Standards of Practice for the Alabama Nurse

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Objectives
• Identify sections of the ABN Administrative Code that apply to daily nursing practice.
• Apply ABN Standards of Nursing Practice to specific practice situations.
• List the 5 elements required in the Standardized Procedures Rule

Abandonment Defined
• Acceptance of a patient assignment,
• thus establishing a nurse-patient relationship, and
• then ending the nurse-patient relationship
• Without giving reasonable notice to supervisory personnel so that others can make arrangements for continuation of nursing care.

ABN Administrative Code Rule 610-X-8-.01(1)
Alabama Board of Nursing

- Established in 1915
- Initial approach was to standardize nursing education requirements
- Voluntary registration
- Practical nurses first came into being after World War II

Mission of the ABN

- The mission of the Alabama Board of Nursing is to promote and safeguard the public health and welfare through licensing and approval of qualified individuals and adopting & enforcing legal standards for nursing education and practice

Composition of the ABN

- 8 RN Positions (1 PRACTICE vacancy beginning in 2013)
  - 3 (Three) must be from practice or administration
  - 2 (Two) must be advance practice nurses
- 4 LPN Positions
  - 2 Nominated by Licensed Practical Nurses Association of Alabama (LPNAA)
  - 2 Nominated by Alabama Federation of Licensed Practical Nurses (AFLPN)
- 1 Consumer
  - No financial gain from health care and not previously a health care professional
Nurse Consultants of ABN under Executive Officer, Genell Lee

- Legal Nurse Consultants (2)
- VDAP Nurse Consultant
- Probation Nurse Consultant
- Education Nurse Consultant
- Advance Practice Nurse Consultant
- Practice Nurse Consultant
- Continuing Education Nurse Consultant

ABN Attorneys & Investigators

- ABN Attorney is a Deputy Attorney General

Legal Foundation of Nursing Practice

- **Nurse Practice Act:** statutes passed by legislature: broad language: provides authority for Board to pass regulations
- **ABN Administrative Code:** regulations passed by Board to clarify, amplify, and explain the statutes
  - Proposed rules posted on Board’s web site
  - Requires 35 day public notice and comment period
  - If Board approves, rules become effective in another 35 days after filing
Licensure

ABN Administrative Code
Chapter 610-X-4
Licensure is Required to practice Nursing in Alabama

NPA Article 2 § 34-21-20.

- Represents
  - Specialized knowledge
- Independent judgment
- Fitness and Capacity to Practice

Temporary Permit

- A first-time applicant for licensure by examination may request a nonrenewable temporary permit to practice nursing that is valid until
  - The applicant fails the licensing examination.
  - The expiration date on the permit is reached.
  - A license is issued.
  - The applicant is denied licensure.

Temporary Permit

- Signature:
  - RN Program = NG-RNP
    - EXAMPLE: 
    - CMorgan NG-RNP
  - LPN Program = NG-PNP
    - EXAMPLE: 
    - CMorgan NG-PNP
Restrictions of Temporary Permit

The Nursing Graduate

(1) Must function under **DIRECT** Supervision of a currently licensed RN.

[ABN Administrative Code Rule 610-X-4-.04(5)(b)(i)]

- What is Direct Supervision?

Licensed RN physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.

[ABN Administrative Code Rule 610-X-4-.01(7)]

Restrictions of Temporary Permit Cont’d

The Nursing Graduate Cont’d

(2) Shall **NOT** assume nor be assigned charge responsibilities.

[ABN Administrative Code Rule 610-X-4-.04(5)(b)(ii)]

License Renewal

RN

- The registered nurse license shall be valid for **two years** beginning January 1 of each **ODD**-numbered year and expiring December 31 of each **EVEN**-numbered year.

[ABN Administrative Code Rule 610-X-4-.08(1)(a)]

LPN

- The practical nurse license shall be valid for two years beginning January 1 of each **EVEN**-numbered year and expiring December 31 of each **ODD**-numbered year.

[ABN Administrative Code Rule 610-X-4-.08(1)(b)]
Renewal Period

• RENEWAL period - shall be from September 1 to November 30 of the year the license expires.  
  [ABN Administrative Code Rule 610-X-4-.08(3)(a)]

• Renewal from December 1 – December 31 results in LATE Renewal Fee + license fee  
  [ABN Administrative Code Rule 610-X-4-.08(3)(b)]

RULE: Special Circumstances

ABN Administrative Code Rule 610-X-4-.16

• In the event the Governor proclaims a state of emergency impacting any part of Alabama, Code of Alabama, §34-21-6 applies for the first thirty (30) days.

• An individual licensed to practice nursing in another state may provide emergency assistance in Alabama for up to thirty (30) days subject to verification of licensure in the state where licensed.

