

# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

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## POSITION STATEMENTS

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### POSITION STATEMENT

94-1

**Role of the Registered Nurse in the Management of Patients Receiving Moderate Sedation, Anesthetic Agents or Neuromuscular Blocking (paralytic) Agents For Therapeutic or Diagnostic Procedures**

The Arkansas State Board of Nursing has determined that it is within the scope of practice of a registered nurse (RN) who has demonstrated competency to administer pharmacologic agents under direct supervision of a physician or advanced practice registered nurse (APRN) to produce moderate sedation and to assist in rapid sequence intubation (RSI). Air and surface transport RNs in the field may administer pharmacologic agents under the direction of the physician or APRN. Consistent with state law, the attending physician, APRN, or a qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient. Optimal anesthesia care is best provided by anesthesiologists and certified registered nurse anesthetists (CRNAs). The Board recognizes that the demand in the practice setting necessitates non-APRN RNs to administer anesthetic agents or neuromuscular blocking (paralytic) agents in specific circumstances. **The RN shall have the educational preparation and clinical competence to administer anesthetic agents or neuromuscular blocking (paralytic) agents** to assist in moderate sedation, RSI, therapeutic, or diagnostic procedures.

These specific circumstances include:

1. The RN administering a continuous infusion of an anesthetic agent or neuromuscular blocking (paralytic) agent to a hospitalized patient who is intubated and ventilated in an acute care setting for the purposes of maintaining comfort, stable oxygenation and ventilation, and a viable airway. A physician qualified in the administration of anesthetics or an APRN shall determine the continuous infusion dosage. Dose titrations and boluses of subsequent anesthetic agents or neuromuscular blocking (paralytic) agents to be administered to the intubated and ventilated patient may be administered by the RN upon specific orders or protocols by a physician or APRN.
2. The RN administering sedation for comfort care in the final hours of life under the direction of a physician or APRN.
3. The RN administering sedation for procedure where the physician or APRN is present but unable to personally inject the agents because the physician or APRN is performing the critical procedure of emergent intubation.
4. The air and surface transport RN administering sedation for a procedure in the field setting under the direction of a physician or APRN.
5. The RN administering anesthetic agents in placement of peripheral nerve blocks that may require the use of both hands of the physician or APRN to not compromise patient safety.
6. The RN administering anesthetic agents for therapeutic care including pain management or treatment of agitated delirium.

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Role of the Registered Nurse in the Management of Patients Receiving Moderate Sedation, Anesthetic Agents or Neuromuscular Blocking (paralytic) Agents for Therapeutic or Diagnostic Procedures

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As with all areas of nursing practice, the RN shall apply the *Nurse Practice Act* and *Rules* to the specific practice setting, and shall utilize good professional judgment in determining whether to engage in a given patient-care related activity.

Employing facilities shall have policies and procedures to guide the RN. The Arkansas State Board of Nursing has adopted the attached guidelines.

Adopted November 1994  
Revised September 17, 2009  
Revised September 12, 2014  
Revised May 11, 2017

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## Arkansas Department of Health

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### POSITION STATEMENT

**99-1**

**Registered Nurse Deployment of Extravascular  
Collagen Plugs**

The Arkansas State Board of Nursing has determined that, under the following conditions, it is within the scope of practice of the registered nurse to deploy extravascular collagen plugs for hemostasis.

1. Successful completion of an organized program of study which is approved by a nationally recognized accrediting body and provides didactic classroom instruction followed by supervised clinical practice which includes but is not limited to:
  - a. Anatomy and physiology
  - b. Patient screening
  - c. Patient teaching
  - d. Equipment
  - e. Sterile technique
  - f. Complication identification and management
  - g. Documentation of pre/post teaching, procedure and follow-up
  - h. Cognitive and psychomotor skills necessary to deploy an extravascular collagen plug
  - i. Legal ramifications of deploying an extravascular collagen plug including the RN's responsibility and liability in the event of untoward reaction or life-threatening complications
  - j. A mechanism for quality assurance and periodic review for competency
  - k. Supervised clinical practice on a minimum of ten (10) successful deployments
2. Deployment of extravascular collagen plugs by RNs is allowed by institutional policy, procedure, or protocol.
3. A consent form designating the RN as the person performing the procedure is signed by the patient or their legally authorized representative.
4. A physician writes the order for the RN to deploy the extravascular collagen plug and is readily accessible to manage complications which may occur.
5. A periodic educational/competency validation mechanism is developed, and documentation of the successful demonstration of knowledge, skills, and abilities related to the management and care of persons receiving an extravascular collagen plug are on file for each nurse performing the procedure.

## **POSITION STATEMENT 94-1 GUIDELINES**

### **Position Statement on the Role of the Registered Nurse (RN) in the Management of Patients Receiving Moderate Sedation, Anesthetic Agents or Neuromuscular Blocking (paralytic) agents For Therapeutic or Diagnostic Procedures**

#### **A. Definition of Moderate Sedation.**

The American Society of Anesthesiologists (ASA) defines the various levels of sedation and anesthesia that are now incorporated into this statement. (ASA Statement on Granting Privileges for Administration of Moderate Sedation to Practitioners Who are not Anesthesia Professionals, approved by ASA House of Delegates on October 25, 2005, and amended on October 19, 2011).

“Moderate Sedation/Analgesia” is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Also, note that procedural sedation involves the use of sedative and analgesic agents to reduce the anxiety and pain suffered by patients during procedures (American College of Emergency Physicians [ACEP] Policy Statement, Sedation in the Emergency Department, Approved by the ACEP Board January 13, 2011).

“Deep Sedation/Analgesia” is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

Rescue of a patient from a deeper level of sedation than intended is an intervention by a practitioner proficient in anesthesia care, proficient in airway management, and trained in advanced life support. The qualified anesthesia practitioner corrects adverse physiologic consequences of the deeper-than intended level of sedation (such as hypoventilation, hypoxia and hypotension) and returns the patient to the originally intended level of sedation.

“General Anesthesia” is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

#### **B. Position Statement 94-1 Guidelines for Management and Monitoring**

It is within the scope of practice of a registered nurse to manage the care of patients receiving moderate sedation during therapeutic or diagnostic procedures provided the following criteria are met:

1. Administration of moderate sedation medications by non-anesthetist RNs is allowed by state laws and institutional policy, procedures, and protocol.
2. An anesthesia provider or attending physician selects and orders the medications to induce moderate sedation.
3. Guidelines for patient monitoring, drug administration, and protocols for dealing with potential complications or emergency situations are available and have been developed in accordance with accepted standards of anesthesia practice.
4. The RN managing the care of the patient receiving moderate sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.
5. The RN managing the care of the patient receiving moderate sedation is able to:
  - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac dysrhythmia recognition and complications related to moderate sedation and medications.

## POSITION STATEMENT 94-1 GUIDELINES

- b. Assess total patient care requirements during moderate sedation and recovery. Physiologic measurements should include, but not be limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
  - c. Understand the principles of oxygen delivery, respiratory physiology, transport and uptake, and demonstrate the ability to use oxygen delivery devices.
  - d. Anticipate and recognize potential complications of moderate sedation in relation to the type of medication being administered.
  - e. Possess the requisite knowledge and skills to assess, identify and intervene in the event of complications or undesired outcomes and to institute nursing interventions in compliance with orders (including standing orders) or institutional protocols or guidelines.
  - f. Demonstrate skill in airway management resuscitation.
  - g. Demonstrate knowledge of the legal ramifications of administering moderate sedation or monitoring patients receiving moderate sedation, including the RN's responsibility and liability in the event of an untoward reaction or life threatening complication.
6. The institution or practice setting has in place an education and competency validation mechanism that includes a process for evaluating and documenting the RNs demonstration of the knowledge, skills, and abilities related to the management of patients receiving moderate sedation. Evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

### C. Additional Guidelines

1. Intravenous access must be continuously maintained in the patient receiving moderate sedation.
2. All patients receiving moderate sedation will be continuously monitored throughout the procedure as well as the recovery phase by physiologic measurements including, but not limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
3. Supplemental oxygen will be immediately available to all patients receiving moderate sedation and administered per order (including standing orders).
4. An emergency cart with a defibrillator must be immediately accessible to every location where moderate sedation is administered. Suction and a positive pressure breathing device, oxygen, and appropriate airways must be in each room where moderate sedation is administered.
5. Provisions must be in place for back-up personnel who are experts in airway management, emergency intubation, and advanced cardiopulmonary resuscitation if complications arise.

### D. Definitions/Implications for Rapid Sequence Intubation

The American College of Emergency Physicians (ACEP) defines Rapid Sequence Intubation (RSI) as an airway management technique in which a potent sedative or anesthetic induction agent is administered simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

Additionally, the American College of Emergency Physician claims the licensed provider who is managing the patient's airway is to have no other responsibilities or duties at that time. To require the licensed provider to leave the patient's airway in order to administer medications for the purpose of RSI compromises patient safety (ACEP, 2006)

### E. Guidelines for Management and Monitoring of RSI

It is within the scope of practice of a RN who has completed special education and demonstrated evidence of competency and skill to administer anesthetic agents or neuromuscular blocking (paralytic) agents to the non-intubated patient for the purpose of RSI, as well as manage and monitor the patient receiving RSI, provided specific criteria are met.

