

**Wyoming State Board of Nursing
Practice Committee Meeting**

Minutes

November 26, 2018

9:00am

Chair: Helen Byrd

Committee Members: Kathy Cromer, Wendy Wood Neeson

P & E Consultant: Jennifer L. Burns

Executive Director: Cynthia LaBonde

Legal Council: James Peters

Office Support Specialist: Caitlin Casner

Called to order 9:03 a.m.

AGENDA	DISCUSSION	ACTION ITEMS
1. Approval of minutes from October (CC)		Approved.
a. Question Log (CC)		Approved.
2. Informational (JB) a. United State HR 6 passed – APRN changes b. Next WNR “APRNs”: access to care	a. JB discussed updates, specifically re: opioids.	
3. Old Business (JB) a. Renewal & APRN audit updates b. <u>State Opioid Bills</u> and Pharmacy Requirements Labor Health update	a. Renewals end Dec. 31.	
4. New Business a. <u>Memo from Carol Hunter</u> b. QUESTION: (RN or LPN) can remove a pigtail catheter/drain,	a. Request for CNS/APRN grandfathering discussed, denied. b. Yes, nurse can remove a pigtail	a. JB to notify Carol Hunter. b. CC to notify

<p>within the nurse's scope of practice. If the nurse can remove a pigtail catheter, it must be in the abdominal cavity, correct? The pigtail catheter in the chest cavity must be removed by a provider? Lyndsey Smith, MS, RN-BC, Office: (307) 996-4731 Email: Lyndsey.Smith@crmcwy.org</p> <p>c. Park County & other <u>School Districts policy trends</u></p> <p>d. Update on new Wyoming <u>APRN Ad Hoc Committee/WY APN</u></p> <p>e. NCSBN APRN Taskforce meeting update</p> <p>f. QUESTION: Hello to Ms. Burns and the Wyoming State Board of Nursing:</p> <p>The previous AO concerning Analgesia by Catheter: Epidural, Intrathecal, Intrapleural, Perineural allowed the RN to make changes with the infusion (in non-pregnant patients), such as manipulate doses or dosage intervals administer a bolus dose initiate infusion... increase or decrease rates with a provider order</p> <p>I am requesting that the WSBN Advisory Opinion for Pre & Post Anesthesia Nursing Practice be modified to outline the actions of the RN as defined by the patient population (pregnant vs non pregnant). This would help with pain management for the non-pregnant patient (thoracotomy, rib fractures, etc.) and still maintain safety for the laboring mother and fetus. This table and suggestion is taken from the Nebraska AO</p> <p style="text-align: right;">Non-Laborin Patient</p> <p>Responsibility</p>	<p>catheter in the abdominal cavity. Yes, pigtail catheter in chest cavity must be removed by provider.</p> <p>c. Schools have been in contact with WSBN re: new AOs, JB discussing policies as needed.</p> <p>d. JB to continue working with Wesley Davis.</p> <p>e. APRN compact is being discussed; JB will continue to update.</p>	<p>Lyndsey Smith.</p> <p>d. Board to approve charge at Dec. meeting.</p> <p>f. CC to set up meeting between Kathie Hopkins and JB.</p>
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Initial programming of external infusion device	RN	Provider	
Initial injection	Provider	Provider	
Initiate and maintain infusion	RN	Provider	
Bolus injection	RN	Provider	
Increase or decrease infusion rate of dosage intervals	RN	Provider	
Replace infusions with new, pre-prepared solutions containing the same medication and concentration	RN	RN	
Ongoing monitoring of infusion, including responding to alarms and maintaining device	RN	RN	
Initiate emergency measures, including stopping infusion if complications occur	RN	RN	
Discontinue infusion	RN	RN	
Remove catheter	RN	RN	
<p>I am also including the 2017 Position Statement from the AANA which recommends that the actions of the RN can defined by the patient population (pregnant vs non-pregnant) And including the Arizona and Nebraska AO on Analgesia by Catheter which directs that the actions of the RN can defined by the patient population (pregnant vs non-pregnant). Also the American Society for Pain Management Nursing 2007 Position Statement advises on the actions that can be performed by the RN.</p> <p>Thank you for your time and please contact me if there are any questions about this request.</p> <p>Kathie Hopkins, MSN, RN, ACNS-BC</p> <p>Adult Health Clinical Nurse Specialist Cheyenne Regional Medical Center</p>			

Cheyenne, WY 82001
Office 307-996-4735
Cell 970-631-0331

g. QUESTION: Lidocaine for pain

I have some questions about this section that is highlighted in blue:
Are these statements only concerning the use of the regional/intrathecal analgesia and anesthesia?

RNs who are **not** licensed CRNAs should not:

- Bolus or rebolus regional/intrathecal analgesia or anesthesia doses by injecting medication into the catheter.
- Manipulate doses of regional/intrathecal analgesia and anesthesia delivered by continuous infusion.
- Manipulate doses of regional/intrathecal analgesia and anesthesia or dosage intervals for PCEA.
- Increase or decrease the rate of a continuous infusion.
- Re-initiate an infusion once it has been stopped.
- Be responsible for obtaining informed consent for analgesia and anesthesia procedures; however, the nurse may witness the patient signature for informed consent prior to analgesia and anesthesia administration.

Does this mean that the RN should not:

Increase or decrease the rate of a continuous infusion *of the regional/intrathecal analgesia or anesthesia*

Re-initiate an infusion *of the regional/intrathecal analgesia or*

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<p><i>anesthesia</i> once it has been stopped</p> <p>And unfortunately, I don't understand how this advisory is connected to the question about the lidocaine infusion. The lidocaine infusion is not a regional anesthetic or an analgesia so doesn't seem to fit this category.</p> <p>I'll probably give you a call and try to make my question more clear!</p> <p>Thanks, Kathie</p> <p>h. <u>Cosmetic Procedures AO revision</u> draft</p> <p>i. Watch the ORBS video please</p>	<p>i. Will be posted to website when renewals end.</p>	<p>h. CC to review other states policies.</p>
<p>4. FINAL Approval/Motions for December Meeting</p> <p>a. Revision AO "<u>Practicing Below the Level of Your Licensure</u>"</p> <p>b. Ad Hoc APRN Joint Taskforce <u>Charge for approval</u></p>		<p>a. HB to present to Board.</p> <p>b. HB to present to Board.</p>
<p>5. Next meeting: December 17th, 2018 at 9:00am</p>		<p>CC to send invites via Google.</p>

Adjourned 9:49 a.m.