• Any organization or individual who provides employment or volunteer opportunities for the licensed nurse providing nursing services is responsible to assure the validity of the nursing license.

Special Circumstances Cont’d

• Should an emergency continue past thirty days, a temporary permit to practice nursing in Alabama for 90 days is required.

• An application for an emergency temporary permit is required to be submitted to the Board either electronically or by mail.
Special Circumstances Cont’d

• Any individual licensed to practice nursing in another state is required to have an Alabama license if educational or consultative services extend beyond 30 calendar days in one year.

RETIRED STATUS

• A LPN or RN who retires or ceases nursing practice for any reason and has no intention to practice in the future may apply to the Board for an inactive license with a “retired” status.

Rules of Practice in Alabama

Disclaimer: ALL rules of Practice will NOT be discussed or referenced. The individual nurse is responsible for the laws and rules regarding nursing.
Conduct and Accountability

- What is Accountability?
  Answerable or responsible for actions

- What is Responsibility?
  The charge to do something that is expected performance.

- Shall = mandatory

The RN & LPN SHALL

- Have knowledge and understanding of the laws and rules regulating nursing.

Other Laws, Rules and Regulations can NOT weaken the Nurse Practice Act and Administrative Code but do influence Nursing Practice.
Conduct & Accountability Scope of Practice

Cont’d

The RN and LPN SHALL
• Function within the LEGAL SCOPE of nursing practice.
ABN Administrative Code Rule 610-X-6.03(2)
Scope of Practice – procedures and actions that are permitted for the licensed individual

Scope of practice
Includes but is not limited to:

• Educational preparation, initial and continued.
• License status, including Board approval for advanced practice nursing as detailed in Chapters 610-X-5 and 610-X-9 of these rules.
• State and federal statutes, and regulations.
ABN Administrative Code Rule 610-X-6.04(3) and 610-X-6.05(3)

Scope of practice Includes but is not limited to: Cont’d
• State and national STANDARDS appropriate to the type of practice.

What are Standards of Practice?
• Level of performance that is
  • Desired and
  • Achievable
• Expectation for nurses’ conduct and practice
Where do standards come from?

- Laws and Regulations
  - Nurse Practice Act
  - ABH Administrative Code

- Agency/Facility Policies & Procedures

- Nursing Education

- Professional Associations — including but not limited to:
  - American Nurses Association (ANA)
  - Infusion Nurses Society
  - American Gastroenterology Association
  - WOCN (Wound Ostomy & Continence Nurses Society)
  - Nephrology Nursing Association

Scope of Practice includes but is not limited to:

- Nursing experience.

- Limitations on scope as determined by facility policy and procedure.

Part of the answer to EVERY question about scope of practice:

What does your Facility P&P say about this?

Scope of Practice includes but is not limited to:

- Demonstrated competence.

  Knowledge, skills, and ability to manage risks and potential complications.
Conduct and Accountability

Cont’d

• The RN and LPN shall
  • Be RESPONSIBLE AND ACCOUNTABLE for the QUALITY of nursing care delivered to patients
  • based on and LIMITED to
  • scope of education,
  • demonstrated competence, and
  • nursing experience

Administrative Code Rule 610-X-6-.03(4).

Conduct and Accountability

Cont’d

The RN and LPN shall
  • Accept individual RESPONSIBILITY & ACCOUNTABILITY for
    • Judgments,
    • Actions

Administrative Code § 610-X-6-.03(7)

Frequent Misconceptions often resulting in Disciplinary Action

From the Nurse
  • “Because a doctor told me to do a procedure (use the scalpel)/give a medication, it is OK.”

From the Physician
  • “Because I told the nurse to do a procedure(use a scalpel)/give a medication, it is OK.”
Conduct and Accountability  Cont’d
The RN and LPN shall
• Accept individual RESPONSIBILITY & ACCOUNTABILITY for
  • Nursing competency remaining current with
  • technology and

• Practicing consistent with facility policies & procedures

ABN Administrative Code Rule 610-X-6-.03 (7)

Competency
COMPETENCE in the practice of nursing by an RN & in the practice of practical nursing by an LPN shall include, but is not limited to:
• Knowledge and compliance with:
  • Applicable statutes and regulations.
  • Standards of nursing practice.

ABN Administrative Code Rules 610-X-6-.04(2) and .05(2)

Competency Cont’d
COMPETENCE in the practice of nursing ...SHALL Include
• Standardized procedures for nursing practice, including but not limited to facility policies and procedures.
• Maintenance of knowledge & skills in the area of practice
Conduct and Accountability
Cont'd
The RN and LPN shall
• Accept individual RESPONSIBILITY & ACCOUNTABILITY for
  – Recognition
  – and
  – Appropriate nursing action following a change in the patient’s mental or physical status.