## POSITION STATEMENT 94-1 GUIDELINES

1. Administration of anesthetic agents or neuromuscular blocking (paralytic) agents by non-anesthetist RN is allowed by state laws and institutional policy, procedure, and protocol.
2. Medications for RSI are ordered by a physician or APRN.
3. The RN managing the care of the patient receiving RSI shall have no other responsibilities that would leave the patient unattended or compromise continuous patient monitoring.
4. The RN managing the care of the patient receiving RSI shall be able to:
  - a. Demonstrate knowledge of airway management, arrhythmia recognition, and emergency resuscitation appropriate to the age of the patient, utilizing Advanced Cardiopulmonary Life Support (ACLS), Pediatric Advanced Life Support (PALS), and/or Neonatal Resuscitation Program (NRP) guidelines.
  - b. Understand principles of pharmacology related to sedation, anesthetic induction, and neuromuscular blocking (paralytic) agents, including drug actions, side effects, and reversal agents.
  - c. Demonstrate knowledge of physiologic parameters that are to be monitored during medication administration and RSI such as respiratory rate, oxygen saturation, blood pressure, cardiac rhythm, heart rate, and patient's level of consciousness.
  - d. Assess the total patient care requirements before and during the administration of anesthetic agents or neuromuscular blocking (paralytic) agents, including the recovery phase.
  - e. Demonstrate knowledge of the appropriate nursing interventions in the event of a complication, unsuccessful RSI, or untoward outcome.
  - f. Demonstrate knowledge of the legal ramifications of administering medications for the purpose of RSI and patient monitoring, including the RNs responsibility and liability in the event of an untoward reaction or life threatening complication.

### F. Practice Setting/Agency Responsibilities for RSI

Based on agency standards, regulations, accreditation requirements, personnel, and equipment, each employing agency may determine if medication administration by RNs for the purpose of RSI is authorized in their setting. If medication administration by non-anesthetist RNs for the purpose of RSI is permitted, the following shall be in place:

1. Written policy and procedure to address RSI.
2. Credentialing requirements for non-anesthesiologist physicians.
3. Documentation of required and ongoing education and competency for RNs administering medications for the purpose of RSI.
4. Requirement that the physician or APRN be physically present at the bedside throughout the time RSI medications are being administered by a RN to ensure the physician or APRN performs the intubation and is readily available in the event of an emergency, except when administration occurs in the field by air and surface transport RNs. In the field setting, a second provider who will perform intubation must be physically present and ready to intubate as soon as possible once the medications have been administered.
5. Emergency Equipment
  - a. Age and size appropriate emergency supplies must be immediately accessible at every location where RSI is performed. Required supplies include emergency resuscitative drugs, basic and advanced airway and ventilator adjunct equipment, cardiac monitor and defibrillator, and source for 100% oxygen administration.
  - b. Suction devices
  - c. Positive pressure breathing device/bag-valve mask (BVM)
  - d. Supplemental oxygen
  - e. Blood pressure cuff(s)
  - f. Stethoscope
  - g. Pulse oximetry



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American Association of Critical-Care Nurses  
American Association of Neuroscience Nurses  
American Association of Nurse Anesthetists  
American Association of Spinal Cord Injury Nurses  
American Association of Occupational Health Nurses  
American Nephrology Nurses Association  
American Nurses Association  
American Radiological Nurses Association  
American Society of Pain Management Nurses  
American Society of Plastic and Reconstructive Surgical Nurses  
American Society of Post Anesthesia Nurses  
American Urological Association, Allied  
Association of Operating Room Nurses  
Association of Pediatric Oncology Nurses  
Association of Rehabilitation Nurses  
Dermatology Nurses Association  
NAACOG, The Organization for Obstetric, Gynecologic, and Neonatal Nurses  
National Association of Orthopaedic Nurses  
National Flight Nurses Association  
National Student Nurses Association  
Nurse Consultants Association, Inc.  
Nurses Organization of Veterans Affairs  
Nursing Pain Association

Adopted November 1994  
Revised September 17, 2009  
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## Arkansas Department of Health

Division of Healthcare Related  
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### POSITION STATEMENT

95-2

**Transmission and Acceptance of Verbal Orders**

The Arkansas State Board of Nursing acknowledges that the best interests of all members of the health care team are served by having authorized prescribers holding active prescriptive authority write all orders on the patient's medical record. Although a licensed nurse relating verbal and telephonic orders to a licensed nurse may have become accepted practice, neither the Arkansas Nurse Practice Act nor the Arkansas State Board of Nursing Rules and Regulations specifically address this issue. Verbal orders transmitted over the phone place the licensed nurse at greater risk. Employing facilities should have policies and procedures to guide the licensed nurse.

However, the Rules and Regulations of the Arkansas State Board of Nursing do prohibit a licensed nurse from receiving or transmitting verbal orders to or from unlicensed personnel.

Adopted December 7, 1995  
Revised May 12, 2012

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## Arkansas Department of Health

Division of Healthcare Related  
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### POSITION STATEMENT

97-1

**The Performance of Stapling, Suturing, or  
Application of Tissue Adhesive, for Superficial  
Wound Closure by Nurses in the Operating Room**

#### **Statutory Definition**

Arkansas Code Annotated §17-87-102 defines "Practice of professional nursing" as: ". . .the performance for compensation of any acts involving the observation, care, and counsel of the ill, injured, or infirm; the maintenance of health or prevention of illness of others; the supervision and teaching of other personnel; the delegation of certain nursing practices to other personnel as set forth in regulations established by the Board; or the administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law, where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences".

" . . .the Practice of practical nursing" means the performance for compensation of acts involving the care of the ill, injured, infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board under the direction of a registered professional nurse, an advanced practice nurse, a license physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing;"

"Practice of psychiatric technician nursing" means the performance for compensation of acts involving the care of the physically and mentally ill, retarded, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board, and the carrying our of medical orders under the direction of registered professional nurse, and advanced practice nurse, a licensed physician, or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing."

#### **Position Statement**

Numerous inquiries regarding the roles of nurses in the performance of stapling, suturing, or application of tissue adhesive has been received by the Arkansas State Board of Nursing. After study of the issues and concerns, the Arkansas State Board of Nursing issued the following position statement:

#### **Stapling and Suturing**

The performance of stapling, suturing or application of tissue adhesive for superficial wound closure, as delegated by the attending surgeon in the operating room, is within the scope of nursing practice; however, the suturing of muscle, nerve, fascia, or tendon is not within the scope of their practice

Nurses who perform stapling, suturing or application of tissue adhesive for superficial wound closure are responsible for having adequate preparation and experience to perform such acts and shall have documented

## **POSITION STATEMENT 97-1**

The Performance of Stapling, Suturing, or Application of Tissue Adhesive, for Superficial Wound Closure  
by Nurses in the Operating Room

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competency with performance of such procedures. The nurse is responsible for documentation of educational preparation and for maintaining continuing competency.

In the performance of stapling, suturing, or application of tissue adhesive for superficial wound closure, the nurse should:

- 1) Have knowledge of the potential complications and adverse reactions, which may result from the procedure(s),
- 2) Have the knowledge and ability to recognize adverse reactions and to take appropriate nursing intervention as indicated, and
- 3) Perform the procedure(s) in accordance with the established written agency policies and procedures, which are consistent with the definition of "professional nursing practice", "practice of practical nursing" and "licensed psychiatric technician nurse" as stated in Arkansas Code Annotated §17-87-102.

### **Determining Scope of Practice**

Arkansas Code Annotated § 17-87-309 and ASBN *Rules*, Chapter 9, Section XV.A.6.f. holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform.

*Adopted March 13, 1997  
Revised November 2001  
Reviewed September 11, 2013*

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### POSITION STATEMENT

97-2

**Assistance with Self Medication for Unlicensed  
Persons**

### DEFINITIONS

Assistance with Medication-- Ancillary aid needed by an individual to self-administer oral medication, such as reminding the individual to take a medication at the prescribed time, opening and closing a medication container, returning a medication to the proper storage area, and assisting in reordering such medications from a pharmacy. Such ancillary aide shall not include calculation of medication dosage, or altering the form of the medication by crushing, dissolving, or any other method.

Setting: Location in which the purpose of the setting is other than the provision of health care such as an individual's residence which may include a group home or foster home as well as other settings including, but not limited to school, work or church where the individual participates in activities.

Cognitively Able: Awareness with perception, reasoning, intuition and memory.

Stable: A situation where the individual's clinical and behavioral status and care needs are non-fluctuating and consistent.

### POSITION

The Arkansas State Board of Nursing is authorized by ACA § 17-87-203 to regulate nurses, and nursing education and practice and to promulgate regulations in order to assure that safe and effective nursing care is provided by nurses to the public. Pursuant to ACA § 17-87-101, any person practicing nursing for compensation is required to hold nursing licensure. ACA § 17-87-102 allows the licensed nurse to delegate certain nursing practices to other personnel as set forth in regulations established by the Board.

Effective September 25, 1995, the Board promulgated Chapter 5 of the *Rules*- titled Delegation. Delegation is defined in Chapter 1 as entrusting the performance of a selected nursing task to an individual who is qualified, competent and able to perform such tasks. The nurse retains the accountability for the total nursing care of the individual.

This position statement provides a guideline to nurses who supervise and delegate tasks to unlicensed persons who provide assistance in order to assure that care is provided in a safe and effective manner.

A licensed nurse shall not delegate to any unlicensed person the administration of medication. An unlicensed person is not precluded from assisting an individual with the self-administration of oral medications in a setting where the purpose of the setting is other than the provision of health care. Assistance with self-medication by an unlicensed person may occur only as directed by physically impaired, cognitively able individuals with stable conditions. An unlicensed person assisting with the self-administration of medication may only do the following:

**POSITION STATEMENT 97-2**

Assistance with Self-Medication for Unlicensed Persons

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- (1) Remind an individual when to take the medication and observe to ensure that the individual follows the directions on the container;
- (2) Assist an individual in the self-administration of medication by taking the medication in its container from the area where it is stored and handing the container with the medication in it to the individual. If the individual is physically unable to open the container, the unlicensed person may open the container for the individual; and
- (3) Assist, upon request by or with the consent of, a physically impaired but cognitively able individual, in removing oral medication from the container and in taking the medication. If an individual is physically unable to place a dose of oral medicine in the individual's mouth without spilling or dropping it, an unlicensed person may place the dose in another container and place that container to the mouth of the individual.

