

FINAL REPORT OF PRELIMINARY FINDINGS AND RECOMMENDATIONS

By the
LPN Technical Review Committee
for the Review of an
Application by the Nebraska Health
Care Association, LPNAN, and
the Nebraska Hospital
Association

to the
Nebraska Board of Health,
Director of Health,
and the
Legislature

December 19, 1991

LIST OF COMMITTEE MEMBERS

The members appointed by the Director of Health to serve on the LPN Technical Review Committee are as follows:

Patricia McQuillan,	Chairperson (Greeley)
Patricia J. Allgeier, R.N.,	Asst. Hospital Director of Nursing, UNMC (Omaha)
Mary Lou Holmberg, R.N.,	Associate Dean of Nursing, Central Community College (Grand Island)
Janet Fletcher, PA-C	O'Neill Family Practice (O'Neill)
Marilyn McWilliams, L.P.N.,	LPN staff nurse, Bishop Clarkson Hospital (Omaha)
Betty Rezek, L.P.N.,	LPN Staff Nurse, Bishop Clarkson Hospital (Omaha)
Stephen K. Petruconis	Hospital Administrator, St. Elizabeth Community Health Center (Lincoln)

INTRODUCTION

The Nebraska Credentialing Review Program which was established by the Nebraska Regulation of Health Professions Act in 1985 is a review process advisory to the Legislature, and is designed to assess the necessity of state regulation of health professions based upon criteria that require the examination of proposals for credentialing or changes in scope of practice from the standpoint of whether such proposal are necessary for the protection of public health, safety, or welfare.

The law directs those health occupations seeking credentialing or a change in scope of practice to submit an application for review to the Director of Health. At that time an appropriate technical committee is formed to review the application and make recommendations after a public hearing is held. The recommendations are to be made on whether the health occupation should be credentialied according to the four criteria contained within Section 71-6221 Nebraska Revised Statutes; and if credentialing is necessary, at what level. The relevant materials and recommendations adopted by the technical committee are then sent to the Board of Health and the Director of Health for their review and recommendation. All recommendations are then forwarded to the Legislature.

SUMMARY OF COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

The members of the technical committee decided to recommend approval of an amended version of the applicants' proposal which would allow LPNs with special endorsements to perform IV and NG functions under the supervision of an RN. The specific provisions of this amended proposal are described in the appendix, and on pages 27 through 29 of this report.

(Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

SUMMARY OF THE APPLICANTS' ORIGINAL PROPOSAL

The applicant group sought to alter current nursing statutes so that LPNs would be allowed to earn specialty certification in such areas as IV therapy and NG therapy. Training for these special certification programs could be acquired in hospitals, long-term care facilities, community colleges, or in institutions of higher learning that have nurse training programs. The Board of Nursing would determine which programs met the minimum standards for LPN certification.

The Board of Nursing would establish the exact nature and duration of the training course for these special certifications. The applicants suggested that NAPNES IV course guidelines be used to establish these training programs. Supervised field work would be part of the training regimen to assure competence.

The proposal would require the successful completion of a Board of Nursing approved competency test which would be both a written and practical exercise. The applicants stated that a national examination is currently being developed, and is expected to be available by 1994. Examinations could also be developed by the training institutions and approved by the Board of Nursing. The question of waiver would be at the discretion of the Board.

Periodic renewal of the certificates would not be required, but specific continuing education courses on subjects pertinent to the issues surrounding IV therapy and NG therapy would be

required.

The original proposal was amended in such a way as to incorporate the provisions of the LPN regulations currently used in the state of Missouri. The details of this concept are contained in the Appendix, and are summarized on pages 27 through 29 of this report. Additional amendments to the proposal are described on pages 30 through 35 of this report. (The Applicants' Proposal, pages 10-12, and 36-39)

Discussion on Issues Raised by
the Proposal

Is There a Need for the Applicant's Proposal?

Proponent Comments

The applicants in their proposal identified several basic weaknesses or problems with the current limitations on the scope of practice of LPNs in Nebraska regarding IV management and NG tube administration. The applicants identified these problem areas as follows:

- (1) The increased complexity of care at all levels of the health care system

The applicants stated that due to the development of such cost containment programs as the Federal DRG system, many acutely ill patients have been shifted from ICUs to general medical/surgical hospital units, or away from hospital-based care entirely to either home health care or nursing care facilities. The applicants stated that this increase in the acuity level of clients has in turn increased the demand for both IV therapy and NG insertion in general hospital and intermediate care facilities. The applicants quoted an article from an issue of Nursing which stated that the average medical/surgical nurse spends two-thirds of his/her time carrying out IV-related functions, and that four out of five hospitalized patients receive some IV care. Many of these patients are seriously ill and at

high risk for complications related to IV therapy. (The Applicants' Proposal, pages 12-14) The applicants also presented evidence that showed significant increases in the case mix indexes for hospitals in Nebraska from 1981 through 1991. This evidence was submitted to illustrate the increasing complexity of care. (Attachments to the Testimony of Roger Keetle of the Nebraska Hospital Association)

- 2) There is an increased demand for qualified health care providers which is not being satisfied in the context of the current practice situation of nursing

The current practice situation in nursing does not allow LPNs to administer IVs or perform NG functions, which means that the increase in the acuity level of patients has resulted in an increased burden on resident RN's because these RNs are expected to provide IV and NG care, not only for their own patients, but for the patients assigned to LPNs as well.

The applicants submitted evidence to illustrate that there is a shortage of RNs in Nebraska. This evidence showed that there are ten counties with no active RNs, and a total of twenty-three counties that have ten or fewer active RNs. The applicants stated that this evidence showed that both hospitals and long-term care facilities are experiencing shortages in the number of RNs on staff. The applicants informed the committee members that over sixty-

two percent of Nebraska's hospitals were experiencing an overall shortage of staff RNs (Attachments A through E to the Testimony of Delight Wreed of the Nebraska Health Care Association). The applicants stated that this shortage of RNs plus the restricted scope of practice of LPNs has had the effect of limiting the number of acute care residents an administrator can accept at a given nursing facility.

- 3) There is decreasing access to affordable health care for Nebraskans with acute and chronic health problems

The applicants stated that they conducted a telephone survey to identify an accurate number of facilities that were able to accept residents with continuous IV therapy and NG therapy needs. According to the applicants, less than twenty-five percent of SNFs can accept residents with continuous IV therapy, and those that can are disproportionately concentrated in eastern Nebraska. The applicants informed the committee members that only forty-two out of eighty-three SNFs can accept patients that need intermittent IV therapy. The applicants stated that if an SNF does accept patients who need intermittent IV therapy, an RN must return to the facility after his or her assigned shift in order to administer the IV medications. The applicants stated that if pain control by IV is included in the treatments, an RN might be required to return to the facility more than once during an evening following his or her shift in order to administer these different types of

IVs. The applicants stated that under this situation the endurance of the RNs in residence at a given facility places a limitation on the ability of the facility to accept patients who need such care. (The Applicants' Proposal, page 15)

The applicants stated that the proposal would greatly improve the ability of many SNFs in small communities to admit patients with IV and NG needs. The applicants stated that the problem of access to IV and NG care is greatest in small rural communities that are away from I-80. (Minutes of the Second Meeting of the technical committee, September 5, 1991)

- 4) The current limitations on LPN scope of practice create problems in the area of motivation for LPNs

The applicants argued that the current statutory limitations placed on LPNs and Attorney General's interpretations of these statutes has had a detrimental impact on the morale of LPNs. The applicants stated that the current limitations inhibit professional growth for LPNs. The applicants stated that the current LPN proposal seeks to provide LPNs with avenues by which LPNs can experience professional growth, and thereby experience greater satisfaction from their work. (The Applicants' Proposal, page 18)