ABN Administrative Code Rule 610-6-03(3)
Conduct and Accountability
Cont’d
• Respect the dignity and rights of patients and their significant others including, but not limited to:
  • Privacy.
  • Safety.
  • Protection of confidential information, unless disclosure is required by law.
  • Freedom from exploitation of physical, mental, sexual, or financial boundaries.
  • Protection of real and personal property.

The RN and LPN shall
• Respect the dignity and rights of patients and their significant others including, but not limited to:
  • Behavior that is therapeutic and places the patient’s interests before the nurse’s interest.
  • Accept individual accountability and responsibility to avoid personal disruptive behaviors that negatively impact patient care.

Professional Boundary Defined
• Behavior of the licensed nurse in maintaining a therapeutic relationship with a patient for the patient’s benefit rather than behavior that lessens the patient’s care and shifts the focus to the licensed nurse.

ABN Administrative Code Rule 610-X-6-(03)(11)-(13)
Mandatory Reporting

The RN & LPN SHALL

• Accept individual RESPONSIBILITY & ACCOUNTABILITY for timely reporting of
  • Illegal
  • Substandard
  • Unethical
  • Unsafe
  • Incompetent nursing care

DIRECTLY to the Board of Nursing

ABN Administrative Code Rule 610-6-.03(14)

Complaints to ABN

• Must be in writing
  • Email (abn@abn.state.al.us)
  • Letter (Address on back of license card)
  • Form (website under Forms & Other Information)
    • Employer - Employers Report of Possible Violation Form
    • Consumer - Consumers Report of Possible Violation Form
Documentation Standards

ABN Administrative Code 610-X-6-.06
Conduct & Accountability re: Documentation

The RN and LPN shall
Accept individual RESPONSIBILITY & ACCOUNTABILITY for
  • accurate,
  • complete and
  • legible documentation related to:
    • Patient care records.
    • Health care employment.
    • Licensure and other credentials.
    • Continuing education records.

ABN Administrative Code Rule 610-X-6-.03(15)

Documentation

• Documentation standards.......regardless of the documentation format

• Documentation of nursing care SHALL be:
  • Legible
  • Accurate
  • COMPLETE

ABN Administrative Code Rule 610-X-6-.06

Complete Documentation includes

• Reporting & documenting on appropriate records a patient’s status including
  • Signs & Symptoms
  • Responses
  • Treatments
  • Medications
  • Other nursing care rendered
  • Communication of pertinent information to other health team members
  • Unusual occurrences involving the patient
  • Signature of the writer, whether electronic or written, is REQUIRED
Complete Documentation Cont’d

• Timely
  • Charted at the time or after the care, including medications is provided.
  • Charting prior to care being provided, including medications, violates principles of documentation.
  • Documentation of patient care that is not in the sequence of the time the care was provided shall be recorded as a “late entry”, including a date and time the late entry was made as well as the date & time the care was provided.

Mistaken Entry & Corrections

• A mistaken entry in the record by a licensed nurse shall be corrected by a method that does not obliterate, white-out or destroy the entry.

• Corrections to a record by a licensed nurse shall have the name or initials of the individual making the correction.

Rules on Documentation Cont’d

The Practice of PROFESSIONAL NURSING includes
• Conducting and documenting comprehensive assessments and evaluations of patients and focused nursing assessments
• Documentation of nursing interventions and responses to care in an accurate, timely, thorough and clear manner.

The Practice of PRACTICAL NURSING includes
• Conducting and documenting focused nursing assessments of the health status of patients.
• Conducting and documenting data elements of the comprehensive assessment.
• Documentation of nursing interventions and responses to care in an accurate, timely, thorough and clear manner.
Grounds for Disciplinary Action regarding Documentation

• Failure to make entries (NEVER discard pages from PERMANENT patient record)

• Destroying or altering entries (Recopy, for legibility, and label the page: keep old and new pages together)

• Pre-charging - Charting BEFORE assessment or delivery of care
  - Medication
  - Treatment
  - Assessment

ABN Administrative Code Rule 610-X-8-.03(g,h)

Medication Administration & Safety

ABN Administrative Code Rule 610-X-6-.07

Medication Administration

• Practice of Professional Nursing includes...... Executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized prescriber.

  ABN Administrative Code Rule 610-X-6-.04 (1)(g)

• Practice of Practical Nursing includes...... Administering medications and treatments when ordered by a legally authorized prescriber.

