Final Report of

Findings and Recommendations

By the

Nebraska State Board of Health

on the

Application on LPNs

to the

Director of Health

and the

Nebraska Legislature

January 27, 1992

Recommendations of the Full Board of Health on the Proposal

The Board members focused their discussion on the following issues: Should LPNs be allowed to insert and reinsert NGs? Should LPNs administer complex drugs by IV? Which licensed health care providers should be allowed to supervise IV and NG functions provided by LPNs?

Chairperson Dr. Arthur Weaver asked whether there is a need to differentiate between the skill required to insert an NG tube and the skill required to reinsert an NG tube. Barbara Christensen, RN, representing nursing on the Board, responded by stating that there is no need to differentiate between the skill levels required to perform these two respective procedures. Ms. Christensen stated that LPNs with special endorsements would be able to perform both of these procedures safely and effectively.

The Board members then discussed the issue of which practitioners should be allowed to supervise LPNs with special endorsements. It was moved and seconded that any independent licensed health care practitioner who has IV therapy and NG therapy as part of their scope of practice should be allowed to supervise LPNs who perform IV and NG procedures. Voting aye were Allington, Bennett, Christensen, Fitzgerald, Foote, Gilmore, Maltas, McQuillan, Polzien, Tempero, Timperley, Wahl, and Wempe. Dr. Weaver abstained from voting. There were no nay votes. The motion passed.

Chairperson Weaver then asked for a motion on the action taken by the 407 Subcommittee members on the four criteria that were applied to the LPN proposal at their January 13, 1992

meeting. It was moved and seconded that the Board members approve the action taken by the 407 subcommittee on these criteria. Voting aye were Allington, Christensen, Bennett, Fitzgerald, Foote, Gilmore, Maltas, McQuillan, Polzien, Tempero, Timperley, Wahl, and Wempe. There were no nay votes. Dr. Weaver abstained from voting. The motion passed.

The Board members then discussed the issue of complex drugs as it pertains to IV administration. Dr. Weaver advised the Board members not to attempt to devise a laundry list drugs that LPNs either should or should not administer. Dr. Weaver stated that the best approach to the issue of complex cardiotonics and narcotics is to allow the Board of Nursing in consultation with the Board of Medicine and surgery to determine which drugs should be excluded from administration by LPNs.

Janel Foote stated that any drug that has an impact on the heart should be excluded, and added that she would like the Board to approve the broader, national definitions of sympathomimetic agents, cardiovascular drugs, and narcotic analgesics included by the American Hospital Formulary Service as drugs not recommended for IV infusion. Ms. Foote provided the Board members with a document that listed and described these drugs. It was moved and seconded that the Board of Health members adopt the recommendations regarding drugs contained in this document, and include this document in the report as a appendix. The Board members approved the motion unanimously by voice vote.

Recommendations of the 407 Subcommittee on the Proposal

The members of the 407 Subcommittee of the Board of Health met on January 13, 1992 at 9:00 a.m. in Conference Room Lower Level F of the State Office Building to formulate their advice to the full Board of Health on the LPN proposal.

The Subcommittee members focused their attention on issues pertinent to the educational background of LPNs, supervision and delegation of IV and NG therapies, and safety concerns pertinent to IV and NG procedures.

The Subcommittee members received testimony from both opponents and proponents of the proposal on matters pertinent to the education of LPNs. Roger Keetle, a spokesperson for the applicant group, told the subcommittee that there is a need to better utilize the services of LPNs in our health care system, and that the current proposal to statutorily create the opportunity for LPNs to receive special certifications in IV and NG therapy was submitted in order to facilitate this objective. Mr. Keetle stated that restrictive interpretations of statutes pertinent to LPN education by the Attorney General has made it impossible to establish special certification programs for LPNs in Nebraska within the current statutory framework. Mr. Keetle also stated that the rules and regulation changes proposed by the Board of Nursing do not go far enough.