One proponent testifier at the public hearing illustrated applicant concerns about the morale problem of

Nebraska's LPNs by informing the committee members that LPNs from California leave Nebraska because they cannot use the IV skills that they learn and develop in California. (The Minutes of the Second Meeting of the technical committee, September 5, 1991)

Opponent Comments

The opponents of the proposal stated that the applicant group did not adequately demonstrate that there is a need for the proposed expanded scope of LPN practice. The applicants characterized the data presented by the applicants on the question of need as being, ". . . emotional, dramatic, and isolated." The opponents stated that the examples of harm cited by the applicants were not descriptive of what is typical in the provision of care in hospitals or nursing facilities in Nebraska. (Transcript of the Public Hearing, pages 71 and 72)

The opponents presented data from the Bureau of Health Facility Standards of the State Health Department dated September 10, 1991 which showed that of those fifty-nine patients in SNFs who are currently receiving IV therapy, forty-six are resident in facilities in the Omaha/Lincoln area, and fifteen of these patients are resident in one particular facility which has the benefit of 24-hour coverage by an RN. The opponents stated that this data also showed that of the 211 patients that were receiving special tube feedings, 111 were resident in facilities in the Lincoln/Omaha area. (Transcript of the Public Hearing, page 72)

The opponents presented Bureau of Health Facility Standards data which showed that of forty-nine skilled nursing facilities currently on waiver of Medicare standards vis-a-vis RN or LPN coverage, sixteen are on waiver for the seven-day coverage by an RN, nineteen are on waiver for not having an RN or LPN available 24 hour a day, and fourteen are on waiver for both reasons. The opponents informed the committee members that this data shows that in sixteen of these facilities, there would be no RN supervision for IV and NG procedures, and that in thirty-three of these facilities, LPN's aren't available around the clock to monitor IV or NG therapy. The opponents stated that of the remaining 187 facilities, waiver status is not known, and that it is also not known what staffing changes or reductions would be necessary if the proposal were to become law. (Transcript of the Public Hearing, pages 72 and 73)

The opponents took issue with applicant comments which claimed that those LPNs that are dissatisfied with their work either leave Nebraska or quit the profession. One opponent testifier responded that most LPNs who are dissatisfied with their duties and responsibilities seek to become RNs rather than leave Nebraska or quit the profession. (Minutes of the Second Meeting of the technical committee, September 5, 1991)

Does the current proposal address the problems with the current practice situation of LPN's identified by the applicant group?

Proponent Comments

The applicants stated that the proposal would address the

problems identified by freeing RNs from routine IV and NG functions to utilize their expertise on more complex matters that require their skills in the area of assessment evaluation, planning, education and administration. The proposal would make it possible for RNs to delegate the less complex aspects of care to LPNs and nursing assistants. (The Applicants' Proposal, page 46) An administrator from Clarkson hospital informed the committee members that expanding the role of LPNs would greatly enhance a new, more efficient model of care whereby two or more nurses, one of whom is always an RN, would cooperate to oversee the totality of the needs of a specified number of patients. Such a system can ensure continuity of care, and dramatically reduce time spent in the scheduling and coordination of care. This testifier stated that the current proposal would facilitate the implementation of such a system throughout the health care system. (Transcript of the Public Hearing, pages 47 and 48)

The applicants stated that access to affordable health care for all Nebraskans will improve as a result of the proposal because more facilities will be able to accept those patients who need IV and NG therapy. The applicants stated that acute care costs will decrease when the transfer of acutely ill patients from hospital settings to skilled nursing facilities is encouraged. The applicants stated that the current situation discourages this process. (The Applicants' Proposal, page 46.)

The applicants stated that more fully utilizing the services of LPNs will give colleges and universities an opportunity to

catch up with the demand for qualified health care providers. The applicants stated that currently educational institutions are not graduating sufficient numbers of RNs to meet current demand for qualified providers. (The Applicants Proposal, page 46.)

The applicants stated that the proposal would also ensure timely delivery of care for patients. They stated that the proposal by allowing LPNs to provide IV and NG care will eliminate the time lost and the needless suffering associated with waiting for an RN to provide such care- giving services as giving IV pain medications, starting an IV or Heparin lock, or administering an NG tube. (Transcript of the Public Hearing of the technical committee, October 15, 1991, page 20)

The applicants felt that the proposal would help hospitals and nursing facilities in small, rural communities to get more out of their human resources, and in the process, expand the range of services that they can provide to acutely ill patients.

Opponent Comments

The opponents stated that applicant assertions that their proposal would result in more timely service for their patients is illusory because the work load of LPNs would increase to match their new responsibilities. (The Minutes of the Second Meeting of the technical committee, September 5, 1991)

One opponent testifier at the public hearing stated that the LPN proposal would be likely to increase the cost of the delivery of nursing services because of the additional education and training for LPNs that would be required by the proposal. The

additional tasks associated with the specialty certifications in question would require an increased educational base, which would need to be acquired in an academic setting, not via inservicing. This testifier stated that it would be necessary to provide LPNs with a significantly broader educational base than is customary for LPNs in order to give them the understanding of the implications and complications of such tasks as venapuncture, management of central venous lines, administration of IV medications, and insertion of a weighted stylet-guided nasogastric tube. This testifier added that the proposal would place a major new responsibility on the state Board of Nursing, and expressed concern as to whether it is reasonable to expect the Board members to perform this additional responsibility. (Transcript of the Public Hearing of the technical committee, October 15, 1991, page 53)

Can LPNs be trained to perform IV and NG therapy safely and effectively without supervision?

Opponent Comments

Opponent testifiers stated that this proposal does not safeguard the patient and does not comply with the Nurse Practice Act. The opponents stated that the proposal would jeopardize the safety of patients because LPNs do not possess sufficient background education to provide IV and NG functions safely and effectively. The opponents stated that LPNs didactic background does not provide adequate preparation in such subjects as anatomy, physiology, pathophysiology, inorganic chemistry,

organic chemistry, microbiology, pharmacology, the behavioral sciences, or in the systemic implications of IV and NG therapies to enable LPNs to provide IV and NG therapies without supervision. The opponents stated that LPN education does not include the full range of the five stages of the nursing process which includes assessment, problem identification, planning, nursing intervention, and evaluation. The opponents added that the LPN curriculum and examination process emphasizes data collection rather than data analysis or evaluation/assessment. (Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 64, and 67-69)

The opponents expressed concern about the scope of the additional duties and responsibilities that the proposal would allow LPNs with special endorsement to perform. One testifier stated that the proposal would allow these LPNs to provide IV therapy without regard to the types of solution involved and without regard for the route by which such solutions are delivered (central venous lines, e.g.). This testifier stated that such functions are usually restricted to RNs with specialized training, while nasogastric therapy that would employ a weighted stylet is limited in some hospitals to physicians. This testifier stated that the proposal does not even address the issue of supervision of those LPNs who would be performing these functions, and that the Nurse Practice Act clearly requires that all LPN functions be performed under the supervision of an RN. This testifier stated that the proposal is in violation of

nursing practice in that it allows LPNs with special endorsements to diagnose and evaluate a patients condition. This testifier added that such functions would be beyond the capability of any LPN, even those that would have the benefit of the special training defined in the proposal. (Transcript of the Public Hearing of the techncial committee, October 15, 1991, page 51)

Another opponent testifier expressed concern that the proposal would allow LPNs with special endorsements to bypass RN supervision entirely if they were providing IV and NG functions at the request of a physician. This testifier stated that such a situation would create potential for harm to the public, and that an LPN involved in carrying out a physician's order would still need to operate within the bounds of RN supervision in order to ensure the well-being of the patient. This testifier stated that RN supervision is always essential in order to ensure that an accurate assessment of a patient's condition has been conducted. (Transcript of the Public Hearing of the techncial committee, October 15, 1991, page 57)

Another opponent testifier informed the committee that in November 1989, the University of Nebraska Medical Center reviewed the issue of enteral feeding tube insertion by nurses. After reviewing the literature and discussing these issues with representatives of enteral tube manufacturers, it was decided that registered nurses may not place those enteral tubes that have small weighted stylets. Their review indicated that there have been numerous documented incidences of perforation of lung

tissue during the insertion of these types of tubes. This testifier stated that a procedure that RNs cannot safely perform should certainly not be performed by LPNs (Transcript of the Public Hearing of the technical committee, October 15, 1991, page 55).