  ABN Administrative Code Rule 610-X-6-.05(1)(e)
Medication Administration  Cont’d

The RN or LPN SHALL have applied knowledge of medication administration & safety including but not limited to:

- Drug action
- Classifications
- Expected therapeutic benefit of medication
- Expected monitoring
- Indications based on existing patient illness or injury processes

Medication Administration  Cont’d

- Contraindications based on presence of additional known patient illnesses, disease processes, or pre-existing conditions
- Possible side effects and interventions for same
- Adverse reactions & interventions for same
- Emergency interventions for anaphylactic reactions

Medication Administration  Cont’d

- Safety precautions including but not limited to:
- Right patient
- Right medication
- Right time
- Right dose
Medication Administration  Cont’d

- Interactions with other drugs, foods or complementary therapies
- Calculation of drug dosages
- Federal and state legal requirements related to storage of controlled substances
- Patient education specific to medication.

Medication Administration  Cont’d

The RN or LPN shall exercise decision making skills when administering medications to include but not limited to:

- If medications should be administered
- Assessment of patient’s health status and complaint prior to and after administering medications including PRNs

Medication Administration  Cont’d

Cont’d…skills when administering medications

- When to contact the prescriber
- Medication education of patient, family and caregiver
- Physical ability to open medication packaging and access delivery systems
- Read, write and comprehend English
Medication Administration  *Cont’d*

Cont’d... skills when administering medications

- Read, write, and comprehend scientific phrases relevant to administration of medication
- Measuring medication dosages
- Math calculations
- Routes of administration
- Proper usage of technical equipment for medication administration

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Medication Administration  *Cont’d*

Cont’d... skills when administering medications

- **Documentation** of medication administration
  - shall comply with the principles of documentation

  and

  - include safety precautions of
    - medication administration,
    - controlled drug records per federal and state law, and
    - facility policy

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Medication Administration  *Cont’d*

- Topical, intradermal, subcutaneous, or IM administration of a local anesthetic agent in a specific amount...
Medication Administration  Cont’d

• IV CHEMOTHERAPEUTIC AGENTS may be administered by RN following participation in
  • Organized program of study
  • Supervised clinical practice
  • Demonstrated clinical competence
  • Annual Evaluation of competence

Assignment, Delegation & Supervision

ABN ADMINISTRATIVE CODE RULE 610-X-6-.11

Conduct & Accountability: Assignment

The RN & LPN SHALL
• Accept individual RESPONSIBILITY AND ACCOUNTABILITY for the assignment of tasks to others

ABN Administrative Code Rule 610-X-6-.03(16)
ASSIGNMENT - defined

• To Licensed Nurse - The transfer of responsibility and accountability for nursing activities from one licensed nurse to another.

• To Unlicensed Individual - the designation of tasks from a licensed nurse to unlicensed assistive personnel. The licensed nurse making the assignment retains accountability for accurate and timely completion and outcome of the tasks.

ABN Administrative Code Rule 610-X-6-.01(4)(5)

Conduct & Accountability: Assignment

The RN & LPN SHALL

• Assess individual competency when assigning selected components of nursing care to other health care workers including but not limited to:
  • (a) Knowledge, skills and experience.
  • (b) Complexity of assigned tasks.
  • (c) Health status of the patient.

ABN Administrative Code Rule 610-X-6-.03(18)

Conduct & Accountability: Assignment

Cont’d

The RN shall be ACCOUNTABLE AND RESPONSIBLE for the assignment of nursing activities and tasks to other health care workers based on but not limited to:

• (a) Knowledge, skills and experience.
• (b) Complexity of assigned tasks.
• (c) Health status of the patient.

ABN Administrative Code Rule 610-X-6-.11(1)
Conduct & Accountability: Assignment Cont'd

- Assignments may not exceed the scope of an individual RN or LPN's scope of practice including, but not limited to:
  - Educational preparation, initial and continued.
  - License status.
  - State and federal statutes, and regulations.
  - State and national standards appropriate to the type of practice.
  - Nursing experience.
  - Demonstrated competence.
  - Consideration for patient safety.
  - Knowledge, skills, and ability to manage risks and potential complications.

DELEGATION: defined

- The act of authorizing a competent individual to perform selected nursing activities supportive to RNs or LPNs in selected situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.

Conduct & Accountability: DELEGATION Cont'd

The RN & LPN SHALL

- Accept individual responsibility and accountability for
  - proper DELEGATION of nursing care activities to other health care workers.
Delegation to UNLICENSED persons

Tasks delegated to unlicensed assistive personnel may NOT include tasks that require:
• The exercise of independent nursing judgment or intervention.
• Invasive or sterile procedures.
  • Finger sticks are NOT an invasive or sterile procedure within the meaning of these rules.
  • Peripheral venous phlebotomy for laboratory analysis is NOT an invasive or sterile procedure within the meaning of these rules.
• The assistance with medications except as provided in Chapter 610-X-7.

