

September 18, 2000

Carolyn McDonald, RNC, BS  
Director of Obstetrical Services  
Lakeside Hospital  
4700 I-10 Service Road  
Metairie, LA 70001

Dear Ms. McDonald:

Pursuant to your request regarding scope of practice for a labor and delivery nurse, appropriately trained to apply a scalp electrode in an emergency situation, your request and the information you submitted was studied by the Nursing Practice Committee on July 25, 2000. The Committee presented its recommendation to the Board of Nursing on September 13, 2000, and, after due deliberation, the Board adopted the following opinion:

In reference to agenda item 6.2, that it is within the scope of practice for a labor and delivery nurse, appropriately trained to apply a scalp electrode in an emergency situation, i.e. inability to locate fetal heart tones with a doppler or transducer, when the membranes are intact and fetal distress is suspected in accord with the following provisos: 1) patient is 26 weeks gestation or greater with an agonal tracing and the physician is on his/her way to the hospital; 2) fetal heart tones have been normal and go downward to a prolonged deceleration which cannot be corrected; 3) and the membrane are in close proximity to the scalp.

Furthermore when the RN is unable to locate fetal heart tones on admit, scalp electrode is not to be attached.

The Board expressed their appreciation for your attendance at the Nursing Practice meeting and for sharing the information that you obtained from other states relative to nursing practice.

If you have any questions regarding this communication, please contact me.

Sincerely,

Barbara L. Morvant, MN, RN  
Executive Director

BLM:PAL

cc: file

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