The opponents were also concerned that the proposal did not provide for periodic renewal of the specialty certifications. The opponents stated that periodic renewal of credentialing is the accepted norm within the nursing community. (Minutes of the Second Meeting of the Technical Committee, September 5, 1991) The opponents also stated that the application did not clearly define a program of continuing education for the additional functions that the proposal would give to LPNs. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, page 125) The proponents responded to these concerns by stating that periodic renewal would be expensive and unnecessary. The proponents also stated that there would be a continuing education component pertinent to IV and NG issues. (Minutes of the Second Meeting of the technical committee, September 5, 1991.)

Proponent Comments

The applicants felt that LPNs with special endorsements would be capable of performing IV administration and NG tube management, and that the educational background of LPNs is sufficient to enable them to perform these services safely and effectively. (The Transcript of the Public Hearing of the

technical committee, October 15, 1991, pages 21, 90, 117-118)

A testifier for the Nebraska Medical Association stated that contiguous states such as Missouri have sought to alleviate problems associated with access to IV and NG therapy by increasing the scope of practice of their LPNs, and that he was not aware of any compromise in the quality of nursing care in these states as a result of these changes. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, page 15.)

This testifier stated that advances in medical technology has enabled the delivery of such specialized care as IV and NG feeding to be moved to outpatient settings and skilled nursing facilities, and that current restrictions on LPN practice has prevented these facilities from fully utilizing nursing personnel in providing these services. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, page 16)

This testifier stated that the NMA believes that the core education of LPNs is sufficient to enable them to add IV and NG duties without constituting a hazard to patients, assuming that an additional didactic curriculum pertinent to acquiring the necessary skills is developed and mandated for those LPNs who wish to provide these additional duties. This testifier stated that the NMA would not support a grandfathering provision for these skills, and that all LPNs who seek to provide the services in question must be required to undergo the required training, and pass an examination based on this training. This testifier

added that NMA believes that those LPNs who provide the services in question should do so only under the supervision of a physician, dentist, or registered nurse. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 16 and 17)

Another proponent testifier who identified himself as an administrator and an LPN stated that basic LPN education provides LPN students with a strong background in anatomy and physiology, and pharmacology, and felt that this course work was just as sound as that received by RNs in these particular areas. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 117 and 118)

Another proponent testifier who identified herself as an RN and a director of nursing at a skilled nursing facility stated that the increasing demand for nursing services is going to require that all nurses continue to add to their clinical skills as well as improve their capabilities in the area of assessment. This testifier informed the committee that the LPNs she has known have had great desire and capability to learn, and in her opinion, they can master the IV and NG skills described in the proposal. This testifier stated that LPNs should not be prevented from providing the IV and NG services in question as long as they receive training in these areas, and pass a standardized examination based upon a course pertinent to IV and NG functions. However, this testifier expressed reservations about LPNs independently providing such medications as IV push

medications, morphine, or streptokinase (The Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 94-98)

Another proponent testifier who identified himself as an EMT and an LPN commented on what he perceives as contradictions in state laws vis-a-vis who is allowed to do IVs and NGs. This testifier stated that as an EMT, the state of Nebraska allows him to place intravenous catheters into patients, and to manage endotracheal tubes in airways; but that as an LPN, the state prohibits him from doing any IV or NG work, even in a hospital setting. This testifier felt that these discrepancies in what these two professions are allowed to perform are not indicated by any objective evaluation of the relative educational background of these two professions. This testifier stated that EMTs receive only 150 hours of clinical work and 170 hours of classroom work to become qualified to perform IV and NG functions, while LPNs receive 1000 or more clinical hours and 15 months of didactic training, but are not allowed to provide these services. This testifier felt that there is a need to reconsider these restrictions on LPNs. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 90 and 91)

During the review, concern was expressed about the ability of LPNs with only two-months of training to know how to appropriately and safely use all of the numerous medications associated with IV management. The applicants responded by stating that there are references that can be used for basic

information on all medications used for this purpose, and that it is not necessary or practical to commit such a vast array of information to memory. (Minutes of the Second Meeting of the technical committee, September 5, 1991) Concern was also expressed about the ability of any LPN to assess a patient's condition. The applicants responded that LPNs are already involved in assessment, and that RNs frequently accept the judgement of LPNs regarding the condition of patients. (Minutes of the Second Meeting of the technical committee, September 5, 1991)

During the review the applicants were asked about the type of examination that would be used for the special certification process. The applicants responded by stating that this examination would contain a clinical component, and that there would be a preceptorship similar to the one that exists for LPNs in Missouri. (Minutes of the Second Meeting of the technical committee, September 5, 1991)

During the review concern was expressed by members of the technical committee regarding the ability of LPNs with endorsements to flush central venous lines, reprogram cassettes, or use weighted stylets. Some committee members were concerned that these functions involve more education and training than could be attained in the special certification course, and that these functions require a great deal of ability in the area of evaluation and assessment before a nurse can perform these functions independently. There was agreement among a majority of

committee members that there was significant potential for harm inherent in these three functions. Some committee members suggested that the the proposal be amended so as to make it clear that LPNs with endorsements would not be allowed to perform these procedures. The members of the applicant group on the committee stated that prohibiting LPNs with endorsements from flushing central venous lines and reprogramming cassettes would unnecessarily restrict them from serving the needs of patients. On the issue of stylets, the committee members agreed that LPNs with endorsements should be limited to flexible guided stylets. The use of weighted stylets can result in the puncturing of lungs and arteries. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991.)

Are there alternatives to the proposal that would address the problems identified by the applicant group more cost-effectively?

The following alternatives were discussed by the committee members.

Swing Beds as a possible alternative

A member of the technical committee asked the applicants whether swing beds could be an alternative to the proposal. (Minutes of the Second Meeting of the technical committee, September 5, 1991) The applicants responded by stating that swing beds are not the answer to the problems identified in the proposal. This program was developed as an extension of the federal Medicare program's skilled nursing coverage. The applicants informed the committee that this program's emphasis is

rehabilitative therapy for patients in rural areas or in small hospitals, and that the federal government monitors this program very closely, which makes this a very limited level of care. The applicants stated that their proposal has a much broader scope than the swing bed program. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, page 10)

The proposed Board of Nursing Rules and Regulations as an Alternative

Representatives of the Nebraska League for Nursing, the Nebraska Organization of Nurse Executives, and the Nebraska Board of Nursing endorsed the ideas for improving LPN services contained in the new proposed rules and regulations for LPNs. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 51-53, and 71) Under these proposed rules and regulations, an LPN may perform the following duties and responsibilities vis-a-vis IV therapy as assigned by a licensed practitioner or an RN:

- 003.01A Assisting in initiating IV therapy
- 003.01B Monitoring the rate of flow
- 003.01C Temporarily slowing the rate of flow and reporting observations
- 003.01D Discontinuing short length peripheral IVs
- 003.01E Assisting in the administration of blood transfusions, hypodermoclysis, and hyperalimentation

Under these proposed rules, an RN may delegate the following interventions for IV therapy:

- 003.03A Regulating the rate of flow including the use of regulatory equipment
- 003.03B Administering IV solutions through an established peripheral line, excluding those on pediatric clients, that is unmedicated and those large volume solutions with KCL and/or vitamins which have been commercially prepared or prepared by a pharmacist or a registered nurse
- 003.03C Changing of IV tubing for peripheral lines only

Under this concept A registered nurse would provide supervision for all assigned duties and all delegated functions.