SUPERVISION: defined

DIRECT Supervision: responsible licensed nurse
• physically present in facility and
• readily accessible to designate or prescribe a course of action or
• to give procedural guidance, direction, and periodic evaluation.

Direct supervision by RN is required for new graduates practicing on a temporary permit.

INDIRECT Supervision: Responsible licensed nurse is
• available for periodic inspection and evaluation through
  • physical presence,
  • electronic or
  • telephonic communication for direction, consultation, and collaboration
Conduct and Accountability: Supersision Cont’d

The RN or LPN shall be responsible and accountable for

- the quality of nursing care delivered to patients by nursing personnel under the individual nurse’s supervision

Conduct and Accountability: Supersision Cont’d

- Supervision shall be provided to individuals to whom nursing functions or responsibilities are delegated or assigned.
- The practice of LPN shall be directed by a RN or physician or dentist.
- A LPN or unlicensed individual may not supervise, direct, or evaluate the nursing care provided by the RN.

ASSESSMENT STANDARDS

ABN Administrative Code Rule 610-X-6-.09
**Assessment**

The practice of professional nursing includes but is not limited to:

- Conducting & documenting
  - COMPREHENSIVE assessments
  - EVALUATIONS of patients
  - FOCUSED assessments

**ABN Administrative Code Rule 610-8-0.04(1) [e]**

The practice of practical nursing includes but is not limited to:

- Conducting & documenting FOCUSED nursing assessments of the health status of patients
- Conducting & documenting DATA ELEMENTS of the comprehensive assessment

**ABN Administrative Code Rule 610-8-0.05(1)(d)(e)**

**COMPREHENSIVE ASSESSMENT: defined**

Assessment, COMPREHENSIVE: the systematic collection and analysis of data including the:

- physical,
- psychological,
- social,
- cultural and
- spiritual aspects of the patient by the RN for the purpose of judging a patient’s health and illness status and actual or potential health needs.

**ABN Administrative Code Rule 610-8-0.01(2)**

**COMPREHENSIVE ASSESSMENT: defined Cont’d**

COMPREHENSIVE assessment includes

- PATIENT HISTORY,
- PHYSICAL EXAMINATION
- ANALYSIS of the data collected,
- DEVELOPMENT of the patient plan of care,
- IMPLEMENTATION AND EVALUATION of the plan of care.
FOCUSED Assessment: defined

Assessment, FOCUSED: An appraisal of a patient’s status and specific complaint through
• OBSERVATION and
• COLLECTION of objective and subjective DATA by the RN
or LPN.

ABN Administrative Code 610-X-6-.01(3)

FOCUSED Assessment: defined cont’d

FOCUSED assessment involves
• IDENTIFICATION of normal and abnormal findings,
• ANTICIPATION AND RECOGNITION OF CHANGES OR POTENTIAL CHANGES in patient’s health status, and
• MAY CONTRIBUTE to a comprehensive assessment performed by the RN.

Assessment

RN SHALL conduct & document comprehensive & focused nursing assessments of the health status of patients by
• Collecting objective & subjective data from
  • Observations
  • Physical examinations
  • Interviews
  • Written records

In an accurate & timely manner as appropriate to the patient’s health care needs
Assessment by RN Cont'd

- Conduct
  - Analysis & Reporting of data collected
  - Developing plan of care based on patient assessment
  - Modifying the plan of care based upon the evaluation of patient responses to the plan of care including:
    - Anticipating & recognizing changes or potential changes in patient status
    - Identifying signs & symptoms of deviation from current health status
    - Implementing changes in interventions

LPN's Assessment Role

- Conduct & document focused nursing assessments of the health status of patients by:
  - Collecting objective & subjective data from
    - Observations
    - Nursing examinations
    - Interviews
    - Written records
  - In an accurate & timely manner as appropriate to the patient’s health care needs

LPN's Assessment Role Cont'd

- Collect data
  - Distinguishing abnormal from normal data
  - Recording & reporting the data
  - Anticipating & recognizing changes or potential changes in patient status: Identifying signs & symptoms of deviation from current health status
  - Reporting findings of the focused nursing assessment to the
    - RN
    - Licensed physician,
    - Advanced practice nurse or
    - Dentist
  - Implementing the plan of care
Orders
Alabama Nurse Practice Act states
• “A nursing regimen shall be consistent with and shall not vary any existing medical regimen.”
• LPNs function “under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist.”

Orders cont’d
The Practice of Professional Nursing includes:
• Executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized prescriber.

