

Nevada State Board of **NURSING**

MINUTES OF THE NURSING PRACTICE ADVISORY COMMITTEE February 10, 2009

CALL TO ORDER

The committee meeting was called to order by Debra Scott, MSN, RN, APN, FRE, Executive Director, at 9:04 a.m., at the Board of Nursing offices via videoconference between 5011 Meadowood Mall Way, Ste. 300, Reno, Nevada 89502, and 2500 W. Sahara, Ste. 207, Las Vegas, Nevada 89102.

MEMBERS PRESENT

Debra Scott, RN, Board Executive Director, Chair
Judith Carrion, RN Gayle LaChance-Bulger, RN
Caroline Copeland, RN Lisa Mantkus, RN
Marti Cote, RN Susan Moore, RN
Cathy Dinauer, RN Linda Morton, RN
Diane Smith, RN, MHA

MEMBERS ABSENT

Betty Carlgren, LPN, Board Liaison
Diane Allen, RN Cheryl McKinney, RN
Kelly Benway, RN Joseph Rosich, RN
Karen Winter, RN

OTHERS PRESENT

Chris Sansom, BSN, RN, Dir. of Operations Kathie Lloyd, RN, Renown MC
Linda Aure, RN, NSBN, Sr. Investigator Vicky Lang Catlin, St. Mary's RMCenter
Lark Muncy, RN, NSBN, Investigator Dana Balchunas, RN, WCSDistrict
Marilyn Schmit, RN, NSBN App. Coordinator Vicky Hardaway, RN, BS, SVHospital
Jeanette Belz, NV State Society of Anesthesiologists

CALL TO ORDER: The meeting was called to order by D. Scott at 9:04 a.m.

PUBLIC COMMENTS: There was no public comment.

A. APPROVAL OF MINUTES—October 14, 2008: The minutes of the October 14, 2008 meeting were reviewed, and approved as written.

OLD BUSINESS

1. Board meetings follow up: November, 2008 and January, 2009 Board meetings: D. Scott presented the Board meeting highlights to the committee and entertained questions regarding the meeting.
2. Review, discussion and action regarding the administration of prostaglandin

or other cervical ripening agents in term pregnancy, including the definition of “term pregnancy”: K. Lloyd presented the attached document for review by the committee entitled, Recommendations for Changes and Clarification of Language in the Nurse Practice Act on Page 98. The committee members discussed the recommendations and agreed to accept the following:

It is within the scope of practice for an RN to:

- Perform vaginal speculum examination and specimen collection/evaluation if: 1) procedure is performed for routine STD screening and /or routine pelvic/pap evaluation; 2) collection, exam and screenings are an extension to a physician/APN and under his/her *direction* ~~direct supervision~~; 3) appropriate formal specialized training and education is completed; 4) treatment prescription is by authorized practitioner via standardized policy/procedure; and 5) competency evaluations by APN, MD and/or employer are established and maintained.
- Administer prostaglandin or other cervical ripening agents in term pregnancy (*37 completed weeks*) ~~prior to labor induction if the following guidelines have been met:~~ *when there is a medical reason for the induction documented by the obstetrician or perinatologist and the following guidelines have been met:* 1. The RN has been trained in the pharmacology, physiology, assessment, monitoring, contraindications, and interventions related to the administration of these products. The training must include a didactic portion and a clinical portion. 2. There must be a test of competency. 3. There must be a process for the measurement of continued competency. 4. There must be a comprehensive facility policy and procedure. ~~that has been approved by the medical staff.~~ 5. This is not within the scope of an LPN. 6. ~~All drug manufacturer recommendations must be followed.~~ 7. Critical care facilities and OB coverage must be available 24 hours per day. 8. Administration must be done by the physician if there are contraindications. 9. The RN must have training in advanced fetal monitoring. 10. The use of concomitant agents such as oxytocin and prostaglandin agents may not be administered by the RN. ~~11. Administration must be a direct physician order and may not be placed in a standing order.~~

C. NEW BUSINESS

1. Legislative update: D. Scott presented a legislative update to the committee, recapping the action by the NSBN at its special Board meeting on February 9, 2009, where the Board voted to support both AB 106 related to the regulation of medication aides-certified and AB 10 related to protection from retaliation against nurses. The Board also voted to remain neutral on AB 121, the numeric nurse to patient staffing ratios bill. The safe patient handling bill is still in bill draft request format so the Board decided to wait until actual bill wording is available to consider their position on the bill.
2. Review, discussion and action regarding Nevada State Board of Nursing Advisory Opinion: “Operational Definitions for Protocol, Standing Orders, and Preprinted

Order Set”: D. Scott presented the draft advisory opinion/operational definitions for protocol, standing orders, and preprinted order set. The draft was revised to read as follows:

“**Protocol**” means a series of actions (which may include a number of medications) that may be implemented to manage a patient’s clinical status. A protocol allows the application of specific interventions to be decided by the nurse based on the patient meeting certain criteria outlined in the protocol as long as the intervention is within the scope of practice of the nurse. A protocol includes alternative actions or “exceptions” to the prescriptive orders that allows for individual patient circumstance as assessed by the nurse. These “exceptions” are addressed by application of an algorithm that is a step-by-step procedure for solving a problem or accomplishing the intervention. An agency may, if it chooses, have protocols that are developed by authorized practitioners and are designed to standardize and optimize patient care in accordance with current clinical guidelines or standards of practice.

“**Standing orders**” means medical treatment orders generated by an authorized prescriber who identifies an action or medication that must be implemented or administered. The use of standing orders must be documented as an order in the patient’s medical record and signed by the authorized practitioner responsible for the care of the patient, but the timing of such documentation should not be a barrier to effective emergency response, timely and necessary care, or other patient safety advances.

While there is significant merit to the use of standing orders, there is also the potential for harm to patients if agencies use such orders so that nurses are routinely expected to make clinical decisions outside their scope of practice. This is a complex issue that requires careful consideration by agencies, physicians, nurses and other licensed health care professionals, experts in patient safety and quality improvement, and patients.

“**Preprinted order set**” refers to a tool generally designed to assist authorized practitioners as they write orders. Order sets may include computerized programs that are the functional equivalent of hard copy preprinted order sets. Such tools may include a menu of medications or actions from which the authorized practitioner makes selections to be applied to a particular patient. They sometimes include a standard combination of medications and actions to be followed without amendment whenever the physician selects that order. All orders, preprinted or otherwise, in the medical record must be dated, timed, and authenticated by the person responsible for providing or evaluating the service provided.

RESOURCES:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Memorandum, October 24, 2008
Reviewed by the Nurse Practice Advisory Committee:
Approved by the Nevada State Board of Nursing:

3. Review, discussion and action regarding changing the date of August 11, 2009 Committee meeting: The committee approved to change the date of the August Nursing Practice Advisory Committee from the 11th to the 4th, 2009.
4. Suggestions for agenda items for next meeting: The following agenda items were suggested for the next NPAC meeting on April 7, 2009: The role of the LPN in

PICC line insertion and management, the use of the term “RN” vs “School Nurse” in the Board’s School Nurse Advisory Opinion Grid, and the continued Legislative Update.

ADJOURNMENT: The meeting was adjourned at 10:30 a.m.