Under this concept LPNs would not be allowed to perform the following functions:

- Venipuncture for purposes of initiating IV therapy
IV medication administration
- Administration of IV solutions via any other route except the peripheral IV route
- Heparin Lock flushes
- Administration of IV fluids to pediatric patients
- Administration of chemotherapy, hyperlimentation, blood or blood products.

(Draft Regulations Defining Appropriate Delegation to Licensed Practical Nurses, Title 172, Chapter 99)

Under these proposed rules and regulations LPNs may perform the following duties and responsibilities pertinent to NG therapy as assigned by a licensed practitioner or registered nurse:

- 004.01A Administering nasogastric tube feedings to all age category clients
- 004.01B Irrigating nasogastric tubes
- 004.01C Removing nasogastric tubes

Under this concept, RNs may delegate to LPNs replacing a nasogastric feeding tube that is not a weighted or stylet guided on all age clients.

Under this concept, LPNs may not perform the following NG functions:

Initial placement of the nasogastric feeding tube
Placement of weighted or stylet guided feeding tubes

Placement of a nasogastric tube for any purpose other than to replace a feeding tube

Under this concept, an RN would provide supervision for all assigned and delegated NG functions of LPNs. (Draft Regulations Defining Appropriate Delegation to Licensed Practical Nurses, Title 172, Chapter 99)

A testifier for the Nebraska Organization of Nurse Executives stated that the BON concept was more consistent with the educational background of LPNs, and would be less costly to the state than the applicants' proposal because it would not require any additional training or education for LPNs. All LPNs are already qualified to provide these additional functions. This testifier stated that these rules and regulations would address the problems raised by the applicants without creating any new potential for harm to the public. (The Transcript of the Public Hearing of the technical committee, October 15, 1991, pages 52 and 53.)

The applicants felt that the proposed BON rules and regulations did not go far enough to meet the demand for increased access to nursing care, especially in remote rural

areas of the state. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

Amend the Applicants' Proposal in Accordance with Missouri's Method of Regulation

A testifier who works with the Board of Nursing stated that the method of regulation of LPNs used in Missouri would be preferable to the concept proposed by the applicant group because the Missouri concept at least follows the nursing process. Under the Missouri concept, the following provisions are made for IV administration:

An RN may delegate selected activities associated with the administration of IV therapy to experienced, qualified, appropriately educated LPNs in keeping with the RNs professional judgment and the standards of the employing agency.

RNs may delegate IV therapy functions to LPNs who have passed an approved course of training in IV-related functions.

The RN does not necessarily have to be on the premises in order for the LPN to perform the delegated functions. The Missouri statute allows other licensed professionals to direct and delegate IV administration to LPNs.

Under this concept, LPNs may initiate IV treatment, but only peripherally and only with devices which do not exceed three inches in length; calculate the rate of IV fluid infusions; add parenteral solutions to existing patent lines

and central venous lines; change IV tubings and dressings; add to existing patent lines designated premixed medications but not to include mixing solutions or adding a medication to an existing solution; administer precalculated packaged closed systems containing diluent and drug; changing cassettes and attaching them to existing lines including central venous lines; flushing central venous lines; maintaining the patency of heparin locks; and maintaining the patency of saline-locked central venous catheters.

Under the Missouri concept, LPNs would be allowed to provide the following NG functions under the supervision of licensed health practitioners:

Insertion of flexible non-weighted nasogastric tubes to be utilized for either gastric suction, gavage, or lavage therapy;

Insertion of weighted-stylet guided tubes used for feeding purposes;

Management of nasogastric tube feedings for pediatric clients.

(See Appendix for Proposed Amendment to the LPN Proposal from LPNAN, October 25, 1991.)

During the review process, the applicant group proposed this concept to the members of the technical committee as an amendment to their application in order to respond to concerns expressed by some members of the technical committee that the original proposal lacked sufficient supervision for the proposed LPN IV and NG functions, and that it allowed LPNs to perform all IV and NG functions

without any restrictions. (Minutes of the Second and Fourth Meetings of the technical committee, September 5, 1991, and November 14, 1991). A more complete discussion on this proposed amendment will be included in the next section of this report.

COMMITTEE CONCLUSIONS AND RECOMMENDATIONS

At their fourth meeting the committee members met to formulate their recommendations on the proposal. At this meeting the applicant group asked the members of the committee to approve a series of amendments to the proposal which would in effect modify the proposal so as to adopt the method of LPN regulation currently in effect in the state of Missouri. This method of regulation is summarized on pages 27 through 29 of this report. The members of the technical committee approved a motion that adopted these amendments and in effect created a new version of the applicant's proposal.

The committee members then discussed these amendments in detail. Some committee members expressed concerns about the following issues and questions raised by the amendments:

Should LPNs be allowed to reprogram cassettes?

Should LPNs be allowed to flush central venous lines?

Should LPNs be allowed to use weighted stylets?

Can LPNs do IVs and NGs without RN supervision?

Does the new proposal allow LPNs to assess, diagnose, and evaluate?

Some committee members were concerned about a statement in the amended version of the proposal which implied that LPN IV administration would involve, "...observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting and assessing, diagnosing, planning, intervening, and evaluation." (See Appendix for Proposed Amendment to the LPN

Proposal from LPNAN, page 10b) Some committee members were concerned that this would allow LPNs to assess, evaluate, and diagnose a patient's condition, skills which are currently prohibited to LPNs by nursing statutes, and which some committee members felt were beyond the education and training of LPNs to perform safely and effectively. One member of the applicant group responded that LPNs can do these things safely and effectively under RN supervision, but that she could understand why there is concern about this statement. Another applicant responded that the statement in question would not allow LPNs to "assess, evaluate, and diagnose" in the same manner as an RN or MD, but was instead a reference to the rendering of judgments within the context of the duties that LPNs would be allowed to perform in carrying out IV administration under the terms of the amended proposal. (Minutes of the Fourth Meeting, November 14, 1991)

Some committee members expressed concern about a statement in the amended version of the proposal which stated that, "It is not the intent of the applicant group to only allow an RN to direct and delegate; the intent is to allow all authorized practitioners as in Nebraska's current statute." (See Appendix for Proposed Amendment to the LPN Proposal from LPNAN, page 10c) Some committee members were concerned that "authorized practitioners" other than an RN might not do patient assessment prior to approving IV therapy. One applicant responded that in a situation wherein the supervising RN is not present, an LPN would

notify the supervising RN by phone regarding any changes in a patient's condition prior to administering an IV. Another applicant responded that each facility would have rules which would mandate assessment prior to the carrying out of IV therapy. However, those committee members who had concerns about this statement responded that facility rules alone would not be effective in enforcing patient assessment on other licensed practitioners as a precondition for IV therapy. The applicants then suggested that the statement in question be removed from the text of their proposal (See page 10c of the Proposed Amendment to the LPN Proposal). The other committee members agreed. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

Concern was expressed about allowing LPNs to reprogram cassettes. One opponent stated that LPNs don't need to do this anyway, since the technology contains a memory dimension, making reprogramming unnecessary. The applicants stated that LPNs should be trained to do this, and suggested that the proposal be further amended so that LPNs would be allowed to reprogram only to an original setting, and require that only an RN can do the reprogramming if new programming is required (See page 10d item "h" of the Proposed Amendment to the LPN Proposal). The other committee members agreed. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

Concern was expressed about LPNs using weighted stylets. One committee member informed the other committee members that

there are flexible stylets that would serve the same purpose, and yet would not constitute a safety hazard. The committee members agreed that there was a need to further amend the new version of the application so that LPNs would be restricted to using "flexible weighted stylet tubes." (See page 10 of item "b" of the Proposed Amendment to the LPN Proposal). The applicants agreed to accept this as an amendment to their application. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991.)