As set forth above, the assistance with self-administration of oral medication shall not constitute the practice of nursing in a setting where the purpose of the setting is other than the provision of health care.

Adopted May 7, 1997  
Reviewed May 9, 2012

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## Arkansas Department of Health

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### POSITION STATEMENT

98-1

**Administration of Analgesia by Specialized  
Catheter (Epidural, Intrathecal, Intrapleural)**

The Arkansas State Board of Nursing has determined that, under the following conditions, it is within the scope of practice of the registered nurse, licensed practical nurse, and licensed psychiatric technician nurse to provide care to patients receiving analgesia by a specialized catheter.

**A. Catheter Placement, Initial Test Dosing, and Establishment of Analgesic Dosage Parameters.**

Placement of a catheter or infusion device, administration of the test-dose or initial dose of medication to determine correct catheter or infusion device placement, and establishment of analgesic dosage parameters by written order for patients who need acute or chronic pain relief or for the woman during labor is to be done only by professionals who are educated and licensed in the specialty of anesthesia and physicians in other specialties who have been granted clinical privileges by the institution. A qualified anesthesia provider must be readily available as defined by institutional policy.

**B. Monitoring of the woman in labor who is receiving epidural analgesia.**

1. The registered nurse may monitor the woman in labor who is receiving epidural analgesia, Monitoring may include:
  - a. Replacement of empty infusion containers with new pre-prepared solutions containing the same medication and concentration;
  - b. Stopping infusions;
  - c. Initiating emergency therapeutic measures under standing orders if complications arise;
  - d. Removing the catheter upon written provider order;
  - e. Monitoring the effectiveness of therapy and identification of complications.
2. Monitoring does not include the administration of subsequent bolus doses or adjusting the drug infusion rates.

**C. Management of patients with catheters or devices for analgesia to alleviate acute post-surgical, pathological, or chronic pain.**

1. A registered nurse may manage the care of patients with catheters or devices for analgesia to alleviate acute post-surgical, pathological, or chronic pain.  
Management may include: Administration of a bolus dose through bolus feature of a continuous infusion pump, following establishment of appropriate therapeutic range as set by the professional who is educated and licensed in the specialty of anesthesia or physicians in other specialties who have been granted clinical privileges by the institution;

## **POSITION STATEMENT 98-1**

### **Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural)**

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- b. Adjustment of drug infusion rate in compliance with the anesthesia provider or physician's patient-specific written orders;
  - c. Replacement of empty infusion containers with new pre-prepared solutions;
  - d. Stopping infusions;
  - e. Initiating emergency therapeutic measures under standing orders if complications arise;
  - f. Removing the catheter upon written order;
  - g. Accessing implanted ports with percutaneous access; and
  - h. Monitoring the effectiveness of therapy and identification of complications.
2. A licensed practical nurse or licensed psychiatric technician nurse may provide the care to patients with catheters or devices for analgesia to alleviate acute post-surgical, pathological, or chronic pain. Care may include:
- a. Replacement of empty infusion containers with new pre-prepared solutions;
  - b. Monitoring the effectiveness of therapy and identification of complications; and
  - c. Stopping infusions.

#### **D. Standing orders, Education, and Competency**

It is within the scope of practice of the registered nurse, licensed practical nurse, or licensed psychiatric technician nurse to manage and/or provide the care of patients receiving analgesia by catheter as defined above only when the following criteria are met.

1. Management and/or monitoring of analgesia by catheter technique are allowed by institutional policy, procedure, or standing orders.
2. The attending physician or the qualified anesthesia provider placing the catheter or infusion device selects and orders the medications, doses and concentrations of opioids, local anesthetics, steroids, alpha-agonists, or other documented safe medications or combinations thereof.
3. Guidelines for patient monitoring, medication administration and standing orders for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia or physician provider.
4. The registered nurse providing care for patients receiving analgesia by catheter or infusion device for acute post-surgical, pathological, or chronic pain relief or for the woman during labor is able to:
  - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique (catheter and site specific) and medication.
  - b. Assess the patient's total care needs during analgesia.
  - c. Utilize monitoring modalities, interpret physiological responses, and initiate nursing interventions to ensure optimal patient care.
  - d. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
  - e. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders as allowed by this position statement.
  - f. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
  - g. Demonstrate knowledge and skills required for catheter removal.
  - h. Demonstrate knowledge of the legal ramifications of managing and/or monitoring analgesia by catheter techniques, including the registered nurses' responsibility and liability in the event of untoward reaction or life-threatening complication.



## **POSITION STATEMENT 98-1**

### **Administration of Analgesia by Specialized Catheter (Epidural, Intrathecal, Intrapleural)**

Page 3

5. The licensed practical nurse/licensed psychiatric technician nurse providing care for patients receiving analgesia by catheter or infusion device for acute post-surgical, pathological, or chronic pain relief is able to:
  - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique medication.
  - b. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
  - c. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders.
  - d. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
6. An educational/competency validation mechanism is developed by the institution, and documentation of the successful demonstration of knowledge, skills, and abilities related to the management of the care of persons receiving analgesia by catheters and pain control infusion devices for all nurses who will be providing such care is maintained by the institution. Education/competency validation is specific to type catheter, device, and site being used. Evaluation and documentation of competence occurs on a periodic basis.

Adapted from the American Nurses Association's "Position Statement on the Role of the Registered Nurse (RN) In the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheters)" 1991, and Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) "Role of the Registered Nurse (RN) in the Care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PCEA Catheters)" Reapproved by the AWHONN Board of Directors June 2007.

Adopted March 14, 1998  
Revised May 12, 2011

# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

98-2

Insertion of Intrauterine Pressure Catheter

The Arkansas State Board of Nursing has determined that it is not within the scope of practice of the registered nurse, licensed practical nurse, and licensed psychiatric technician nurse to insert intrauterine pressure catheters.

Adopted May 14, 1998  
Revised May 9, 2013

# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

<b>POSITION STATEMENT</b>
<b>98-6</b>
<b>Decision-Making Model</b>

The attached Decision-Making Model has been adopted by the Arkansas State Board of Nursing:

Adopted November 1998  
Revised January 1999  
Reviewed January 10, 2013

# DECISION MAKING MODEL

The following statement, the Decision Making Model, is provided for reference when making decisions about your scope of practice.

*The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities.*

*The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses should remain current and increase*



*their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way.*

*The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.*

*The mission of the Arkansas State Board of Nursing is to protect the public and act as their advocate by effectively regulating the practice of nursing.*

## THE PRACTICE OF NURSING

### **The Practice of Professional (Registered) Nursing:**

The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation fall within the professional nurse scope of practice.

The performance for compensation of any acts involving:

- the observation, care and counsel of the ill, injured or infirm;
- the maintenance of health or prevention of illness of others;
- the supervision and teaching of other personnel;
- the delegation of certain nursing practices to other personnel;
- administration of medications and treatments

where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

ACA § 17-87-102 (10) (A-E)

### **The Practice of Advanced Practice Registered Nursing:**

The advanced practice registered nurse shall practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the ASBN Rules. The advanced practice registered nurse may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.

The delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as advanced nurse practitioners, certified nurse anesthetists, certified nurse midwives and clinical nurse specialists.

ACA § 17-87-102 (4) (A-B)

### **The Practice of Registered Nurse Practitioner Nursing:**

The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician. ACA § 17-87-102 (12) (A-B)

### **The Practice of Practical Nursing:**

The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.

The performance for compensation of acts involving:

