. regarding K. Wren's statement regarding the study to add "but with the efficacy of technique".

Motion: by C. Brouillette, seconded by A. Pitt to add the statement "but with the efficacy of technique: F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

Page 4 – third paragraph regarding the citing of RS 37:930.D, since that section of the Law was read, the minutes should include the exact language.

Motion: by C. Brouillette, seconded by A. Pitt to add the language of RS 37:930. D "Nothing herein shall prohibit the injection of local anesthetic agents under the skin or application of topical anesthetic agents by a registered nurse when prescribed by a physician or dentist who is licensed to practice in the state; however, this provision shall not permit a registered nurse to administer local anesthetics perineurally, peridurally, epidurally, intrathecally, or intravenously. This subsection shall not be applicable to certified registered nurse anesthetists provided for in 37:930(A): F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

Motion: by S. Oats, seconded by P. Brandon to correct the motion on the top of page 3 to read "to recognize that the boards position statements…": F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

Motion: by s. Oats, seconded by P. Brandon to accept the minutes as corrected: F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

Staff Report: Reviewed the Task Force mailings, the first mailing from Board staff contained a draft copy of the May 6, 2003 minutes, agenda for the June 12, 2003 meeting, News & Views, Citizen Advocacy Center, Washington StateNursing Care Quality Assurance Commission regarding *managing patients receiving epidural analgesia* and the *policy statement for registered nurses performing procedural sedation*; and the John Hopkins Hospital Interdisciplinary Clinical Practice Manual, moderate sedation/analgesia and deep sedation/analgesia for diagnostic, operative, and invasive procedures. The second mailing was an article on *Procedural* Sedation, Nursing2003, 33(4): 36-44.

Two additional articles were distributed at the beginning of the meeting: AWHONN's position statement regarding the *Role of the Registered Nurse (RN) in the Management of Patients Receiving Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical Procedures* and AORN's *Recommended Practices for Managing the Patient Receiving Moderate Sedation/Analgesia*.

Old Business: D. Ford reviewed each item of old business, and explained the role of the task force as information gathering. The Practice Committee will review data from the task force and make a recommendation to the Board regarding the role of the registered nurse in epidural pain management. The same process will be repeated for conscious sedation and delegating Lidocaine injection to the LPN.

5.1 Review of Literature: epidural analgesia. P. Brandon stated that the literature addresses the role of registered nurse regarding pain management and reviewed the material e-mailed to some of the task force members: letter from Lesile C. Thomas, article *An Acute Pain Management Service with Regional Anesthesia: How to Make it Work,* Acute Pain Management, Jefferson Medical College, Position Statement on the Role of the Registered Nurse (RN) in the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheters), and a hard copy of a power point presentation regarding Epidural Analgesia.

P. Brandon reviewed the Acute Pain Management Service article, specific roles for the RN, decision trees, standing orders and flow sheet for documentation. The following citations were read:

~The nursing team consists of pain nurses, pain resource nurses, and the floor nurses. Pain nurses are specially trained nurses, usually with critical care or postanesthesia care unit (PACU) experience, who see patients on frequent rounds, optimizing analgesia and treating side effects by using decision trees and standing orders. Pain resource nurses are floor nurses with special training in assessment of pain and trouble-shooting of infusion pumps, their role, and that of the floor nurses, extends to all patients in the hospital.

With this arrangement, there is an infrastructure of nursing peer support that provides intensive surveillance of pain issues in all patients and permits aggressive regional analgesia techniques to be safely monitored on the regular hospital floors.

Acute pain nurse

holds service pager and responds to calls for patient in pain or pain-related problems

conducts frequent proactive assessments of analgesia and its side effects

adjusts pain therapy or treatment of side effects according to a treatment algorithm and reassess efficacy of interventions

employs complementary techniques (i.e. relaxation, imaging, distraction)

point-of-care peer support to staff nurses

Pain resource nurse

nurses specially trained in pain issues on each unit

pain management resource to peers in the unit

contact person with APMs

troubleshoots technical problems with infusion pumps

enhances hospital initiative to extend aggressive pain management for all patients

Conclusion. Acute pain management employing regional anesthesia techniques can produce high-quality analgesia and improved out-comes. However, these techniques are labor intensive, requiring close surveillance to maximize the analgesia while minimizing side effects. A highly organized acute pain service that is nurse-based can integrate pain management into the hospital setting and be cost effective.