The committee members and the applicant group agreed to change the wording in item "C" page 36a of the Proposed Amendments to the LPN Proposal so that the word "individual" replaces the term "LPN." This was done in order to make it clear that those who are students are not yet LPNs. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

The committee members then approved a motion that made these four proposed amendments part of the new version of the applicants' application.

The committee members then discussed the issue of central venous lines as it pertains to the LPN proposal. The opponents of the proposal asked whether skilled nursing facilities need to perform functions pertinent to central venous lines, and questioned whether LPNs have the knowledge and skills necessary to manage central venous lines. The applicants responded that skilled nursing facilities need to provide these services in order to meet the long-term care needs of some patients. The

opponents on the committee responded by stating that the applicants were overreaching themselves by trying to address all possible patient needs, rather than focusing on those patient needs that are more typical in skilled nursing facilities. The applicants responded by asking why the scope of functions provided by LPNs in such facilities should be limited only to those patient needs that are defined as "typical." One committee member who had concerns about this aspect of the proposal responded that the reason for limiting such functions is the protection of the public. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

The opponents of the proposal and other committee members who had concerns about LPNs being involved in managing central venous lines suggested that this dimension of care be dropped from the proposal. The applicants responded by suggesting that adding more supervision might be a better way to deal with concerns about this aspect of the proposal than would dropping the management of central venous lines entirely. One of those committee members with concerns about this dimension of the proposal stated that the proposal should state that LPNs can provide such functions as managing central venous lines only if a supervising RN does a patient assessment every twenty-four hours. This committee member stated that under this concept, LPNs could use only solutions preapproved by an RN, and that any change in solution would require a new patient assessment by an RN. The opponents responded that these safeguards would not be sufficient

to protect the patient from harm. One committee member with concerns about this dimension of the proposal stated that a lot can "go wrong" between assessments, and added that LPNs do not need to provide such functions anyway. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

The committee members defeated a motion that would have removed the managing of central venous lines from the proposal, and then approved a motion that would amend the proposal so as to allow LPNs to manage central venous lines only if an RN does a patient assessment every twenty-four hours, and on the condition that LPNs do not initiate changes in therapy, and do not make changes in the IV prescription. The applicants accepted this amendment to the revised version of their proposal. (See page 10c item "b" in the Proposed Amendment to the LPN Proposal) (Minutes of the Fourth Meeting of the technical committee, November 14, 1991)

The committee members then made their recommendations on the proposal by voting on the four criteria of the credentialing review statute. Criterion one states: "Unregulated practice clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument." The committee members approved a motion which stated that the amended proposal satisfies this criterion.

Criterion two states: "Regulation of the profession does not impose significant new economic hardship on the public,

significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest." The committee members approved a motion which stated that the amended proposal satisfies this criterion.

Criterion three states: "The public needs, and can reasonably be expected to benefit from, assurance of initial and continuing professional ability by the state." The committee members approved a motion which stated that the amended version of the proposal satisfies this criterion.

Criterion four states: "The public cannot be effectively protected by other means in a more cost-effective manner." The committee members approved a motion which stated that the amended version of the proposal satisfies this criterion. One committee member who voted in favor of this motion expressed frustration that differences of opinion within the nursing profession over LPN scope of practice could not have been resolved without undergoing a 407 review. One of the committee members who opposed the proposal on this criterion expressed concerns about public safety, and stated that the BON concept would address the problems identified more safely and effectively. Another committee member stated that the amended version of the proposal would satisfy the needs identified in the proposal more effectively than the BON concept, which this committee member felt was too limited in scope to address the patient needs discussed during the review. One of the opponents stated that

the nursing rules and regulations could be further revised to address LPN concerns vis-a-vis "patency of the lines, " and that this approach would be much safer for the public than the applicants' proposal. Another committee member who supported the proposal stated that the problem with the BON concept is that it does not allow LPNs to start IVs, even under supervision.

By these four votes, the committee members had decided to recommend approval of the applicants' proposal as amended.

(Minutes of the Fourth Meeting of the technical committee,
November 14, 1991.)

OVERVIEW OF COMMITTEE PROCEEDINGS

The LPN technical committee members first convened on August 22, 1991 in Lincoln at the Nebraska State Office Building for their first meeting. Staff described the role, duties, and responsibilities of the committee under the credentialing review process. Other areas touched upon were the charge to the committee, the four criteria for credentialing contained within section 21 of the credentialing review statute, and potential problems that the committee might confront while proceeding through the review.

The second meeting of the committee was held on September 5, 1991 in Lincoln in the State Office Building. After study of the proposal and relevant material compiled by the staff and submitted by interested parties between the meetings, the committee members formulated a set of questions and issues it felt needed to be addressed at the public hearing. Contained within these questions and issues were specific requests for information that the committee members felt were needed before any decisions were made.

The committee members convened on October 15, 1991 in Lincoln at the Nebraska State Office Building for the public hearing. The applicants and other testifiers were given the opportunity to express their views on the proposal, and the questions raised by the committee at their second meeting. Interested parties were given ten days to submit final comments

to the committee.

The committee members met for their fourth meeting on November 14, 1991 in Lincoln in the State Office Building to formulate their recommendations on the proposal. At this meeting, the committee members, at the request of the applicant group, modified the proposal by adopting an amendment summarized on pages 27 through 29 of this report. (For the full text, see Proposed Amendments to the LPN Proposal from LPNAN, October 25, 1991 in the Appendix of this report). Steve Petruconis moved that the committee members adopt this amendment. Mary Lou Holmberg seconded the motion. Voting aye were Allgeier, Fletcher, Holmberg, McWilliams, Petruconis, Rezek, and McQuillan. There were no nay votes or abstentions.

The committee members discussed the issues of supervision of LPNs by health practitioners other than RNs, weighted stylets, reprogramming cassettes, and the status of LPN students. Janet Fletcher moved that the committee members request that the applicant group make additional amendments in their proposal in accordance with the following:

- 1) Strike the parenthetical statement at the end of page 10c of the Proposed Amendment by LPNAN
- 2) Amend 10d item "H" of this document so that LPNs would be allowed to reprogram cassettes only to an original setting, and require that only an RN can reprogram when new programming is necessary
- 3) Amend 10f item "B" of this document so that LPNs

would be limited to the use of "flexible weighted stylet guided tubes."

- 4) Amend 36a item "C" of this document so that the word "individual" is substituted for the expression "LPN."