ABN Administrative Code 610-X-6-.10(1)(g)

The Practice of Practical Nursing includes:
• Administering medications and treatments when ordered by a legally authorized prescriber

ABN Administrative Code 610-X-6-.05(1)(f)
Patient Care Orders

The RN AND LPN may receive orders from the legally authorized prescriber RELAYED by

• another LICENSED or REGISTERED Health Care Professional &
• REGISTERED or CERTIFIED medical assistant

The RN AND LPN may implement VERIFIABLE standing orders at the direction of a legally authorized prescriber.

Legally Authorized Prescriber: defined

• “Legally Authorized Prescriber”
  • Licensed physician or dentist
  • CRNP
  • CNM
  • LICENSED PA

REMEMBER that CRNPs & CNM may NOT order narcotic medications

Practice Beyond Basic Nursing Education - Standardized Procedures

ABN Administrative Code 610-X-6-.12
Educational Preparation for Nursing Practice

- **BASIC** Nursing Practice
  - Within basic education program
- **BEYOND BASIC** Education
  - Requires Standardized Procedure

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Basic vs. Beyond Basic

**BASIC** Education
- Foley catheter Insertion
- Tracheostomy CARE
- Hanging IV Piggybacks

**BEYOND Basic Ed**
- Suprapubic Catheter: Reinsertion of Mature
- Tracheotomy: Reinsertion of Mature
- IV Pushes

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Standardized Procedure: defined

A standardized procedure is a
- written policy or protocol
- establishing the permissible functions, activities, and level of supervision of registered nurses and licensed practical nurses
- within a licensed hospital setting (legal definition)
- that are beyond basic nursing education preparation.

ABN Administrative Code 610-Y-6-.01(21)
Legal Definition of “Hospital”

Facility which has
• an organized medical staff
or
• employs services of a medical director who is a physician licensed to practice medicine in Alabama.

Alabama Code 1975 § 22-21-20(1)
ABN Administrative Code §610-X-6-.01(8)

“Licensed Hospital”

• Includes but not limited to:
  • Acute and Long Term Care Hospitals
  • Long Term Care Facilities (nursing homes)
  • Home Health Agencies
  • Hospice Agencies
  • Ambulatory Surgery Centers
  • ESRDs
  • Medical Transport Companies (helicopter, fixed wing and ground)

Looking at the SP Rule

• For practice beyond basic education that has NOT BEEN PREVIOUSLY APPROVED by the Board, a standardized procedure is required for the RN or LPN in ANY practice setting.

How do you know if a procedure has been previously approved by the ABN?
Components of Standardized Procedure

- Application, if required
- Policy and Procedure
- Organized Program of Study
- Plan for Supervised Clinical Practice
- Plan for Demonstration of Competency
  - Initially
  - At Periodic Intervals

Agency/Facility Documentation

For each procedure beyond basic education, the agency/facility must maintain a copy of

- Policy and procedure
- Organized program of study
- Evidence of supervised clinical practice
- Evidence of competency determination
  - Initially
  - Periodic Intervals
- Application submitted to ABN, if applicable
- Signed letter for approval from ABN, if applicable

and ADD the procedure to next year’s Annual Report of Standardized Procedures
Where can you receive training for a new procedure?

Resources include but are not limited to:

- Manufacturer (PICCs, Insulin Pumps, Glucometers, Gastrostomy tubes, Inhalers)
- Pharmaceutical Companies (Epi pens, medications)
- Hospital/Medical Center Education Departments
- Doctor’s office

REMINDER: Standardized Procedures are facility/agency/company specific

- Nurse (RN or LPN) working in Facility A that has approval to apply and manage a wound vac can **NOT** perform that procedure in Facility B if Facility B does not have approval from the ABN &/or their policies do not allow nurses to perform that procedure.

REMINDER: Standardized Procedures are Specific to the APPROVED Application

- If Facility A’s standardized procedure is for the nurse to perform a selected procedure (wound vac application) in the Dementia unit, the nurse can **NOT** perform that procedure outside the Dementia unit.
Standards for WOUND Assessment and CARE

ABN Administrative Code Rule 610-X-6-.13

WOUND CARE

It is within the scope of a RN or LPN to perform wound assessments including, but not limited to,

- STAGING of a wound and
- Making determinations as to whether wounds are PRESENT ON ADMISSION to a healthcare facility
- pursuant to an approved standardized procedure, outlined in Rule 610-X-6-.12, Standardized Procedures, including supervised clinical practice and demonstrated clinical competence, initially and at periodic intervals.

Wound Care: Minimum Training Cont'd

The minimum training for the RN or LPN assessment and care shall include:

- Anatomy, physiology and pathophysiology.
- Fluid and electrolyte balance.
- Equipment and procedures used in wound assessment and care.
- Chronic wound differentiation.
- Risk identification.
- Measurement of wound.
- Stage of wound
Wound Care: Minimum Training Cont’d

- Condition of the wound bed including:
  - Tissues.
  - Exudate.
  - Edges.
  - Infection.