Standardization of orders, protocols, and decision trees and a constant educational commitment will permit wide application of regional analgesia to safely benefit many patients.

5.2 Institutional Endorsement: epidural analgesia. The letter from Leslie C. Thomas, MD was read in its entirety by P. Brandon.

Note. All materials addressed and/or discussed during the meeting and distributed before and/or during the meeting are on file in the Board's office with the official copy of the minutes. All task force members have copies of all resources cited in the minutes.

5.5 Review of other board of nursing statements regarding epidural analgesia

Positions of the Florida Board of Nursing-Diprivan, Ketamine, Epidural local Anesthetics was discussed and the difficulty of obtaining information from the Florida Board of Nursing if you are not a resident of Florida. Since only parts of the statement were obtained the members determined to table discussion of their position until the entire document is available for review.

The letter from MaryLou Guillot, President, LANA to Ms Ford was read in its entirety with the exception of the last paragraph. Discussion focused on LANA's request for an opinion from the Board's attorney regarding section 930 that prohibits RNs from administering local anesthetics. The intent of "anesthesia provider" was questioned, it was explained that this was to include only anesthesiologists and CRNAs.

RNs administering a bolus dose was discussed from the clinical arena, RNs having to administer because CRNAs are not available; and the positions statements of ANA and AANA that address "it is not forbidden by state laws, or

institutional policy or procedure". AANA's position statement was recognized as clear in its presentation of who does what.

The following citation was read from the American Society of Pain Management Nurses (3.a.).

"It is within the scope of practice of the registered nurse to manage the care of patients receiving analgesia by catheter as defined above only when the following criteria are met:
a. Management and monitoring of analgesia by catheter techniques, including reinjection and/or alternating of infusion rate by non-anesthetist RNs, is allowed by state laws and institutional policy, procedure, and protocol."

Objectives;

D. Ford reviewed the objectives of the Task Force:
~To determine if any of the three issues (epidural administration of anesthetic agents for analgesia, deep sedation for procedures, RN delegating to LPNs injection of local anesthetic agents) are appropriate for the non-anesthesia RN to deliver safe, quality care to the citizens of LA.
~To determine if pain management clinical guidelines that provide for appropriate, safe care of patients are in conflict with RS 37:930, meet intent or exceed scope of the Law.
~To determine if there is a need for an attorney's review of the Law and to review the results/actions related to the Task Force decisions.

The question was raised if the Task Force has determined that the epidural administration of anesthetic agents for analgesia is safe practice for RNs based on the literature, position statements from professional organizations and other boards of nursing, and current practice in this state? Are we ready to answer this question regarding non-anesthesia RNs administering epidural analgesia is safe, quality care for Louisiana citizens?

Discussion focused on the educational requirements, who would set them, who does the bolus dose and determine dose-range, answers to the legal issue of the current Law, and the responsibility of the Practice Committee to determine safe parameters (statement versus rules). It was noted that the Board's opinion must adhere to the statutory provisions of the Nurse Practice Act. D. Ford stated in response that the role of the Task Force is to determine safe practice and the Board will determine if it is provided for by current Law or if it is necessary to change the Nurse Practice Act.

5.4 Nurse Practice Act: section 930

B. Morvant presented the history of the current Law. In 1990 the Board determined that analgesic doses of anesthetic agents was within the scope of practice of RNs. Practice often supersedes regulation, and that the approach of the Task Force is to answer the questions regarding the standard of safe practice; does the Law provide for that standard of practice or does the Law have to be changed, is the correct approach to the study of this matter.

C. Brouillette addressed the administration of narcotics versus local anesthetics in pain management. P. Brandon stated that adding low dose local anesthetics to narcotics is an acceptable practice for properly trained RNs.

Motion: by S. Oats, seconded by P. Brandon adding a local anesthetic to PCA epidurals is within the RN's scope of practice when the RN has special training regarding epidural pain management and the agency has in place safe dosing ranges that have been approved by the medical staff.

Discussion followed regarding section 930 of the Law, safe practice and who established the criteria for training.

Motion: by S. Oats, seconded by P. Brandon to withdraw the motion: F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

Motion: by T. Pounders, seconded by S. Oats that it is appropriate for the non-anesthesia registered nurse to administer epidural anesthetics for the purpose of analgesia.