Steve Petruconis seconded the motion. Voting aye were Allgeier, Fletcher, Holmberg, McWilliams, Petruconis, and Rezek. Patricia McQuillan abstained from voting. There were no nay votes. The motion passed.

The committee members then discussed whether LPNs should be allowed to manage central venous lines. Steve Petruconis moved that item "B" on page 10d of the Proposed Amendment by LPNAN which would allow LPNs to perform functions with central venous lines be removed from the proposal. Patricia Allgeier seconded the motion. Voting aye were Allgeier, Holmberg, and Petruconis. Voting nay were Fletcher, McWilliams, Rezek, and McQuillan. There were no abstentions. The motion was defeated.

Betty Rezek then moved that item "B" page 10c be amended so that LPNs would be allowed to manage central venous lines only if an RN does a patient assessment every twenty-four hours, and any problems or changes in a patient's condition must be immediately reported to an RN or an MD. Janet Fletcher proposed a friendly amendment that would prohibit LPNs from initiating changes in therapy, or make changes in the IV prescription during their management of central venous lines. The applicants accepted this friendly amendment. Marilyn McWilliams seconded the

motion. Voting aye were Fletcher, McWilliams, Rezek, and McQuillan. Voting nay were Allgeier, Holmberg, and Petruconis. There were no abstentions. The motion passed.

The committee members then took up the four criteria of the credentialing review statute in order to formulate their recommendations on the proposal as amended. Steve Pertuconis moved that, "Unregulated practice can clearly harm or endanger the health, safety, or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument." Janet Fletcher seconded the motion. Voting aye were Fletcher, McWilliams, Rezek, and Petruconis. Voting nay were Allgeier, and Holmberg. Patricia McQuillan abstained from voting. The motion passed.

Janet Fletcher moved that, "Regulation of the profession does not impose significant new economic hardship on the public, significantly diminish the supply of qualified practitioners, or otherwise create barriers to service that are not consistent with the public welfare and interest." Betty Rezek seconded the motion. Voting aye were Fletcher, McWilliams, Rezek, and McQuillan. Voting nay were Allgeier, Holmberg, and Petruconis. There were no abstentions.

Marilyn McWilliams moved that, "The public needs, and can reasonably be expected to benefit from, assurance of initial and continuing professional ability by the state." Betty Rezek seconded the motion. Voting aye were Allgeier, Fletcher, Holmberg, McWilliams, Petruconis, and Rezek. Patricia McQuillan

abstained from voting.

Betty Rezek moved that, "The public cannot be effectively protected by other means in a more cost-effective manner."

Marilyn McWilliams seconded the motion. Voting aye were Fletcher, McWilliams, Petruconis, Rezek, and McQuillan. Voting nay were Allgeier and Holmberg. There were no abstentions.

By these votes the committee members had decided to recommend approval of the proposal as amended. (Minutes of the Fourth Meeting of the technical committee, November 14, 1991.)

LPNAN

LICENSED PRACTICAL NURSE ASSOCIATION OF NEBRASKA, Inc.

3100 O Street, Suite 7, Lincoln, Nebraska 68510 • (402) 435-3551

October 25, 1991

David A. Montgomery, Program Administrator
 Division of Health Policy & Planning
 301 Centennial Mall South
 Lincoln, NE 68509-5007

Dear Mr. Montgomery:

RE: Credentialling Review of LPN Proposal

The purpose of this letter is to formally request the Licensed Practical Nurse Technical Committee to accept the following amendment presented by the applicant groups, the Licensed Practical Nurse Association of Nebraska, Inc. (LPNAN), the Nebraska Health Care Association (NHCA), and the Nebraska Hospital Association (NHA). The purpose of this amendment is to narrow the scope of the proposal. In order to facilitate its substitution, the proposed amendments have been set forth on colored paper. Every question that includes amended language has been rewritten on the new colored pages. These pages are correspondingly numbered with a small letter (a, b, c, etc.) following the original question's page number. Please insert them in your application proposal in that manner. The rewritten questions containing amended language are as follows:

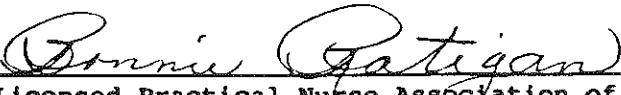
Question # 3 on Page 10
 Question # 6 on Page 19
 Question # 8 on Page 21
 Question # 28 on Page 36

Question # 37 on Page 39
 Question # 38 on Page 39
 Question # 48 on Page 42
 Question # 68 on Page 52

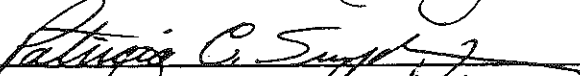
The applicant group looks forward to working with the LPN Technical Committee to seek their approval of the proposed application to more fully utilize the potential of licensed practical nurses in the state by authorizing them to earn a speciality certification in intravenous and nasogastric therapy.

Again, the applicant groups respectfully request that the Licensed Practical Nurse Technical Committee accept the enclosed amendment.

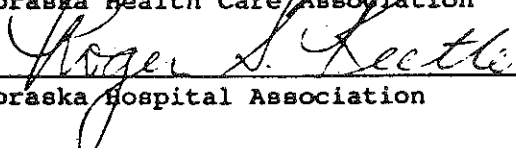
Very truly yours,



 Licensed Practical Nurse Association of Nebraska



 Nebraska Health Care Association



 Nebraska Hospital Association

3. Briefly summarize your proposal for credentialing a health occupation.

The Board of Nursing has made several attempts to write rules and regulations (beginning in 1985) to include special training in intravenous and nasogastric therapy for the LPN. Their efforts have to date been completely unsuccessful mostly due to interpretation of the statute related to nursing. Revision of the statute will allow LPNs to earn a specialty certification in IV and NG therapy.

The current statute defining the practice of nursing by a licensed practical nurse is found in 71-1.132.05 (5) as follows:

- (5) The practice of nursing by a licensed practical nurse shall mean the assumption of responsibilities and the performing acts, within the educational background of the practical nurse, under the direction of a licensed physician, dentist, osteopathic physician, podiatrist, or registered nurse.

Such acts include:

- (a) Application of nursing techniques and procedures in the observation, teaching, and caring for the ill, injured, and;
- (b) Promoting community health;

Continuing education, training and experience has not been recognized as a means for natural evolution of the practice of the practical nurse in Nebraska. Survival of any occupation in health care must be able to evolve and adapt their practice as scientific discoveries are implemented. Current Nebraska Statutes should be revised.

The option to accomplish the revisions is as follows:

Unlike other states where the Board of Nursing has been given broad advisory authority to delineate specialized nursing care functions to a licensed practical nurse who has additional training and experience (North Dakota, South Dakota, Colorado and Missouri as cited in our original application), the applicant group requests the consideration of a limited and specific delineation of specialized nursing functions which may be performed by certified licensed practical nurses, based on additional training, education and experience. The applicant group suggest that the provision of the regulations of the Board of Nursing of the State of Missouri for IV fluid therapy become the parameters of the law in Nebraska for the IV aspect of the specialty certification. This approach has the advantage of eight years successful experience in the State of Missouri, a specific and established curriculum and training programs to facilitate the implementation of the program in Nebraska. The nasogastric therapy aspect of the specialty certification would be added to the Missouri plan. The Missouri proposal is as follows:

Intravenous Fluid Treatment Administration

(1) Definitions.

- (A) Administration of intravenous (I.V.) fluid treatment is the therapeutic infusion and/or injection of substances through the venous system.
- (B) Administration is the comprehensive activity which includes, but is not limited to : observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting and assessing, diagnosing, planning, intervening and evaluation.