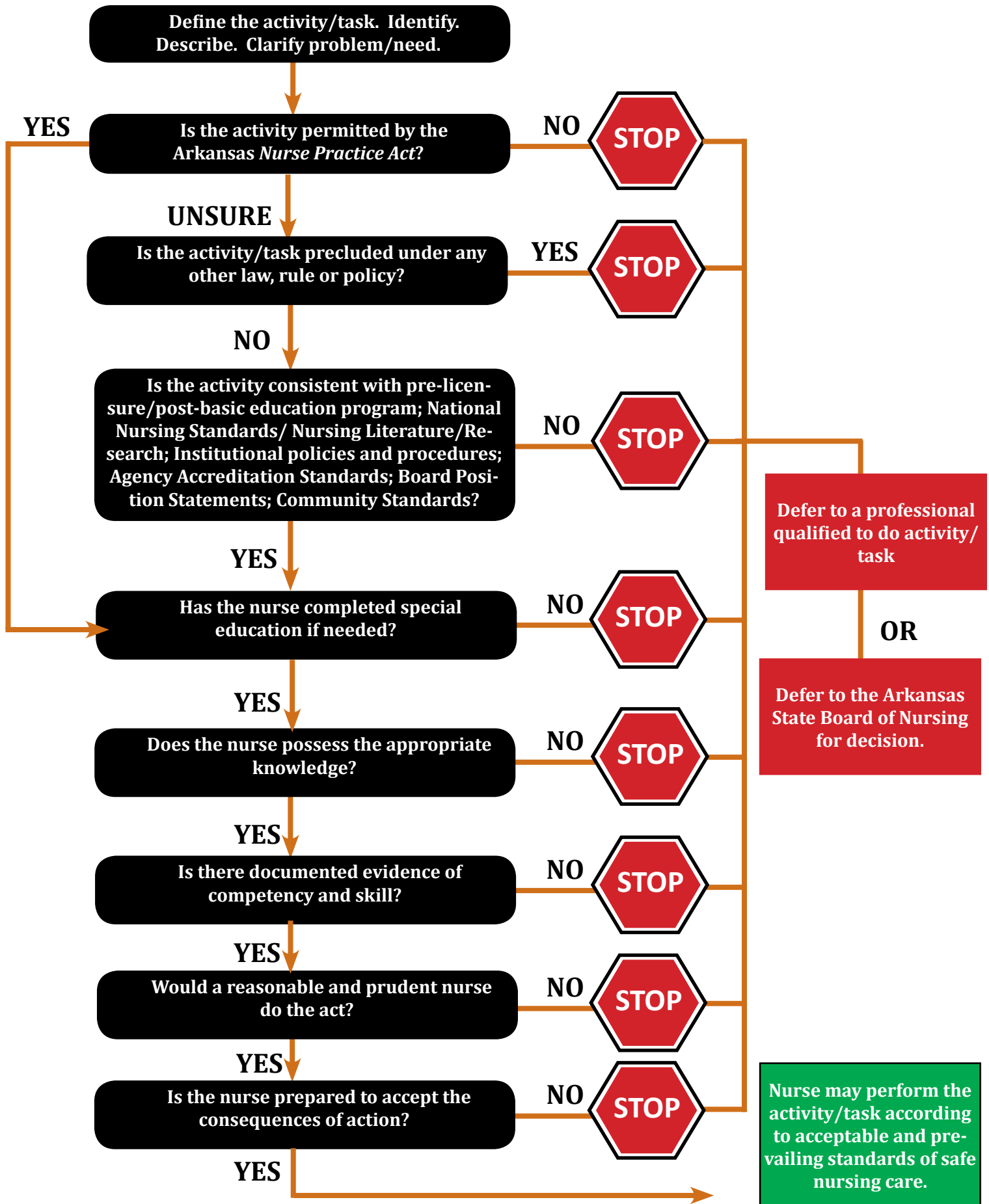
- the care of the ill, injured, or infirm;
- the delegation of certain nursing practices to other personnel under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgement, and knowledge required in professional nursing. ACA § 17-87-102 (9)

### **The Practice of Psychiatric Technician Nursing:**

The performance for compensation of acts involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing. ACA § 17-87-102 (11)

# SCOPE OF PRACTICE DECISION MAKING MODEL



## DECISION MAKING PROCESS

### 1. Define the Activity/Task:

Clarify what is the problem or need?  
 Who are the people involved in the decision?  
 What is the decision to be made and where (what setting or organization) will it take place?  
 Why is the question being raised now?  
 Has it been discussed previously?

### 2. Is the activity permitted by Arkansas Nurse Practice Act?

NO – Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Go to Question # 5 – Special education needed? Unsure -- Go to Question # 3 – Precluded by other law, rule, or policy?

### 3. Is activity/task precluded under any other law, rule or policy?

No – Go to Question #4 – Consistent with.... Yes -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision.

### 4. Is the activity consistent with:

Pre-licensure/post-basic education program National Nursing Standards Nursing Literature/Research Institutional policies and procedures Agency Accreditation Standards Board Position Statements Community Standards? No -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Go to Question # 5 – Special education needs?

### 5. Has the nurse completed special education if needed?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Go to Question # 6 – Possess appropriate knowledge?

### 6. Does nurse possess appropriate knowledge?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Go to Question #7—Documented competency?

### 7. Is there documented evidence of competency & skill?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Go to Question #8 – Reasonable & prudent nurse?

### 8. Would a reasonable & prudent nurse perform the act?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Go to Question #9 – Prepared to accept consequences?

### 9. Is nurse prepared to accept the consequences of action?

No -- Stop. Defer the activity/task to a professional qualified to do the activity/task or to the Arkansas State Board of Nursing for a decision. Yes – Nurse may perform the activity/task according to acceptable and prevailing standards of nursing care.

## GUIDELINES for DECISION MAKING

The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although their perspectives are different the process is the same. The following steps are basic to the process.

### Clarify:

What is the problem or need?  
 Who are the people involved in the decision?  
 What is the decision to be made and where (what setting or organization) will it take place?  
 Why is the question being raised now?  
 Has it been discussed previously?

### Assess:

What are your resources?  
 What are your strengths?  
 What skills and knowledge are required?  
 What or who is available to assist you?

### Identify Options:

What are possible solutions?  
 What are the characteristics of an ideal solution?  
 Is it feasible?  
 What are the risks?  
 What are the costs?  
 Are they feasible?  
 What are the implications of your decision?  
 How serious are the consequences?

### Point of Decision:

What is the best decision?  
 When should it be done?  
 By whom?  
 What are the implications or consequences of your decision?  
 How will you judge the effectiveness of your decision?



# APPLICATION OF GUIDELINES FOR DECISION MAKING

## Clarify what it is you are being asked to do:

*Gather facts that may influence the decision.*

- Are there written policies and procedures available to describe how and under what conditions you will perform this task?
- Does the new responsibility require professional judgment or simply the acquisition of a new skill?
- Is this a new expectation for all RNs? LPNs? LPTNs?
- Has this been done before by others in your unit or health care facility?
- Is it just new to you?
- What about the other facilities in your community or region?
- What are the nurse manager's expectations about you or other RNs, LPNs, LPTNs, becoming responsible for this procedure?
- When will this become effective?
- Will there be an opportunity to help you attain the needed clinical competency?
- Who will be responsible for the initial supervision and evaluation of this newly performed task?
- Will you be given additional time to learn the skill if you need it?

## Assess:

- Are you clinically competent to perform this procedure?
- Do you currently have the knowledge and skills to perform the procedure?
- Have you had experience in previous jobs with this procedure?
- Who is available to assist you who has that skill and knowledge?
- Is that person accessible to you?
- Do you believe you will be able to learn the new skill in the allotted time?
- How can you determine that you are practicing within your scope of nursing?
- What is the potential outcome for the patient if you do or do not perform the procedure?

## Identify options and implications of your decision.

### The options include:

- The responsibility/task is not prohibited by the *Nurse Practice Act*.

If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility. You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.

If you believe you will be unable to perform the new task competently, then further discussion with the nurse manager is necessary. At this point you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national and various publications. The American Nurses Association Code for Nurses, standards on practice, and your employer's policies and procedures manuals are valuable resources. The *Nurse Practice Act* serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

## Point of decision/Implications.

### Your decision maybe:

**Accept** the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual. You are now legally accountable for its performance.

**Agree** to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure that documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial inservice, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

**Refuse** to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a personal copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit (if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer's grievance procedure.

**For additional information on the *Nurse Practice Act*, *Rules* and *Position Statements*, go to the ASBN website, [www.arsbn.org](http://www.arsbn.org)**



Approved: November 1998; Revised: January 1999; Reviewed: January 10, 2013



# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

**99-1**

**Registered Nurse Deployment of Extravascular  
Collagen Plugs**

The Arkansas State Board of Nursing has determined that, under the following conditions, it is within the scope of practice of the registered nurse to deploy extravascular collagen plugs for hemostasis.

1. Successful completion of an organized program of study which is approved by a nationally recognized accrediting body and provides didactic classroom instruction followed by supervised clinical practice which includes but is not limited to:
  - a. Anatomy and physiology
  - b. Patient screening
  - c. Patient teaching
  - d. Equipment
  - e. Sterile technique
  - f. Complication identification and management
  - g. Documentation of pre/post teaching, procedure and follow-up
  - h. Cognitive and psychomotor skills necessary to deploy an extravascular collagen plug
  - i. Legal ramifications of deploying an extravascular collagen plug including the RN's responsibility and liability in the event of untoward reaction or life-threatening complications
  - j. A mechanism for quality assurance and periodic review for competency
  - k. Supervised clinical practice on a minimum of ten (10) successful deployments
2. Deployment of extravascular collagen plugs by RNs is allowed by institutional policy, procedure, or protocol.
3. A consent form designating the RN as the person performing the procedure is signed by the patient or their legally authorized representative.
4. A physician writes the order for the RN to deploy the extravascular collagen plug and is readily accessible to manage complications which may occur.
5. A periodic educational/competency validation mechanism is developed, and documentation of the successful demonstration of knowledge, skills, and abilities related to the management and care of persons receiving an extravascular collagen plug are on file for each nurse performing the procedure.

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Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

00-2

Telenursing

Telenursing is defined as the practice of nursing care over distance using telecommunications technology.\*

The Arkansas State Board of Nursing (ASBN) has determined that the nurse must hold an active Arkansas license or a valid multistate license to practice Telenursing in the State of Arkansas. ASBN "Position Statement 98-6 Decision-Making Model" shall be followed to determine if a particular act of Telenursing is within the scope of practice of the nurse, with emphasis on completion of special education, possession of appropriate knowledge, and documented evidence of competency and skill in the nurse's personnel file.

<sup>1</sup>\*The National Council of State Boards of Nursing Position Paper on Telenursing: A Challenge to Regulation. Approved: August 1997 by the Delegate Assembly.

Adopted November 16, 2000  
Revised September 11, 2013

# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

03-1

**School Nurse Guidelines in Patient Care  
Settings other than Schools**

It is the Board's opinion that the Arkansas State Board of Nursing School Nurse Roles and Responsibilities Practice Guidelines may be applied to settings other than schools provided they are used as a whole and not taken out of context. **Further it is the opinion of the Board that it is inappropriate to use these guidelines to approve or deny services to clients.**

In May 2000 the Arkansas State Board of Nursing approved practice guidelines for school nurses. These guidelines were developed to assist the school nurse in determining the nursing care activities that could safely be delegated when certain conditions were met. The guidelines may be applied to other similar settings if:

1. Nursing care is NOT the primary purpose of the client being in the setting,
2. The parent/guardian would do the same nursing task(s) if they were present, and
3. The parent/guardian has given their consent for the unlicensed person to perform the nursing tasks.