- Skin surrounding the wound.

- Pain.

Wound Care: Minimum Training Cont’d

- Complications, prevention, and nursing intervention.

- Identification of any contributing factors including but not limited to:
  - Perfusion/oxygenation
  - Nutritional status
  - Infection
  - Medications
  - Diabetes

- Photographing wounds.

WOUND Assessment and CARE Cont’d

The RN & LPN may provide wound care beyond their basic education in accordance with
- an order from an authorized prescriber

AND AFTER SUCCESSFUL COMPLETION OF
- an organized program of study,
- supervised clinical practice and
- demonstrated clinical competence, initially and at periodic intervals.
Minimum Training for SELECTED TASKS

- Dressing changes including authorized prescriber ordered medication or topical treatment or topical dressing including
  - Chemical debridement.
  - Enzymatic debridement.
  - Autolytic debridement.
  - Application & maintenance of wound vac therapy
- Systemic support including but not limited to
  - Adequate diet.
  - Hydration.
  - Turning and repositioning.
  - Reducing shear and friction with movement.
- Incontinence Care

Sharp Debridement

- Sharp debridement is reserved for RNs with NATIONAL CERTIFICATION that included
  - didactic instruction,
  - supervised clinical practice AND
  - demonstration of competency, initially and at periodic intervals.

Intravenous (IV) Therapy by Licensed Practical Nurses

ABN Administrative Code Chapter 610-X-6.14
PICC
Peripherally Inserted CENTRAL CATHETER
Other Central Catheters: Groshong, Hickman

IV Therapy by LPNs
MINIMUM Requirements for LPN to perform IV therapy includes
• Successful completion of an organized program of study
• Supervised clinical practice
• Demonstration of competency, initially & at periodic intervals

IV Therapy by LPNs cont’d
MINIMUM TRAINING includes
• Anatomy and physiology.
• Fluid and electrolyte balance.
• Equipment and procedures utilized in intravenous therapy
• Complications, prevention, and nursing intervention.
• Introducing a peripheral intravenous device on an adult patient.
Minimum training cont'd

- Set-up, replacement, and removal of intravenous tubing for gravity flow and/or pump infusion.
- Intravenous fluid infusion calculations, and adjustment of flow rates on intravenous fluids, and administration of intravenous medications by piggyback.
- Procedures for reconstituting and administering intravenous medications via piggyback including but not limited to pharmacology, compatibilities and flow rates.

IV therapy by LPNs Cont'd

- Medications may be administered by LPNs through a PERIPHERAL intravenous catheter by intravenous push provided the following criteria are met:
  - A complete standardized procedure application is submitted and approved by the Board PRIOR to implementation.
  - The medication(s) does not require the substantial skill, judgment, and knowledge of a registered nurse.
  - Documented one year of experience with IV therapy.

IV Therapy by LPNs cont'd

- On site supervision by a RN at any time IV push medication therapy is performed by a LPN.
  - The RN is required to be physically present and immediately available in the facility.
- Heparin (10 units:1 ml) flush or saline flush via a PERIPHERAL IV line is not a medication within the meaning of these rules.
Prohibited IV Tasks for all LPNs

Cont’d

• Initiation of IV therapy in a neonate

• Administration of
  • Solutions requiring titration – statement re: heparin drips
  • Blood or blood components
  • Plasma volume expanders
  • GP-II-B-III-A inhibitors (platelet-aggregate inhibitors)
  • Hyperalimentation by routes other than PERIPHERAL

Prohibited IV Tasks for all LPNs

Cont’d

• Administration of
  • IV meds for purposes of procedural sedation or anesthesia
  • IV medications via push or bolus through a CENTRAL line
  • IV push insulin or chemotherapeutic agents
    • Does not preclude hanging a pre-mixed bag of fluids containing additives except for insulin & chemotherapeutic agents
  • Any other drugs deemed to be inappropriate by the facility

Prohibited IV Tasks for all LPNs

Cont’d

• Accessing or programming an implanted IV infusion pump
• Repairing a central venous route access device
• Performance of therapeutic phlebotomy
Prohibited IV Tasks for all LPNs

Cont’d

• Accessing a central venous route access device including but not limited to
  • implanted ports and
  • lines used for hemodynamic monitoring,
  • CENTRAL venous catheters & devices including
    • Groshong catheters
    • Hickman catheters
    • PICC
  • These rules do NOT prohibit LPN from administering medications via PIGGYBACK or in SECONDARY solutions via Central Lines

Telecommunication for Pronouncement of Patient Death

ABN Administrative Code Rule 610-X-6-.15

Pronouncement of Patient Death

• Code of Alabama 22-31-2, Public Health Law

• Only physician can ‘pronounce’ cause of death
Pronouncement of Patient Death

Cont’d

• The RN or LPN may RECEIVE a pronouncement of a patient’s death FROM a physician via telecommunication without a physical examination of the patient by that physician.