(C) Intravenous fluid treatment administration is a responsibility of the registered professional nurse (RN), as ordered by an individual licensed in Missouri to prescribe medications and treatment. The RN may delegate selected activities associated with the administration of I.V. therapy. The RN may delegate certain of these activities to experienced, qualified, appropriately educated LPNs in keeping with the RN's professional judgment and standards that are established within the agency providing the I.V. therapy service.

(D) Under the direction of an RN means that RNs may delegate I.V. therapy functions to LPNs who have passed an approved course. The RN does not necessarily have to be on the premises in order for the LPN to perform the delegated functions.

(The statute in Missouri allows other licensed professionals to direct and delegate).

(2) LPNs who have satisfactorily completed a course of instruction approved by the Missouri State Board of Nursing may perform the following functions and duties relating to the administration of I.V. fluid treatment under the direction of a RN.

(A) Calculating the rate of I.V. fluid infusions;

(B) Adding parenteral solutions, to include fat emulsifiers, to existing patent I.V. lines and central venous lines. Regarding central venous line therapy: LPNs may manage the therapy providing an RN does a patient assessment every twenty-four (24)

hours, problems and changes are reported immediately to an RN or Physician, and LPNs are prohibited from initiating changes in therapy or make changes in the IV prescription;

(C) Changing I.V. tubings and dressings;

(D) Initiating I.V. fluid treatment only peripherally and only with devices which do not exceed three inches (3") in length;

(E) Adding, to existing patent I.V. lines, designated premixed medications, with the exception of antineoplastic agents via I.V. continuous or intermittent methods, but not to include mixing solutions or adding a medication to an existing solution;

(F) Maintaining the patency of heparin locks and devices such as the Hickman-Boviack catheter and the multi-lumen central venous catheter with heparin or saline;

(G) Maintaining the patency of saline-locked central venous catheters;

(H) In the process of administering premixed patient controlled infusion pump pain control medications, changing cassettes and attaching them to existing lines (provided reprogramming is not required), including central venous lines; flushing patient controlled infusion pump tubing; and connecting the tubing to a venous inserted catheter; and

(I) Administering precalculated packaged closed systems containing diluent and drug.

The following functions and duties relating to the administration of IV fluid treatment are also included in Missouri's regulations, but are not being proposed by the applicant group at this time. They are listed here for the Committee's consideration:

(J) Injecting heparin into a dialysis shunt, provided the I.V. approved LPN possesses additional dialysis certification.

(M) With additional education and experience, an IV approved LPN may-

1. Participate in I.V. therapy with neonates;
2. Perform the functions of setting up and changing hemodynamic I.V. lines;
3. Inject heparin into a dialysis shunt, provided the LPN possesses additional dialysis certification;
4. Hang I.V. fluids and tubings and obtaining blood samples from a multi-lumen catheter device; and
5. Hang I.V. fluids, administering I.V. piggyback medications and obtaining blood samples from implanted porta-cath devices which have already been accessed.

(3) Licensed practical nurses may not perform the following functions or duties related to the administration of I.V. fluid treatments:

- (A) Initiating or adding antineoplastic agents;
- (B) Initiating or adding blood/blood components;
- (C) Accessing implanted venacath devices;
- (D) Obtaining pulmonary capillary wedge pressure or pulmonary artery readings;

- (E) Injecting fluids to perform cardiac output monitoring;
- (F) Programming or setting any function of a patient controlled infusion pump;
- (G) Drawing blood from an arterial line or pulmonary artery catheter;
- (H) Changing fluids and tubing on an arterial line or pulmonary artery catheter; and
- (I) Administering drugs I.V. push (life threatening circumstances may necessitate the administration of I.V. push medications by experienced/qualified LPNs under the direction of a RN or physician).

Nasogastric Tube Insertion and Therapy

The applicant groups States' Board of Nursing Survey data results collected in October 1991 show that 24 of 26 state surveys returned allow NG tube insertion either in the basic PN training or through post graduate employer training. In addition, 15 of the 24 states which allow NG insertion also allow LPNs to insert stylet guided/weighted NG tubes. Based on this information, the applicant groups suggest the following NG therapy skills become the parameters of the law in Nebraska:

- A. Insertion of flexible non-weighted nasogastric tubes to be utilized for either gastric suction, gavage, or lavage therapy.
- B. Insertion of flexible weighted-stylet guided tubes used for feeding purposes.
- C. Management of nasogastric tube feedings for pediatric clients.

6. Describe the regulatory process that would administer this proposal, focusing on the following functional areas:

a. Boards of Examiners -

The Board of Nursing with the approval of the Board of Health would write additional regulations related to the specialty certification as necessary to implement statute. The Board of Nursing would also maintain a system to identify IV and NG certified LPNs.

b. Examinations -

Written examinations and practical examinations are part of the approved course.

c. Renewal, revocation, suspension, etc. of credentials.

Department of Health would have the authority for revocation or suspension of a LPN's specialty certification.

It is our recommendation that renewal would be unnecessary due to the thorough renewal process already in place for LPNs biannual license renewal. This procedure is again similar to Colorado and Missouri's procedure.

d. Conduct of inspections.

Not Applicable.

e. Receipt of complaints and disciplinary action taken against practitioners.

The Department of Health and Board of Nursing shall receive and act on complaints and disciplinary action taken against LPNs with specialty certification.

f. Levy and collection of necessary fees.

The Department of Health shall set an initial certification fee at an amount necessary to cover the costs incurred in administering this proposal.

8. Describe in detail the functions typically performed by practitioners of this specialty certification and identify any statutory limitations that have been placed on these functions.

A practitioner with this specialty certification would perform all of the functions that their current LPN license allows but in addition to those responsibilities, they would be trained to accept IV and NG therapy tasks.

IV therapy would include:

- (A) Calculating the rate of I.V. fluid infusions;
- (B) Adding parenteral solutions, to include fat emulsifiers, to existing patent I.V. lines and central venous lines. Regarding central venous line therapy: LPNs may manage the therapy providing an RN does a patient assessment every twenty-four (24) hours, problems and changes are reported immediately to an RN or Physician, and LPNs are prohibited from initiating changes in therapy or make changes in the IV prescription;
- (C) Changing I.V. tubings and dressings;
- (D) Initiating I.V. fluid treatment only peripherally and only with devices which do not exceed three inches (3") in length;
- (E) Adding, to existing patent I.V. lines, designated premixed medications, with the exception of antineoplastic agents via I.V. continuous or intermittent methods, but not to include mixing solutions or adding a medication to an existing solution;
- (F) Maintaining the patency of heparin locks and devices such as the Hickman-Boviack catheter and the multi-lumen central venous catheter with heparin or saline;
- (G) Maintaining the patency of saline-locked central venous catheters;

(H) In the process of administering premixed patient controlled infusion pump pain control medications, changing cassettes and attaching them to existing lines (provided reprogramming is not required), including central venous lines; flushing patient controlled infusion pump tubing; and connecting the tubing to a venous inserted catheter; and

(I) Administering precalculated packaged closed systems containing diluent and drug.

The following functions and duties relating to the administration of IV fluid treatment are also included in Missouri's regulations, but are not being proposed by the applicant group at this time. They are listed here for the Committee's consideration:

(J) Injecting heparin into a dialysis shunt, provided the I.V. approved LPN possesses additional dialysis certification.

