

BEFORE THE BOARD OF NURSING
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

In the matter of the proposed) NOTICE OF PUBLIC HEARING
amendment of ARM 8.32.1408) ON PROPOSED AMENDMENT
and 8.32.1409, relating to)
LPN IV procedures)

TO: All Concerned Persons

1. On September 23, 2002, at 2:00 p.m., a public hearing will be held in room 438, 301 South Park Avenue, Helena, Montana to consider the proposed amendment of the above-stated rules.

2. The Department of Labor and Industry will make reasonable accommodations for persons with disabilities who wish to participate in this public hearing or need an alternative accessible format of this notice. If you require an accommodation, contact the Board of Nursing no later than 5:00 p.m., September 16, 2002, to advise us of the nature of the accommodation that you need. Please contact Jill Caldwell, Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513; telephone (406) 841-2342, Montana Relay 1-800-253-4091; TDD (406) 444-2978; facsimile (406) 841-2343, e-mail dlibsdnur@state.mt.us.

3. The rules proposed to be amended provide as follows:
(stricken matter interlined, new matter underlined)

8.32.1408 STANDARDS RELATING TO THE LICENSED PRACTICAL NURSE'S ROLE IN INTRAVENOUS (IV) THERAPY (1) and (2) remain the same.

(3) "Standard intravenous solution" means an isotonic or hypotonic solution ~~with no additives~~ and the following hypertonic solutions ~~with no additives~~:

(a) through (f) remain the same.

(4) Any of the following IV therapy tasks related to peripheral vessel IVs may be performed by ~~a practical nurse~~ an LPN:

(a) perform the initial venipuncture using a standard IV solution containing additives not otherwise prohibited by this rule, or using an intermittent infusion device, provided that the venipuncture is:

(i) made into a peripheral vessel only, ~~no and not into a~~ peripherally inserted central catheter (PICC) lines; or

(ii) made into a cannula or butterfly device ~~no midline catheters.~~

(b) through (e) remain the same.

(f) mix medication solution from a unit dose vial, except potassium, and add to IV solution or volutrol;

(g) remains the same.

(h) flush intermittent infusion devices with heparin flush or normal saline solution;

(i) remains the same.

(j) administer metered dose of medication, including narcotics, by way of a patient controlled analgesia (PCA) pump;

(k) hang a PCA medication cartridge subsequent to the first, when the RN has initialized and programmed the unit;

~~(k)~~ (l) discontinue peripheral IVs except for PICC;

~~(l)~~ (m) monitor and report the client physiological and psychological response to IV therapy; and

~~(m)~~ (n) administration administer of prescribed injectable local anesthetics prior to venipuncture if prescribed or allowed by standing order.

(5) Any of the following tasks related to central venous lines may be performed by ~~a practical nurse~~ an LPN:

(a) change standard solutions, which may include additives not otherwise prohibited, on continuous flow, pre-established central line system; and

(b) ~~accessing~~, draw blood draws, flushes with a normal saline solution or a specific heparin flush solution, and dressing changes dressings.

(6) through (6)(b) remain the same.

(c) ~~accessing~~, blood draws, flushes with a normal saline solution or a specific heparin flush solution, and dressing changes of hemodialysis central-venous catheters; and

(d) remains the same.

AUTH: ~~37-8-415~~ 37-1-131, 37-8-202, MCA

IMP: ~~37-8-415~~ 37-1-131, 37-8-202, MCA

REASON: The Board believes that it is reasonably necessary to amend this rule because enhanced technology has increased the safety of administering IVs. LPNs are now prepared to mix and hang standard solutions with additives other than potassium. Potassium will remain an additive only an RN can mix, because it is significantly more dangerous than other IV additives. More IV additive errors are made with potassium than with other drugs.

The board finds it necessary to include narcotics with the PCA pumps since PCA pumps are used in practice almost exclusively for pain management, and therefore a narcotic would necessarily be administered. The board believes that, once the RN has initialized and programmed the PCA pump, the LPN may then safely hang subsequent cartridges.

The board finds it necessary to clarify subsection (4)(n) because although it has always been appropriate for an LPN to inject local anesthetics prior to venipuncture, the board wants to clarify that the LPN would do so only when following either a specific physical order or a standing order.

The board finds it necessary to amend (5)(b) and (6)(c) to specify and clarify which flush solution tasks are allowable by LPNs.

These rule changes will affect all Montana LPNs (3,162) and the facilities in which they function. The rule may also affect all RNs (10,362) who previously needed to perform these functions because the LPNs could not.