• A facility policy shall specify the PERMISSIBLE PATIENT CONDITIONS for which the RN or LPN in a specific health care facility or agency may receive the pronouncement of a patient’s death by telecommunications.

What reports must be sent to the ABN by the Chief Nursing Officer?

Annual Report of Licensure

ABN Administration Code Rule 610-X-4-.15

• The director of nursing or other appropriate authority shall submit an annual report that includes all persons employed as LPNs or RNs according to guidelines provided by the Board.

• Subscription to the Board’s group online license verification service shall serve as the annual report of employing agencies.
Annual Report of Standardized Procedures
ABN Administrative Code Rule 610-X-6-12(6)

- The chief nursing officer shall submit an annual report to the Board in a format specified by the Board.

Purpose of Annual Report of Standardized Procedures
- To identify procedures in current nursing practice
- To promote congruence between nursing practice and nursing education
Components of Annual REPORT of Standardized Procedures

• Name of Procedure

• Nurses allowed to perform that procedure in your facility/agency (RN, LPN, CRNP, CNS, CNM, CRNA, RNFA, SANE)

• Limitations/Restrictions

• Supervision

• Presence of Policy in facility

Notice of Annual Report of Standardized Procedures

• Delivered to CNOs in late January via
  – CNO Email Address List Serve
  – Weekly Round-up

• EXTREMELY Important that we have your correct email address

Due Date April 15/16

What happens to what we send in?

• Data Compiled
  – Procedures tallied per facility type
  – Top Procedures per facility type reported
  • Hospitals by Licensed Bed Capacity
2011 Annual Report of Care in Alabama Nursing & Rehabilitation Facilities (Nursing Homes)
Reflecting Care in 2010

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Nursing Homes Cont’d | RANKING in YEARLY REPORTS |
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ADJUDICATION OF DISCIPLINE

Discipline, Removal from Practice and Readmission to Practice

Process
• Docketed in database
• Reviewed by Executive Officer
• Notice of Investigation sent to Nurse
• Acknowledgment sent to Complainant
• Subpoena(s) issued
• Investigated

NON-Discipline Options
• No violation: Letter of closure
• No provable violation but conduct inappropriate: Letter of Admonishment
• VDAP
  – Drugs/Alcohol abuse & dependency
  – Mental Illness
  – Impairment
Discipline Option: Violation CAN be Proven

- Informal vs. Formal Disposition
  - INFORMAL:
    - Consent Order
    - Voluntary Surrender (self-revocation by nurse)
  - FORMAL: Administrative Hearing

Types of Discipline

- Reprimand
- Reprimand and Fine
- Probation
  - Fine
  - Until conditions met
  - Specific time period (1-5 years)

Types of Discipline Cont'd

- Suspension:
  - Fine
  - Until conditions met
    - Education
    - Chemical dependency evaluations
  - Certain time period
  - One year: automatic revocation clause in consent orders if suspension extends beyond 12 months

- Revocation
  - Voluntary Surrender: Self-revocation
Continuing Education

ABN Administrative Code Chapter 610-X-10

24 contact hours required for license renewal unless license received within the earning period.

2 Types of PROVIDERS:
• ABN Approved Providers of CE
• Recognized Providers of CE
  – ABN Administrative Code Chapter 610-X-10 defines recognized providers.

Continuing Education Cont’d

To determine if a CE Provider is RECOGNIZED by ABN, ask the following questions: IS THE PROVIDER
• A state board of nursing in the US or its territories?
• Accredited by a national CE body such as ANCC or IACET?
• A national nursing organization that approved PROVIDERS of CE?
• An Alabama Regulatory Board?
• Approved by the Accreditation Council for Continuing Medical Education (ACCME)?
Recognized Providers Cont'd

- A standardized national course APPROVED by a national organization?
- A state nurses' association?
- A college or university that is accredited by an organization recognized by the US Department of Education & have CE as part of their mission?

If the answer is YES, then the provider is recognized by the ABN.

If the answer is NO, then the provider is NOT recognized by the ABN.

IMPORTANT DIFFERENCES for the Nurse

ABN APPROVED PROVIDERS – Contact Hours must be electronically transmitted by the provider.

RECOGNIZED PROVIDERS –
- Nurse must have a certificate that includes at a minimum the PRINTED name of course & provider, accreditation statement, date of course and CONTACT Hours.
- Nurse must enter the contact hours manually into their Individual CE Record on the ABN website.