Discussion focused of the use of the terminology analgesia versus anesthesia, and the use of RNs versus CRNAs or using the non-anesthesia nurse. D. Ford read the terms used by other boards:
~Nevada: administer anesthetic agent for purpose of pain management or moderate sedation. Administer anesthetic agents at dosage levels designed to achieve analgesia, not anesthesia.
~North Carolina: administer of subsequent doses of epidural anesthesia/analgesia.
~Wyoming: establish analgesic dosage parameters, devices for analgesia, and epidural analgesia.
~Texas: anesthetic and analgesic, properly ordered meds, although the optimal anesthesia care is best provided by CRNAs/anesthesiologists, the Board recognizes the demand in practice setting necessitates RNs may administering anesthetic and analgesic medications via epidural/intrathecal route for pain control.
~Arkansas: analgesia by catheter.
~Maryland: Use of the anesthetic agent as a sedative/analgesia when administered for purposes other than anesthesia such as sedation, analgesia and/or emergency intubation is within the scope of practice of the registered nurse.
~Alabama: anesthetic agent in a specific amount designated by order of a physician.

D. Ford ask for consensus of the group regarding the appropriateness of non-anesthesia RNs administering analgesic doses of local anesthetics. S. Oats stated that the doses were more dilute, analgesic doses; C. Brouillette stated that each institution was totally different regarding current practices and the role of the RN.

Discussion returned to what the Law states and the 1990 guidelines issued by the Board, previous discussion between the Board and LANA regarding changes to the Law, LANA's reluctance to open section 930, and who determines the parameters of safe practice, the Board or the agencies.

Motion: by C. Brouillette, seconded by S. Oats to amend the motion by adding provided said RN adheres to rules provided by the Practice Committee: F. Rosenthal, No; T. Pounders, No; C. Brouillette, Abstain; A. Pitt, Abstain; S. Oats, No: P. Brandon, No; C. Ratcliffe, No; L. Lauve, No.

The question was called on the original motion.

Motion: by T. Pounders, seconded by S. Oats that it is appropriate for the non-anesthesia registered nurse to administer epidural anesthetics for the purpose of analgesia: F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, No; A. Pitt, No; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

The second objective of the Task Force was explored regarding pain management guidelines. Are the guidelines in conflict with RS 37:930, meet intent or exceed scope of practice. C. Brouillette addressed the letter from LANA requesting an opinion from the Board's attorney.

Section 913 (14) (e) provides for the RN to execute health regimens as prescribed by licensed physicians, dentists or other health care providers and (l) performing additional acts which are recognized within standards of nursing practice and which are authorized by the board; these provisions in the Law allowed the Board in 1990 to issue the statement regarding RN administering analgesic doses of anesthetic agents. The Board's attorney would have to look at both sections of the Law, standards of nursing practice as documented in the literature, current scope of practice in Louisiana.

Section 930 prohibits an RN from administering local anesthetics. If the Law is that clear, then the Nurse Practice Act will have to be changed. Questions were raised regarding the "intent of the current Law". It was generally agreed that the intent of the current Law is to limit anesthesia to CRNAs. General discussion focused on specific examples in the practice setting, educational preparation, accrediting body requirements, role of the Board in determining scope of practice and rule making. When the Law changed in 1995, section 930 was not opened at the request of the CRNAs. There is a need for dialogue between the Board and LANA to look at the language of section 930, and for the Board's attorney to look at alternative language.

There was general agreement for the need for specific rules that provide for epidural analgesia, and to move forward without opening the act if possible pending legal advice.

Motion: By T. Pounders, seconded by P. Brandon that the original intent of Section 930 was, and continues to be, to prohibit a registered nurse (non-CRNA) from administering anesthesia: F. Rosenthal, Yes; T. Pounders, Yes; C. Brouillette, Yes; A. Pitt, Yes; S. Oats, Yes: P. Brandon, Yes; C. Ratcliffe, Yes; L. Lauve, Yes.

The Practice Committee needs to define anesthesia and analgesia.

Next Meeting: The Task Force is scheduled to meet on July 15, 2003 from 12:00 am to 2:00 pm in conference room 601, Board's office.

Announcements/ Communications: **None.**

Adjournment: The meeting of the Task Force adjourned at 2:30 p.m.

Submitted:	Pat Ladner, MN, RN	Date: June 16, 2003
Revised:	Pat Ladner, MN, RN	Date: July 29, 2003
Approved:		Date: