

Nevada State Board of **NURSING**

MINUTES OF THE NURSING PRACTICE ADVISORY COMMITTEE October 14, 2008

CALL TO ORDER

The committee meeting was called to order by Debra Scott, MSN, RN, APN, Executive Director, at 9:01 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
Betty Carlgren, LPN, Board Liaison
Caroline Copeland, RN Linda Morton, RN
Lisa Mantkus, RN Joseph Rosich, RN
Susan Moore, RN Diane Smith, RN, MHA

MEMBERS ABSENT

Diane Allen RN Marti Cote, RN
Kelly Benway, RN Cheryl McKinney, RN
Karen Winter, RN

OTHERS PRESENT

Chris Sansom, BSN, RN, Director of Operations
Linda Aure, RN, NSBN, Sr. Investigator
Lark Muncy, RN, NSBN, Investigator
Amy Clark, RN, Investigator
Fred Olmstead, Board Counsel
Kathie Lloyd, Renown, Renown Regional Medical Center
Jeanette Belz, Nevada State Society of Anesthesiologists
Flora Gallegos, Sierra Anesthesia
Paul Mailander, M.D., Sierra Anesthesia
Brenda McNaughton, RN, Sunrise Children Hospital

CALL TO ORDER: The meeting was called to order by D. Scott at 9:01 a.m.

PUBLIC COMMENTS: There was no public comment.

- A. APPROVAL OF MINUTES—June 10, 2008 and August 12, 2008:** The minutes of the June 10, 2008 and August 12, 2008 meetings were reviewed, and approved as written.

B. OLD BUSINESS

1. Board meetings follow up: September, 2008 Board meeting: D. Scott presented the Board meeting highlights to the committee and entertained questions regarding the meeting.
2. Review, discussion and action regarding utilization of “standing orders” or “protocols” for certain procedures at the time of patient admission: D. Scott reviewed the committee’s previous consideration of the draft regulations related to standing orders and protocols. The difference between these two words were conceptualized by the understanding that a standing order would be initiated by a physician’s order to apply the order to a certain patient. A protocol allows the application of the protocol to be decided by the nurse based on the patient meeting certain criteria outlined in the protocol. The committee agreed that both nursing and medicine must “sign off” on a protocol, most likely on an annual basis. Many of the committee members were pleased with the draft wording, but suggested that the following words be added to the definition of “protocol”: *and approved by the medical and nursing authorities of the institution*. The concept and wording of these draft regulations will be forwarded to the Board for approval.
3. 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 this agenda item. The committee members discussed the content of the drafted practice decision, but decided that more research should be done. K. Lloyd will research the content and wording of sections 6, 8, and 10, and return to the committee for further consideration.
4. Review, discussion, and action regarding: Is it within the scope of practice for an RN to administer an epidural analgesic using narcotics and/or dilute local anesthetic solutions?: D. Scott presented this agenda item, soliciting comments from the committee and those attending the meeting. This draft only addresses the role of the RN in the care of a pregnant woman receiving analgesia/anesthesia by catheter techniques and does not affect this practice related to other individuals receiving this type of analgesia/anesthesia. Dr. Mailander reiterated that the practice as written in the draft decision does not require the nurse to “manage” the patient on an epidural, but allows the nurse to follow the physician’s orders in adjusting the rate of a continuous infusion. K. Lloyd voiced her concerns related to the mother/fetal dyad, although no evidence has been established that harm is higher when the nurse is involved in changing the dose and/or rate based on a physician’s order. Based on the discussion that ensued, it was moved and seconded the committee approved the draft practice decision with the following amendments: *changing the second bullet under “Beyond the scope of the RN” from “Changing the rate of a continuous infusion” to “Adjusting the rate or dose of a continuous infusion without a direct physician order” and deleting the 4th bullet from this section*. This draft practice decision will be taken to the Board for final disposition.
5. Review, discussion, and action regarding proposed Practice Decision, "Is it within the scope of practice for a Registered Nurse to insert an arterial canula?" Presented by Brenda McNaughton, RN from Sunrise Children

Hospital: B. McNaughton presented this agenda item. Although this agenda item had been considered previously by the committee, Ms. McNaughton chose to apply the newly adopted Board policy which gives nurses the option of utilizing the CINAHL process to clearly define the scope of nursing in a variety of specialized competencies. Based on her research, the committee praised Ms. McNaughton in her showing evidence in the literature that it is within the scope of practice for an RN to insert an arterial canula, citing NAC 632.225 Additional duties in area of specialization.

C. NEW BUSINESS

1. Suggestions for agenda items for next meeting: The committee suggested that Board staff give a legislative update at the next meeting. In addition, the agenda will include a follow up to agenda item B.4, addressing administration of prostaglandin or other cervical ripening agents in term pregnancy.

ADJOURNMENT: The meeting was adjourned at 11:00 a.m.