In addition, the nurse who delegates nursing care to an unlicensed person must apply the following criteria in determining if it is appropriate to delegate the care:

1. A licensed nurse responsible for the client's nursing care and qualified to determine the appropriate application of delegation to an unlicensed person must assess the client. Periodic reassessment must confirm that the nursing care being delegated to an unlicensed person continues to be appropriate.
2. The client's nursing care needs must be stable.
3. The performance of the nursing care by an unlicensed person must not pose a potential harm to the client.
4. No or little modification can be made in the nursing care provided the client.
5. The nursing care being provided for the client cannot involve ongoing assessments, interpretations, or decision-making.
6. The competency of the unlicensed person to perform the required nursing care is validated and documented. This requires the nurse who is delegating the nursing care to be familiar with the client's needs and with the unlicensed person's skills.
7. Supervision that is required for the individual unlicensed person performing the specific task(s) for a specific client is readily available.
8. The facilities' policies and procedures identify the task(s) that may be delegated to an unlicensed person. The policies and procedures must also recognize that the nurse who is delegating the task(s) is responsible for determining that a task is appropriate to delegate in a specific situation.

Nurses who delegate nursing tasks are responsible and accountable for ensuring that the delegation was appropriate. Unlicensed persons are responsible and accountable for competent performance of the nursing care that is delegated to them which includes calling the delegating nurse for assistance if the client's condition or needs change.

## **POSITION STATEMENT 03-1**

### School Nurse Guidelines in Patient Care Settings other than Schools

Page 2

As with all areas of nursing practice, the RN shall apply the *Nurse Practice Act* and *Rules* to the specific practice setting, and shall utilize good professional judgment in determining whether to engage in a given patient-care related activity.

Employing facilities shall have policies and procedures to guide the RN. The Arkansas State Board of Nursing has adopted the attached guidelines.

Adopted February 12, 2003

# ARKANSAS STATE BOARD OF NURSING

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## ARKANSAS DEPARTMENT OF HEALTH

Division of Healthcare Related  
Boards & Commissions



# SCHOOL NURSE ROLES AND RESPONSIBILITIES

**September  
2021**

**Practice Guidelines**

May 2000, Revised September 2007  
Revised July 2018, Revised September 2021

## Purpose

The Arkansas State Board of Nursing (ASBN) and Arkansas School Nurses Association (ASNA) collaborated in 2000 to develop guidelines for nursing practice in the school setting. The guidelines assist school nurses, educators, and administrators in determining the care and staff qualifications that are required for the health and welfare of their student population. While the school nurse and school environment are specifically named in the guidelines, the same principles are to be applied to any setting where nurses are acting in loco parentis:

**In loco parentis** / in-'lō-kō-pə-'ren-tās / means “in place of parent.” The *in loco parentis* legal doctrine can be applied to both governmental and non-governmental entities and is implicated “when a person [or legal entity] undertakes the care and control of another [person of legal incapacity] in the absence of such supervision by the latter’s natural parents and in the absence of formal legal approval.” *Black’s Law Dictionary* 787 (6th Ed. 1990) (quoting *Griego v. Hogan*, 377 P.2d 953, 955-56 (N.M. 1963)). The doctrine most commonly applies to minors, but can apply in other contexts, such as adult-age persons who are suffering from permanent and severe medical incapacity.

While the nurse is acting in place of the parent, the nurse must obey all laws as defined in the *Arkansas Nurse Practice Act (NPA)* and Arkansas State Board of Nursing *Rules*. In addition to the NPA, the nurse needs to be aware and follow any law that applies to his/her area of practice, such as but not limited to those that are under the jurisdiction of the Arkansas Department of Health (ADH) and Arkansas Department of Education (ADE).

The following nurses have graciously given their time, energy and expertise in revising the guidelines:

Jessie Barker, RN-CHNS, Crowley’s Ridge Education Cooperative

Lana Boggs, RN-CHNS, Ozarks Unlimited Resource Education Cooperative

Crystal Bullard, RN, Batesville School District

Kelli Butcher, RN-CHNS, Northwest Education Cooperative

Cheryl Byrd, BSN, RN-CHNS, DeQueen-Mena Education Cooperative

Mae Hawkins-Coleman, MSN, RN, Pine Bluff School District

Angela Mackey, MABTS, BSN, RN, Union Christian Academy

Cheria McDonald, BSN, RN, NCSN, State School Nurse Consultant, Arkansas Department of Education

Cindy Mitchell, BSN, RN, Fort Smith School District

Andrea Thomas, MSN, RN, Star City School District

Cheryl Watson, BSN, RNP, NCSN, Benton School District

Lisa Wooten, MPH, BSN, RN, Assistant Director, Arkansas State Board of Nursing

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## INTRODUCTION

Changes in American society, nursing practice and the nature of child health services have resulted in an increased demand for expert clinical health services in child-oriented settings, such as schools, camps, day care centers and juvenile detention centers. Advances in health care and technology have increased the survival rate and life expectancy of low-birth-weight infants, children with chronic illnesses, congenital anomalies and those who have survived traumatic injuries. Some of these children have special healthcare needs, such as technology assistance, medication and/or treatment administration, and supplemental nutrition, which needs addressed when the child is away from home. An even greater number of children have long-term chronic medical conditions including, but not limited to diabetes, asthma, anemia, hemophilia, epilepsy, and leukemia. Some of these conditions require daily management in a setting outside of the home, while other conditions may require only intermittent management or acute care procedures on an emergency basis. These changes have also heightened the need for population-based health promotion, prevention, and early intervention services in child-oriented settings. Safe and accountable nursing practice requires adherence to the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation) and systematic, continuous documentation of the individual care provided to children.

Statutes from the Education Chapter of the Arkansas Code specifically address the issue of providing for a child’s healthcare needs and the person required to perform tasks.

- A.C.A. §6-18-701 (f)(1) “A public school student with special healthcare needs, including without limitation a student who has a chronic illness, is considered medically fragile, or who is dependent on technology, shall have an individualized healthcare plan that is developed in collaboration with the school nurse.”
- A.C.A. §6-18-701 (f)(2) “An invasive medical procedure required by the public-school student and provided at the public school shall be performed by trained and licensed, licensed healthcare provider who is licensed to perform the task under § 17-87-102(10)(D) or other professional licensure statutes, unless otherwise permissible under § 17-87-103(10) and (11).”
- A.C.A. §6-18-701 (f)(3) “A regular classroom teacher shall not perform tasks under subdivision (f)(2) of this section, except as otherwise permissible under § 6-18-711(c).”
- A.C.A. §6-18-701 (f)(4) “Custodial healthcare services required by a public school student under an individualized healthcare plan shall be provided by trained school employees other than the regular classroom teacher.”

The *Arkansas Nurse Practice Act* that regulates the practice of nursing referenced in the above statute.

**A.C.A. §17-87-102 (10)** “Practice of professional nursing” means the performance by a registered nurse (RN) or an advanced practice registered nurse (APRN) for compensation of any acts involving:

- (A) The observation, care, and counsel of the ill, injured, or infirm.
- (B) The maintenance of health or prevention of illness of others.

(C) The supervision and teaching of other personnel.

(D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board.

(E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

The ASBN interprets these statutes to require the school to provide for the development of an individualized healthcare plan (IHP) by personnel who are qualified through education and licensure to perform the task. Furthermore, the school is required to provide for the tasks identified in the IHP to be performed by personnel under the direction of a RN in accordance with the *Nurse Practice Act*, *ASBN Rules* and *Position Statements*. The RN may delegate or assign specific tasks to be performed by a licensed practical nurse (LPN), licensed psychiatric technician nurse (LPTN), or unlicensed assistive personnel (UAP.) Scopes of practice of the RN, LPN, LPTN, and UAP defined on pages 6-8.

To provide the necessary services, schools must clarify the roles, responsibilities, and liabilities of the health care team; including various professionals and unlicensed assistive personnel as they work together to meet the health care needs of children. A health care team may include many different professionals, each licensed within the State of Arkansas. Licensure acts delineate the services that each professional may perform.

## SCHOOL NURSE ROLE DESCRIPTION

School nursing practice is one of the most rapidly expanding subspecialties of nursing. Increased attention has focused on the schools as a site where prevention, early intervention, and primary care can occur. The school nursing role has changed to incorporate an increased responsibility for managing the health service program and has expanded clinical skills to serve students with a wide range of health risks, illnesses, and disabilities. The role, duty, responsibility, and employment of the school nurse must comply with the [Arkansas Nurse Practice Act](#) and [Arkansas State Board of Nursing Rules](#). The school registered nurse is responsible for the development, implementation, input, evaluation and revision of the individualized health care plan for each student with special health care needs under his/her supervision. Each nurse is responsible for practicing within his/her scope of practice.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency-based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities. The parameters of the practice are defined by basic licensure, preparation, and advanced education. All nurses should remain current and increase their expertise and skill with continued

professional development. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the roles and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important the nurse makes decisions regarding his/her scope of practice.

- [Decision Making Model](#)

## SCOPE OF PRACTICE

The following are excerpts from *the Arkansas Nurse Practice Act and Arkansas State Board of Nursing Rules* defining nursing and the scope of practice based on educational preparation and experience.

### **The Practice of Advanced Practice Registered Nursing**

The APRN shall practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the *ASBN Rules*. The advanced practice registered nurse may provide health care for which the APRN is educationally prepared and for which competence has been attained and maintained.