(M) With additional education and experience, an IV approved LPN may-

1. Participate in I.V. therapy with neonates;
2. Perform the functions of setting up and changing hemodynamic I.V. lines;
3. Inject heparin into a dialysis shunt, provided the LPN possesses additional dialysis certification;
4. Hang I.V. fluids and tubings and obtaining blood samples from a multi-lumen catheter device; and

5. Hang I.V. fluids, administering I.V. piggyback medications and obtaining blood samples from implanted porta-cath devices which have already been accessed.

(3) Licensed practical nurses may not perform the following functions or duties related to the administration of I.V. fluid treatments:

- (A) Initiating or adding antineoplastic agents;
- (B) Initiating or adding blood/blood components;
- (C) Accessing implanted venacath devices;
- (D) Obtaining pulmonary capillary wedge pressure or pulmonary artery readings;
- (E) Injecting fluids to perform cardiac output monitoring;
- (F) Programming or setting any function of a patient controlled infusion pump;
- (G) Drawing blood from an arterial line or pulmonary artery catheter;
- (H) Changing fluids and tubing on an arterial line or pulmonary artery catheter; and
- (I) Administering drugs I.V. push (life threatening circumstances may necessitate the administration of I.V. push medications by experienced/qualified LPNs under the direction of a RN or physician).

NG therapy skills would include:

- A. Insertion of flexible non-weighted nasogastric tubes to be utilized for either gastric suction, gavage, or lavage therapy.
- B. Insertion of flexible weighted-stylet guided tubes used for feeding purposes.
- C. Management of nasogastric tube feedings for pediatric clients.

Other Statutory limitations placed on the licensed practical nurse in Nebraska are:

1. The ability to assume responsibilities and perform acts which are "within the educational background of the practical nurse"; and
2. Accepting responsibility and performing of acts must be done "under the direction of licensed physician, dentist, osteopathic physician, podiatrist, or registered nurse."

28. Describe the nature and duration of training and education required for credentialing under the terms of this proposal, including a description of any supervised field work included in the requirements.

The Board of Nursing would develop the exact nature and duration of training and education. NAPNES Intravenous therapy course guidelines (Exhibit G) would be recommended. We would also suggest that Missouri's Standards for Curriculum be used as a basis for Nebraska's course for Specialty Certification for IV and NG therapy. Missouri's Standards for IV Administration Fluid Treatment Curriculum are as follows:

Standards for Curriculum

- (A) The purpose of the IV fluid treatment program shall be to prepare LPNs to perform limited IV fluid treatment. The program shall be designed to teach knowledge, skills and competencies in administration of IV therapy which will qualify LPNs to perform this procedure safely.
- (B) The course shall consist of at least forty (40) classroom hours of instruction and a minimum of eight (8) hours of clinical practice under the supervision of a RN designated by the sponsoring agency, including a final written and practical examination.
- (C) Course Prerequisites. The individual shall meet the following prerequisites prior to enrolling in the course:
 - 1. Licensure requirements. The prospective IV therapy course participant must -
 - A. Hold current licensure as an LPN in Missouri;
 - B. Hold a temporary permit to practice as an LPN in Missouri;

C. Be an employee of a federal facility located in Missouri who possesses a current license as a LPN in another state and is enrolling in a course located in a federal facility located in Missouri; or

D. Be a graduate practical nurse who is awaiting results of the first licensing examination scheduled by the board following graduation;

2. Have taken a pretest in pharmacology, anatomy, physiology and asepsis to be used as a diagnostic tool to determine level of knowledge; and

3. The graduate practical nurse or the applicant for Missouri licensure as an LPN who holds a temporary permit to practice as an LPN in Missouri who successfully completed a board approved IV therapy course may not be designated by the board as IV approved until licensed as an LPN in Missouri.

D. Faculty Qualifications

1. Each faculty member shall be currently licensed to practice as a registered professional nurse in Missouri.

2. Each faculty member shall have a minimum of three (3) years clinical experience immediately prior to his/her appointment.

3. Non-nurse lecturers shall have professional preparation and qualifications for the specific subject area in which they are involved.

(E) Training Facility.

1. All classrooms shall contain sufficient space, equipment and teaching aids to meet the course objectives.
2. The facility in which clinical practice and the final practicum will be conducted shall allow students and instructors access to the IV therapy equipment and access to IV therapy recipients and to the pertinent records for purpose of documentation.
3. There shall be a signed written agreement between the sponsoring agency and a cooperating health care facility which specifies the roles, responsibilities and liabilities of each party. This written agreement will not be required if the only health care facility to be used is also the sponsoring agency.

(F) Testing.

1. The student shall achieve a passing grade on a final exam which shall consist of written and clinical components.
2. The clinical exam shall include evaluation of the achievement of the clinical objectives of the course.
3. The instructor shall complete the final records and the record sheet shall include competencies and scores.

(G) Records.

1. The agency conducting the IV therapy course shall maintain the records of the individuals for a period of at least five (5) years and, within sixty (60) days, shall submit to the

Missouri State Board of Nursing the names, addresses, dates of completion and license numbers of all individuals who have successfully completed the program.

2. A copy of the final record shall be provided to the LPN.
3. The agency conducting the IV therapy course shall award a certificate documenting successful completion of the approved program by the Missouri State Board of Nursing to the LPN, upon successful completion of the course.

Supervised clinical field work would be an important requirement to assure competence.

37. Describe any examination required for credentialing. Is there nationally standardized examination? If not, who will develop an examination? Are there provisions for waiver of the examination?

Credentialing will require successful completion of a Board of Nursing approved program based on Missouri standards of curriculum which includes competency testing both written and practical. A national examination is not currently available but one is expected to be completed by 1994 by the Intravenous Nurses Society.

Examinations would be developed by the training institutions and approved by the Board of Nursing as part of the approved curriculum. The question of waiver to be at the discretion of the Board of Nursing.

38. Does the proposal require continuing education for renewal of the credential? If so, describe opportunities for continuing education for practitioners. Are these programs easily accessible to practitioners that are residents of Nebraska?

Separate certification renewal is unnecessary as certification renewal would be automatic as part of LPN licensure renewal based on current statute and rules and regulations.

Since Nebraska LPNs are currently required to obtain continuing education related to the individual nurse's practice for renewal of the LPN license, it would NOT be necessary to add additional continuing education requirements specific to IV and NG therapy.

The specific reference in the State of Nebraska Department of Health Rules and Regulations Relating to Nursing License Renewal and Reinstatement, 172 NAC 12 is as follows:

002.04 Continuing Education. For purposes of these Rules the Board of Nursing accepts:

002.04A All workshops, programs and other activities offered by a provider, which are planned and conducted for the development and improvement of nursing personnel; which relate to the individual nurse's practice and which meet the following standards:

002.04A1 It is planned in advance.

002.04A2 A record describing the content is maintained.

002.04A3 A record of nurses attending is kept.

48. Has this proposed mode of regulation been adopted in other jurisdictions? If so, have these changes provided benefits to the public in these jurisdictions that were absent prior to the adoption of this mode of regulation? Yes.

Linda Flemming from Colorado Board of Nursing states the benefit seen is that services have been expanded to reach more of the public.

Gloria Damgaard from South Dakota Board of Nursing states the public benefit has been increased access to skilled care Nursing Facilities and hospitals.

Patricia Alft, Chairman of the Missouri State Board of Nursing said "The IV therapy course for LPNs in Missouri has been and is a good thing for LPNs, for employers, for co-workers, and most especially for patients".

68. What impact will the implementation of this proposal have on those institutions responsible for the administration of the proposal (e.g., the Bureau of Examining Boards of the Department of Health)?

The Bureau of Examining Boards, specifically the Board of Nursing will need to write regulations, approve courses and maintain a system to identify the LPNs with Specialty Certification.