8.32.1409 PROHIBITED IV THERAPIES (1) The following IV therapy tasks may not be performed by a practical nurse:

(a) IV push medications directly into the vein except as in ARM 8.32.1408~~(4)(h)~~;

(b) administration of any of the following:

(i) remains the same.

(ii) narcotics except in ARM 8.32.1408;

(iii) through (xv) remain the same.

(xvi) ~~antiarrhythmics~~ antidysrhythmics; and

(xvii) remains the same.

(c) performance of arterial:

(i) sticks;

(ii) arterial blood draws; or

(iii) flushes of arterial line flushes;

(d) remains the same.

AUTH: ~~37-8-415~~ 37-1-131, 37-8-202, MCA

IMP: ~~37-8-415~~ 37-1-131, 37-8-202, MCA

REASON: The board believes these rule changes are reasonably necessary because technology has evolved, thus making IV therapy more routine in health care today. LPNs currently have the skills, knowledge and abilities to perform more IV therapy procedures than they did when the original rules were adopted. The amendments make a minor change in which IV solutions are considered standard. The other changes are for clarification of when a local anesthetic may be used to start an IV, and what constitutes a flush solution.

The existing rules were in conflict since ARM 8.32.1408 stated the LPN could administer medications through a PCA pump, and ARM 8.32.1409 stated the LPN could not administer narcotics. Recognizing that many pain medications given through a PCA pump are usually narcotics, the board felt it necessary to amend the rule. Once an RN has initialized and programmed the PCA pump, the board believes that the LPN may safely hang subsequent cartridges. The board office has received several calls on this issue, and the board wants to clarify any confusing language in the rules.

These amendments will affect all Montana LPNs (3,162) and the facilities in which they function. The rule may also affect all RNs (10,362) who previously needed to perform these functions because the LPNs could not.

4. Concerned persons may present their data, views or arguments either orally or in writing at the hearing. Written data, views or arguments may also be submitted by mail to:

Jill Caldwell
Board of Nursing
Department of Labor and Industry
P.O. Box 200513
Helena, Montana 59620-0513

by facsimile to (406) 841-2343, or by e-mail to dlibsdnur@state.mt.us and must be received no later than 5:00 p.m., September 30, 2002.

5. An electronic copy of this Notice of Public Hearing is available through the Department and Board's site on the World Wide Web at <http://www.discoveringmontana.com/dli/nur>, in the Rules Notices section. The Department strives to make the electronic copy of this Notice of Public Hearing conform to the official version of the Notice, as printed in the Montana Administrative Register, but advises all concerned persons that in the event of a discrepancy between the official printed text of the Notice and the electronic version of the Notice, only the official printed text will be considered. In addition, although the Department strives to keep its website accessible at all times, concerned persons should be aware that the website may be unavailable during some periods, due to system maintenance or technical problems, and that a person's technical difficulties in accessing or posting to the e-mail address does not excuse late submission of comments.

6. The Board of Nursing maintains a list of interested persons who wish to receive notices of rulemaking actions proposed by this Board. Persons who wish to have their name added to the list shall make a written request which includes the name and mailing address of the person to receive notices and specifies that the person wishes to receive notices regarding all Board of Nursing administrative rulemaking proceedings or other administrative proceedings. Such written request may be mailed or delivered to the Board of Nursing, 301 South Park Avenue, P.O. Box 200513, Helena, Montana 59620-0513, faxed to the office at (406) 841-2343, e-mailed to dlibsdnur@state.mt.us or may be made by completing a request form at any rules hearing held by the agency.

7. Darcee Moe, attorney, has been designated to preside over and conduct this hearing.

8. The bill sponsor notice requirements of 2-4-302, MCA, do not apply.

9. The Board of Nursing will meet on October 10, 2002, in Helena to consider the comments made by the public, the

proposed responses to those comments, and take final action on the proposed amendments. The meeting will be held in conjunction with the Board's regular meeting. Members of the public are welcome to attend the meeting and listen to the Board's deliberations, but the Board cannot accept any comments concerning the proposed amendments beyond the September 30, 2002, deadline.

BOARD OF NURSING
JACK BURKE, RN, CHAIRMAN

By: /s/ WENDY J. KEATING
Wendy J. Keating, Commissioner
DEPARTMENT OF LABOR & INDUSTRY

By: /s/ KEVIN BRAUN
Kevin Braun
Rule Reviewer

Certified to the Secretary of State, August 19, 2002.