**ACA § 17-87-102 (4)(A)** The delivery of health care services for compensation by a professional nurse who has gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as certified nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

### **The Practice of Registered Nurse Practitioner Nursing**

**A.C.A. § 17-87-102 (12)(A)** The performance for compensation of nursing practices by a registered nurse practitioner that are relevant to the delivery of healthcare services in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician.

### **The Practice of Professional Registered Nursing**

The delivery of health care services, which require **assessment, diagnosis, planning, intervention, and evaluation** fall within the professional registered nurse scope of practice.

**A.C.A. § 17-87-102 (10)** The performance by a registered nurse or an advanced practice registered nurse for compensation of any acts involving:

- (A) The observation, care and counsel of the ill, injured or infirm.
- (B) The maintenance of health or prevention of illness of others.
- (C) The supervision and teaching of other personnel.
- (D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board.
- (E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law when such acts require

substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

### **The Practice of Practical Nursing**

The delivery of health care services which are performed under the direction of the professional registered nurse, licensed physician, or licensed dentist, including **observation, intervention, and evaluation**, fall within the LPN/LPTN scope of practice.

**A.C.A. § 17-87-102 (9)** The performance for compensation of nursing practices by a licensed practical nurse that are relevant to the care of the ill, injured, or infirm; or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board, under the direction of a registered nurse, an advanced practice registered nurse, a licensed physician or a licensed dentist, that do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

### **The Practice of Psychiatric Technician Nursing**

The delivery of health care services which are performed under the direction of the professional registered nurse, an advanced practice registered nurse, licensed physician, or licensed dentist, including **observation, intervention, and evaluation**, fall within the LPN/LPTN scope of practice.

**A.C.A. § 17-87-102 (11)** The performance for compensation of nursing practices by a licensed psychiatric technician nurse that are relevant to the care of the physically and mentally ill, injured, or infirm; or the delegation of certain nursing practices to other personnel as set forth in rules established by the board; and the carrying out of medical orders under the direction of a professional registered nurse, an advanced practice registered nurse, a licensed physician or a licensed dentist, when such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

### **Unlicensed Assistive Personnel**

Definitions of the RN, LPN, and LPTN allow each to delegate certain nursing practices to other personnel such as UAP.

#### **Registered Nurses - A.C.A. § 17-87-102 (10)**

- (C) The supervision and teaching of other personnel.
- (D) The delegation of certain nursing practices to other personnel as set forth in rules established by the board.

#### **Licensed Practical Nurses - A.C.A. § 17-87-102 (9)**

- The delegation of certain nursing practices to other personnel as set forth in rules established by the board.

#### **Licensed Psychiatric Technician Nurses - A.C.A. § 17-87-102 (11)**

- The delegation of certain nursing practices to other personnel as set forth in rules established by the board.

The scope of practice of the UAP is further defined in the Arkansas State Board of Nursing *Rules, Chapter 5 on Delegation*.

### **Trained Volunteer School Personnel**

Licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of insulin and/or glucagon to students diagnosed with diabetes. only in the absence or unavailability of a school nurse. [Arkansas State Board of Nursing Rules, Chapter 9 Insulin and Glucagon Administration \(ASBN 2016\)](#).

**Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 22-25) or other similar services, the delegation and supervision rules apply. Individuals who violate the Arkansas Nurse Practice Act by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in [A.C.A. §17-87-104](#).**

## SCHOOL NURSING A SPECIALIZED PRACTICE

**Nursing** is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations (ANA, 2011).

**School nursing**, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential (Adopted by the NASN Board of Directors, February 2017).

The definitions of nursing and school nursing provide the base for the unique specialty scope of standards of school nursing practice.

The *Framework for 21<sup>st</sup> Century School Nursing Practice* (NASN, 2016c) characterizes the student as the central focus of care and highlights the principles guiding school nursing practice that are evident in the Standards of School Nursing Practice. The principles include care coordination, leadership, quality improvement (QI), and community/public health. The principles are not hierarchical but overlap and conceived to be synergistic. The components of each of the principles reflect nursing activities that enhance the entire school community's health and well-being.

## STANDARDS OF SCHOOL NURSING PRACTICE AND PROFESSIONAL PERFORMANCE

*The Standards of School Nursing Practice, 3<sup>rd</sup> Edition, ANA and NASN, 2017* and their accompanying measurement criteria describe and measure a competent level of school nursing practice and professional performance. Built on *American Nurses Association's Nursing: Scope and Standards of Practice* (ANA, 2011) for registered nurses, these standards are authoritative statements of the accountability, direction, and evaluation of individuals in this special nursing practice. Composed of two sets – the Standards of Practice and the Standards of Professional Performance – these standards define how outcomes for school nurse activities can be measured.

The Standards of Practice reflect the six steps of the nursing process (assessment, diagnosis, outcomes identification, implementation, planning and evaluation), which is the foundation for the critical thinking of all registered nurses. The Standards of Professional Performance describe the behaviors expected of the nurse in the role of a school nurse (ANA, 2011).

### **Standards of School Nursing Practice**

#### **Standard 1. Assessment**

The school nurse collects pertinent data and information relative to the student's health, pain, or situation.

#### **Standard 2. Diagnosis**

The school nurse analyzes the assessment data to determine actual or potential diagnoses, problems, and issues.

#### **Standard 3. Outcomes Identification**

The school nurse identifies expected outcomes for a plan individualized to the student or the situation.

#### **Standard 4. Planning**

The school nurse develops a plan that prescribes strategies to attain expected, measurable outcomes.

#### **Standard 5. Implementation**

The school nurse implements the identified plan.

##### **5A. Coordination of Care**

The school nurse coordinates care delivery.

##### **5.B Health Teaching and Health Promotion:**

The school nurse employs strategies to promote health and a safe environment, especially regarding health education.

**Standard 6. Evaluation**

The school nurse evaluates progress toward attainment of goals and outcomes.

**Standards of Professional Performance for School Nursing**

**Standard 7. Ethics**

The school nurse practices ethically.

**Standard 8. Culturally Congruent Practice**

The school nurse practices in a manner that is congruent with cultural diversity and inclusion principles.

**Standard 9. Communication**

The school nurse communicates effectively in all areas of practice.

**Standard 10. Collaboration**

The school nurse collaborates with key stakeholders in the conduct of nursing practice.

**Standard 11. Leadership**

The school nurse leads within the professional practice setting and the profession.

**Standard 12. Education**

The school nurse seeks knowledge and competence that reflects current nursing practice and promotes futuristic thinking.

**Standard 13. Evidence-based Practice and Research**

The school nurse integrates evidence and research findings into practice.

**Standard 14. Quality of Practice**

The school nurse contributes to quality nursing practice.

**Standard 15. Professional Practice Evaluation**

The school nurse evaluates one's own and other's nursing practice.

**Standard 16. Resource Utilization**

The school nurse utilizes appropriate resources to plan, provide, and sustain evidence-based nursing services that are safe, effective, and fiscally responsible.

**Standard 17. Environmental Health**

The school nurse practices in an environmentally safe and healthy manner.



**Standard 18. Program Management**

The school nurse directs the health services program within the school and community that includes evidence-based practice and accountability measures for quality, student health, and learning outcomes.

**SCHOOL NURSE QUALIFICATIONS**

The *Arkansas Nurse Practice Act* authorizes the RN to provide nursing care. LPNs and LPTNs provide nursing care under the direction of an RN, APRN, licensed physician or dentist.

Arkansas school health laws annotated addresses the issue of providing for a child’s healthcare needs and who may perform the required tasks.

- A.C.A. §6-18-701 (f)(1) “A public school student with special healthcare needs, including without limitation a student who has a chronic illness, is considered medically fragile, or who is dependent on technology, shall have an individualized healthcare plan that is developed in collaboration with the school nurse.”
- A.C.A. §6-18-701 (f)(2) “An invasive medical procedure required by the public-school student and provided at the public school shall be performed by trained and licensed, licensed healthcare provider who is licensed to perform the task under § 17-87-102(10)(D) or other professional licensure statutes, unless otherwise permissible under § 17-87-103(10) and (11).”
- A.C.A. §6-18-701 (f)(3) “A regular classroom teacher shall not perform tasks under subdivision (f)(2) of this section, except as otherwise permissible under § 6-18-711(c).”
- (A.C.A. §6-18-701 (f)(4) “Custodial healthcare services required by a public school student under an individualized healthcare plan shall be provided by trained school employees other than the regular classroom teacher.”

The *Arkansas Department of Education Resource Guide: Developing School Policies on Children with Special Health Care Needs* (2007) requires the school district to:

“Ensure that appropriate training is provided for all school district personnel. The school district must address the issue of using only qualified, trained personnel to provide health care procedures and services. Policies should indicate that personnel performing health care services must be appropriately trained, credentialed and/or licensed prior to administering health care services. The school district should address continuing education for licensure of the nurse as part of its Comprehensive System of Personnel Development (CSPD) plan. This continuing education will ensure the nurse’s competency in providing quality care for the students of the school district.

It is recommended the school nurse hold the following minimum qualifications:

**Nurse Supervisor** - Coordinates and supervises nursing activities of one or more licensed nurses in one or more school districts.