Patricia Allgeier, an RN and member of the LPN technical committee, spoke for the opponents of the proposal. Ms. Allgeier acknowledged that there is a need for an expanded scope of practice for LPNs, but stated that the current LPN proposal would

give LPNs a scope that is beyond their basic educational background. Ms. Allgeier was concerned that the LPNs would not be able to deal with complications that might result from the administering of IVs and NGs. Ms. Allgeier stated that the new rules and regulations proposed by the Board of Nursing would serve to expand LPN scope of practice in a manner that is more consistent with the protection of the public. Ms. Allgeier then suggested that the current LPN proposal would be a better one if it were amended in such a way as to remove provisions on central venous lines, weighted stylet guided tubes, "complex drugs," and prohibit LPNs from doing the initial insertion of NG tubes.

Subcommittee chairperson Carl Maltas then asked Ms. Allgeier why the opponents are concerned about the proposal being a source of harm to the public given that overall responsibility for patient care would continue to be with the supervising RN. Ms. Allgeier responded by stating that in many rural facilities, RNs are frequently not on the premises, and that LPNs would be exercising judgments independently regarding IV and NG administration in situations where the RN could not be reached. Ms. Allgeier added that the 40 hours of didactic training called for in the proposal would not be sufficient to prepare LPNs to adequately assess a patient's condition or to exercise independent judgment regarding IV or NG therapies.

Carol McShane, an RN and spokesperson for the Nebraska Commission on the Status of Women, responded to the comments of Roger Keetle pertinent to the rulings of the Attorney General on LPNs. Ms. McShane stated that the reason that the AG's office

interpreted LPN education in a restrictive way is due to the fact that LPNs have not been considered professionals, and that because of this, the AG's office has not regarded LPNs being eligible for advanced specialty certifications such as are being proposed by the applicant group.

Subcommittee member Janel Foote stated that the evidence she has seen indicates that LPN formal education is very limited, and that the proposal would allow LPNs to do things that are beyond their educational background. Roger Keetle responded by stating that it must be realized that an LPN's education includes a lot more than the formal schooling that they receive. Mr. Keetle stated that, like everyone else, LPNs learn from the wide variety of experiences that they confront every day at their jobs, and that the learning process for LPNs is an ongoing process that occurs in a wide variety of contexts.

Bruce Gilmore asked Mr. Keetle whether enabling legislation would be needed in order for LPNs to acquire additional training that goes beyond the education that they already have. Mr. Keetle responded by stating that enabling legislation is necessary.

Regarding supervision and delegation, Dr. Wahl asked Mr. Keetle how delegation would occur under the terms of the proposal. Mr. Keetle stated that RNs need to be involved in the delegation process somehow, but that the details on the delegation process for this proposal had not yet been worked out. Patricia McQuillan, chairperson of the LPN technical committee, stated that the members of the technical committee were concerned

that supervision of LPNs who would provide IV and NG functions by RNs be maintained under the terms of the proposal, but that the committee members also wanted to ensure that physicians not be excluded from the delegation process.

Carl Maltas asked Roger Keetle how the training of LPNs to perform the functions defined in the proposal would be administered. Mr. Keetle responded by stating that the Board of Nursing would approve training programs, and that RNs would teach the courses.

Concern was expressed by Dr. Wahl regarding those provisions of the proposal pertaining to weighted stylets. Dr. Wahl stated that the use of weighted stylets involves significant risk of harm to patients, and that thought should be given to excluding their use from the terms of the proposal. Carl Maltas stated that some facilities do not allow the use of stylets, and that there are NG procedures that do not require the use of a stylet.

Bonnie Ratigen, an RN and a member of the applicant group, responded to these concerns by stating that recent improvements in stylet technology has minimized the risk associated with their use. Ms. Ratigen stated that the new flexible weighted stylet is a device that LPNs can use safely and effectively. Ms. Ratigen added that the provisions on the use of stylets in the proposal are important because there is a need for insertion of stylet guided tubes by LPNs in long-term care facilities.