1. Hold an active RN License
2. 5 years licensed nursing experience (2 of which must have been as an RN)
3. 3 years' experience as a school nurse
4. 1 year experience as a supervisor (preferred)
5. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
6. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

**Registered Nurse/Registered Nurse Practitioner**

1. Hold an active RN License
2. 2 years licensed nursing experience (3 years preferred)
3. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
4. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

**Licensed Practical Nurse/Licensed Psychiatric Technician Nurse**

1. Hold an active LPN/LPTN License
2. 2 years licensed nursing experience (3 years preferred)
3. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
4. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

**Advanced Practice Registered Nurse**

1. Hold an active APRN License
2. Certification in a field that includes pediatrics
3. 2 years APRN experience
4. Current certification in Basic Life Support (BLS) with American Heart Association or American Red Cross
5. Current certification in scoliosis, hearing, vision, and growth (height and weight) screenings

## NON-LICENSED PERSONNEL QUALIFICATIONS

**Unlicensed Assistive Personnel (UAP)** - individuals who provide any of the nursing tasks listed in the Nursing Task List on pages 22-25 or any similar nursing care task. It is required the UAP who provides nursing care to students hold the following minimum qualifications prior to providing care:

1. High school diploma or the equivalent.
2. Demonstrate proficiency reading, writing, and basic math skills.
3. Current certification in Cardiopulmonary Resuscitation (CPR) with Automated External Defibrillator (AED) and First Aid.

4. Successfully completed training and competency validation in performing nursing tasks to be delegated by a nurse.

**Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 22-26) or other similar services, the delegation and supervision rules apply. Individuals who violate the *Arkansas Nurse Practice Act* by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.**

**Trained Volunteer School Personnel** – Licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of insulin and/or glucagon to students diagnosed with diabetes. Training by at least one individual listed in Sections II. D. and II. E. of Arkansas State Board of Nursing Rules, Chapter 9, Insulin and Glucagon Administration must be physically present to provide the training shall include at a minimum:

1. Overview of diabetes,
2. Blood glucose monitoring,
3. What insulin and glucagon are and how insulin and glucagon work,
4. When, how, and by whom insulin and/or glucagon may be prescribed,
5. The requirements of Arkansas law pertaining to the administration of insulin and/or glucagon injections to Arkansas public school students with a diagnosis of diabetes,
6. How to calculate carbohydrate intake (insulin training only),
7. How to calculate appropriate insulin dosage based on carbohydrate intake (insulin training only),
8. When insulin and/or glucagon should be administered, how insulin and/or glucagon should be prepared, the dosage and side effects of insulin and/or glucagon, and follow-up care after insulin and/or glucagon is administered,
9. How insulin and/or glucagon should be stored, including identifying the expiration date and need for replacement,
10. The role of the school nurse in the administration of insulin and/or glucagon and the delegation of the administration of insulin and/or glucagon,
11. The signs of hyperglycemia and hypoglycemia in students diagnosed with diabetes, including techniques and practices used to prevent the need for emergency insulin and glucagon,
12. Successful demonstration of mastery of procedures involving the administration of insulin and/or glucagon, and
13. Certification signed by an individual listed in Sections II. D. and II. E. of Arkansas State Board of Nursing Rules, Chapter 9, *Insulin and Glucagon Administration* indicating volunteer has successfully completed all aspects of training and has

successfully demonstrated proficiency of procedures involving the administration of insulin and/or glucagon.

## SUPERVISION

**Only the school RN can determine the medically necessary nursing care to safely delegate to unlicensed assistive personnel and under what circumstances.** Family members can legally provide nursing care without a nursing license as an allowable exception to the *Arkansas Nurse Practice Act*. However, when these services are transferred to the public, the *Arkansas Nurse Practice Act* applies. Sometimes confusion exists when an unlicensed assistive person is asked to do a procedure that a parent has been doing at home. For example, some parents may administer intravenous medication at home. The assumption may be made because a parent has been administering the medication intravenously, any school employee can do it. **While administrators, teachers, and parents may be helpful resources and allies, nurses have the knowledge base to make adequate judgments about delegation of medical or nursing care; nurses are held legally accountable and liable for nursing care delivered. The school nurse may be accountable to the administrator for personnel issues while the nurse is responsible for directing nursing care.**

### Supervision Defined

Merriam-Webster On-Line Dictionary defines supervision as “a critical watching and directing (as of activities or a course of action.)” The American Nurses Association defines supervision as “the active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity.” Supervision does not require the supervisor to physically be present 100% of the time, however, the supervisor must be able to critically watch and direct the LPN’s and/or UAP’s activities or course of action. The amount of supervision required is directly related to the individual LPN’s or UAP’s experience, skills and abilities and the healthcare needs of the students being served.

### School Nurses

School nurses though supervised administratively by a superintendent or principal, are responsible for health services and nursing care administered through the health services program. Schools may utilize a team consisting of RNs, LPNs, LPTNs and/or UAPs to provide health services. In accordance with the NPA and ASBN Scope of Practice Position Statement, RNs assess, diagnose, plan, implement and evaluate nursing care. The LPN/LPTN under the direction of an RN, APRN, licensed physician or dentist observes, implements, and evaluates nursing care. Healthcare UAPs perform delegated nursing care in accordance with the ASBN *Rules*.

### Registered Nurse

While the RN has autonomy in providing nursing care, she/he must have a prescription from a practitioner authorized to prescribe and treat in order to administer medications and/or treatments that require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science.

The Arkansas State Board of Nursing [Position Statement 98-6 Scope of Practice Decision Making Model](#) defines the RN scope of practice as:

“The delivery of health care services which require assessment, diagnosis, planning, intervention and evaluation”

### **Licensed Practice Nurses/Licensed Psychiatric Technician Nurses**

The *Arkansas Nurse Practice Act* requires the LPN and LPTN to work under the direction of a RN, APRN, physician or dentist.

The Arkansas State Board of Nursing [Position Statement 98-6 Scope of Practice Decision Making Model](#) defines the LPN/LPTN scope of practice as:

“The delivery of healthcare services which are performed under the direction of the professional nurse, licensed physician or licensed dentist, including observation, interventions, and evaluation, fall within the LPN/LPTN scope of practice”

Based on these references, under the direction of an RN, APRN, physician, or dentist the LPN may provide healthcare services that do **not** require assessment, diagnosis, or planning.

Statutes in the Education Chapter of the Arkansas Code require the school to provide individual healthcare plans (IHP) for students with healthcare needs. The statute also requires those who are providing the care in the IHP to be trained and licensed in accordance with the appropriate professional licensing statutes and rules. The IHP inherently requires assessment, diagnosis and planning. The RN and APRN have these skills within their professional scope of practice.

A chart within these guidelines identifies nursing procedures that students could require while attending school. Included in the chart is identification of those who are qualified to perform the task with supervision and in-service education. Nursing procedures that specifically require the LPN to be supervised include:

- Naso-gastric (NG) Tube Feeding and Monitoring
- Gastrostomy Tube Feeding and Monitoring
- Gastro-Jejunostomy (GJ) Tube Feeding and Monitoring
- Total Parenteral Feeding (intravenous) and Monitoring
- Clean Intermittent and Sterile Catheterization
- Ventricular Peritoneal Shunt Monitoring
- Mechanical Ventilator Monitoring
- Mechanical Ventilator Ambubag
- Intermittent and Continuous Oxygen
- Central Line Catheter Management
- Peritoneal Dialysis
- Medication Administration by all routes
- Ostomy Care and Irrigation

- Pharyngeal and Tracheostomy Suctioning
- Screenings: growth, vital signs, vision, hearing, scoliosis
- Blood and Urine Glucose testing
- Seizure Procedures
- Pressure Ulcer Care
- Sterile and Non-sterile Dressings

This document also identifies nursing procedures that the LPN is **not** qualified to perform. The following are included:

- Nutritional Assessment
- Gastrostomy Tube Reinsertion
- Adjustment of Ventilator
- Developing Protocols such as
  - Healthcare Procedures,
  - Emergency Protocols, and
  - Individualized Healthcare Plans.

#### **Unlicensed Assistive Personnel**

**School UAPs and education assistants may be assigned to a particular school building and are accountable to the principal for personnel and school building functions; however, they must have licensed nursing supervision when they are delegated nursing tasks.** Special education assistants are accountable to the special education director for personnel and activities related to the student's special education plan. Given the complexity of answering to two supervising authorities, the role of the school health UAP and special education assistant warrants continuous support.

#### **Trained Volunteer School Personnel**

Volunteer school personnel who are designated as UAPs and trained to administer insulin and/or glucagon shall administer insulin and/or glucagon only in the absence or unavailability of a school nurse.

#### **Private Duty Care**

As the school and school nurse are responsible for ensuring safe nursing care is provided when the student is under their care, the school is encouraged to develop policies requiring private duty nurses and private duty UAPs to report to the school nurse. The plan of care/action is to be reviewed. The private duty nurse or UAP is responsible for following the school's policies and procedures regarding health care. The private duty health care provider is accountable to deliver care within their scope of practice parameters and the *Arkansas Nurse Practice Act*.

## COMPLAINTS TO THE ARKANSAS STATE BOARD OF NURSING

If the Board of Nursing receives a complaint regarding a nurse's practice in a school, the Board's staff will conduct an investigation. The nurse may be asked to provide evidence that the nursing procedures they perform are within their personal scope of practice. If it is determined that the nurse has violated the *Nurse Practice Act* disciplinary action may be taken.

When a complaint is filed regarding an LPN/LPTN, the Board may ask the LPN to show evidence they work under the direction of an RN, APRN, physician or dentist. Evidence may include but would not be limited to:

- job description,
- documentation of competency validation,
- policies and procedures,
- attendance records of continuing education provided by the supervising/directing RN, APRN, physician, or dentist, and
- a statement from the RN, APRN, physician, or dentist who evaluates the nursing care provided by the LPN regarding compliance with policies and procedures set up by the RN, APRN, physician or dentist.