The Subcommittee members then decided that they were ready to formulate their recommendations on the proposal. In order to

facilitate the process of formulating recommendations, Bruce Gilmore moved that the subcommittee members evaluate the proposal in terms of whether or not it is desirable to create a process by which LPNs can acquire specialty certification in the areas of IV and NG therapy as the four criteria are considered, and examine specific details of the proposal after the voting on the four criteria has been completed. Dr. Wahl seconded the motion. The purpose of this motion is to focus the subcommittee's attention on the general concept of the proposal as they vote on the four criteria. Voting aye were Fitzgerald, Foote, Gilmore, Polzien, and Wahl. Carl Maltas abstained from voting. There were no nay votes.

Dr. Wahl then moved that the proposal satisfies the first criterion. This criterion as applied to this particular proposal asks the subcommittee members to determine whether the current limitations on LPN scope of practice regarding IVs and NGs are harmful to the public health and welfare. Bruce Gilmore seconded the motion. Voting aye were Fitzgerald, Polzien, Gilmore, and Wahl. Voting nay was Foote. Carl Maltas abstained from voting. The motion passed.

Dr. Fitzgerald moved that the proposal satisfies the second criterion. This criterion as applied to this particular proposal asks the Subcommittee members to determine whether the proposal would create significant new harm to the public. Dr. Wahl seconded the motion. Voting aye were Fitzgerald, Polzien, Gilmore, and Wahl. Voting nay was Foote. Carl Maltas abstained from voting. The motion passed.

Dr. Wahl moved that the proposal satisfies the third criterion. This criterion as applied to this particular proposal asks the Subcommittee members to determine whether there is a need for the state to provide additional assurance that the practitioners in question have met certain minimum standards of competence. Dr. Fitzgerald seconded the motion. Voting aye were Polzien, Gilmore, Wahl, and Fitzgerald. Voting nay was Foote. Carl Maltas abstained from voting. The motion passed.

Bruce Gilmore moved that the proposal satisfies the fourth criterion. This criterion as applied to this particular proposal asks the Subcommittee members to determine whether there are other more cost-effective alternatives to the idea of creating a specialty certification for LPNs in the area of IVs and NGs. Dr. Fitzgerald seconded the motion. Voting aye were Polzien, Wahl, Gilmore, and Fitzgerald. Voting nay was Foote. Carl Maltas abstained from voting. The motion passed.

The Subcommittee members then discussed whether or not there were any additional recommendations they wanted to make. Janel Foote stated that there were two additional items of concern that the subcommittee should deal with, namely, peripheral IVs and complex drugs.

Janel Foote moved that the initiation of peripheral IVs be excluded from the scope of LPNs. Bruce Gilmore seconded the motion. Ms. Foote stated that there is potential for harm to the public from LPNs initiating peripheral IVs due to the fact that such IVs frequently contain prepackaged combinations of drugs, some of which are narcotics. Ms. Foote stated that LPNs do not

have the educational background to understand the impact of such prepackaged combinations of drugs. Ms. Foote added that once such an IV has been initiated by an RN, an LPN could be allowed to regulate an IV and add various "piggybacks" to it.

Dr. Polzien responded to Ms. Foote by stating that knowledge about the possible impact of various IV packages would be the responsibility of those who would be supervising LPNs, and that their oversight should be sufficient to protect the public from harm. Ms. Foote was concerned that LPNs would have to do assessments themselves in situations where an RN was not available, and that LPNs do not have sufficient knowledge to adequately assess a patient's condition.

The Subcommittee members then voted on Ms. Foote's motion. Voting aye were Foote and Gilmore. Voting nay were Fitzgerald, Wahl, and Maltas. Dr. Polzien abstained from voting. The motion was defeated.

Dr. Wahl then moved that narcotics and cardiotonics be excluded from the medications that LPNs would be allowed to administer by IV. Janel Foote seconded the motion. Dr. Wahl stated that LPNs do not have sufficient education to use narcotic pain killers safely and effectively. Dr. Fitzgerald asked Dr. Wahl if this restriction would prevent LPNs from administering these pain killers to patients in hospice care environments. Dr. Wahl responded by stating that it would have this effect, but that such a restriction is necessary to protect the public from harm. Voting aye were Fitzgerald, Gilmore, Foote, and Wahl.

There were no nay votes. Polzien and Maltas abstained from voting. The motion passed.