### Disciplinary Action

Any nurse who violates the *Nurse Practice Act* is subject to disciplinary action by the Arkansas State Board of Nursing. Disciplinary action against the license could include any of the following:

- Letter of Reprimand
- Probation
- Suspension
- Revocation

### Disciplinary Action of Unlicensed Assistive Personnel

Individuals who violate the *Nurse Practice Act* by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

#### **17-87-104. Penalty**

(a)(1) It shall be a misdemeanor for any person to:

- (C) Practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing as defined by this chapter unless licensed by the Arkansas State Board of Nursing to do so;
- (2) Such misdemeanor shall be punishable by a fine of not less than twenty-five dollars (\$25.00) nor more than five hundred dollars (\$500). Each subsequent offense shall be punishable by fine or by imprisonment of not more than thirty (30) days, or by both fine and imprisonment.

(b)(1) After providing notice and a hearing, the board may levy civil penalties in an amount not to exceed one thousand dollars (\$1000) for each violation against those individuals or entities found to be in violation of this chapter or regulations promulgated thereunder.

(2) Each day of violation shall be a separate offense.

## PRINCIPLES OF DELEGATION

**The decision to delegate nursing care rests with the judgment of RN, LPN, LPTN, or APRN. Only a licensed nurse may determine that a UAP or other school staff can safely deliver the care.**

Factors to consider when delegating nursing care include:

1. The **complexity** of the child's condition and the nursing care that is required: A routine dressing change is less likely to result in complications than the administration of IV medications, even if both are done poorly. Consider the question: What are the risks to the student if this procedure is done improperly?
2. The **dynamics** of the child's status or frequency with which nursing care requirements change: A newly inserted tracheostomy presents significantly different problems than one that has been in place for ten years. A student with Type I diabetes who has many insulin reactions and a noon glucometer check with directions for varying the insulin dosage is different than a student who is stable with a noon glucometer check to validate stable blood sugar levels.
3. The **knowledge and skills** that are required to complete the task: Feeding through a nasal gastric feeding tube requires knowledge and skills that are not required in a gastrostomy tube feeding.
4. The **technology** that is employed in providing the nursing care; Assess whether the UAP has had appropriate training to perform the task or operate equipment required in performing the task that is being delegated. Using a glucometer to monitor a stable student's blood sugar requires less knowledge and skill than adjusting the settings a ventilator.
5. The amount of **supervision** required by the UAP to whom the task is being delegated: Has the UAP demonstrated the ability to competently perform the task and is that competency documented in their personnel file? Since the competency was documented, has the individual performed the task frequently enough to maintain competency?
6. The **availability** of the licensed nurse for supervision: Is a written plan of care and up-to-date policy and procedure manual readily accessible to the UAP? Does the UAP know the signs and symptoms that require them to call for assistance and/or to report to the licensed nurse? Is the licensed nurse who delegated the task readily available in person or telephonic communications?
7. Relevant **safety and infection control** issues: Has the unlicensed assistive personnel had the training and competency validation to safely perform the task and utilize infection control principles.



8. **Healthcare Policies and Procedures:** School nurses are responsible for ensuring current policies and procedures are available to guide the nursing care that is delivered. While District School Boards may review and approve internal policies and procedures, the school nurse is accountable for maintaining current nursing practice standards.

In accordance with the [Arkansas State Board of Nursing Rules Chapter 5 on Delegation](#) policies and procedures are to:

**Recognize the criteria for delegation:**

1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
  - a. A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
  - b. A licensed nurse must make an assessment of the client's nursing care needs prior to delegating the nursing task. (Ref. Section C. for exceptions.)
  - c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely performed by the unlicensed person involved without jeopardizing the client's welfare.
  - d. A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
  - e. The delegating licensed nurse shall be readily available either in person or by telecommunication.
  - f. The licensed nurse shall be responsible for documentation of delegated tasks.
  - g. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.
  - h. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.
2. Supervision: The degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
  - a. The stability of the condition of the client,
  - b. The training and capability of the unlicensed person to whom the nursing task is delegated,
  - c. The nature of the nursing task being delegated, and
  - d. The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.

**Recognize nursing tasks that can be delegated without prior assessment including:**

By way of example, and not in limitation, the following nursing tasks are ones that are within the scope of sound nursing practice to be delegated, provided the delegation is in compliance with [ACA §17-87-102](#) and the level of supervision required is determined by the nurse.

1. Noninvasive and non-sterile treatments unless otherwise prohibited by *ASBN Rules*, Chapter 5, Section D. (relating to nursing tasks that may not be routinely delegated),
2. The collecting, reporting, and documentation of data including, but not limited to:
  - a. Vital signs, height, weight, intake and output, urine test, and hematest results,
  - b. Changes from baseline data established by the nurse,
  - c. Environmental and safety situations,
  - d. Client or family comments relating to the client's care; and
  - e. Behaviors related to the plan of care,
3. Ambulation, positioning, and turning,
4. Transportation of the client within a facility,
5. Personal hygiene,
6. Feeding, cutting up of food, or placing of meal trays,
7. Socialization activities.,
8. Activities of daily living, and
9. Reinforcement of health teaching planned and/or provided by the registered nurse.

**Recognize nursing tasks that SHALL NOT be delegated:**

By way of example, and not in limitation, the following are nursing tasks that are not within the scope of sound nursing judgment to delegate:

1. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral, or follow-up.
2. Formulation of the plan of nursing care and evaluation of the client's response to the care rendered.
3. Specific tasks involved in the implementation of the plan of care which require nursing judgment or intervention.
4. The responsibility and accountability for client health teaching and health counseling which promotes client education and involves the client's significant others in accomplishing health goals.
5. Administration of any medications or intravenous therapy, including blood or blood products except as allowed by *ASBN Rules* Chapter 8 for Medication Assistant-Certified and by *ASBN School Nurse Roles and Responsibilities Practice Guidelines*.
6. Receiving or transmitting verbal or telephone orders.
7. Registered nurse practitioners and advanced practice nurses shall not delegate to unlicensed ancillary staff the calling in of prescriptions to the pharmacy.

**Recognize specific nursing tasks that MAY be delegated provided the five rights of delegation are followed:**

1. Right Task
2. Right Person
3. Right Circumstances
4. Right Communication
5. Right Supervision

**Recognize the transference of delegated nursing tasks:**

It is the responsibility of the licensed nurse to assess each client prior to delegation of a nursing task and determine that the unlicensed person has the competence to perform the nursing task in that client's situation.

1. The licensed nurse shall not transfer delegated task to other clients under the care of the unlicensed person.
2. In delegating personal care, a licensed nurse is not required to assess each client; but must periodically assess the competence of the caregiver in those activities.

**Delegation of Specific Tasks**

The following table is to be used to determine to whom specific tasks may be delegated. Only the nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an UAP. The tasks listed in the chart below may only be delegated if the Five Rights of Delegation are met. Refer to the previous section on Delegation Principles.

**After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:**

1. Child's nursing care needs are stable.
2. Performance of the task does not pose a potential harm to the child.
3. Task involves little or no modification.
4. Task has a predictable outcome.
5. Task does not inherently involve ongoing assessments, interpretations or decision making.
6. The unlicensed assistive personnel's skills and competency levels.
7. The availability of supervision.

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NURSING TASKS						
<b>A = Within Scope of Practice</b> <b>S = Within Scope of Practice with supervision</b> <b>D = Delegated task with supervision</b> <b>EM = In emergencies</b> <b>X = Cannot perform</b>			<b>Provider = Person w/legal authority to prescribe – M.D.,                      APRN with prescriptive authority, Dentist, Physician                      Assistant with prescriptive authority, etc.</b>			
Procedure	Provider Order Required	RN	LPN/ LPTN	UAP	Student for Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
<b>1.0 Activities of Daily Living</b>						
1.1 Toileting/Diapering		A	A	A		
1.2 Bowel/Bladder Training		A	A	D	S	
1.3 Bathing/Grooming		A	A	S	S	
1.4 Dressing		A	A	A	S	
1.5 Oral Hygiene		A	A	S	S	
1.6 Dental Hygiene		A	A	S	S	
1.7 Lifting/Positioning/Transfers		A	A	S	S	
<b>1.8 Feeding</b>						
1.8.1 Nutritional Assessment		A	X	X	X	
1.8.2 Oral Feeding		A	A	S	A	
1.8.3 Naso-Gastric (NG) Tube Feeding	Yes	A	S	X	S	
1.8.4 Monitoring NG Feeding		A	S	X	S	
1.8.5 NG Tube Removal	Yes	A	S	EM	S	
1.8.6 Gastrostomy Feeding	Yes	A	S	D	S	
1.8.7 Monitoring Gastrostomy Feeding		A	S	D	S	
1.8.8 Gastrostomy Tube Reinsertion	Yes	X	X	X	X	
1.8.9 Gastro-Jejunostomy (GJ)Tube Feeding	Yes	A	S	X	X	
1.8.10 Monitoring GJ Tube Feeding		A	S	D	S	
1.8.11 Parenteral/Intravenous (IV) Feeding	Yes	A	S	X	X	
1.8.12 Monitoring Parenteral/IV Feeding		A	S	X	X	
<b>2.0 Urinary Catheterization</b>						
2.1 Clean Intermittent Cath.	Yes	A	S	D	S	
2.2 Sterile Catheterization	Yes	A	S	X	X	
2.3 External Catheter application	Yes	A	A	S	S	
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S	

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Procedure	Provider Order Required	RN	LPN/ LPTN	UAP	Student for Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
<b>3.0 Medical Support Systems</b>						
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X	
<b>3.2 Mechanical Ventilator</b>						
3.2.1 Monitoring	Yes	A	S	D	X	
3.2.2 Adjustment of Ventilator	Yes	A	X	X	X	
3.2.3 Ambubag		A	S	EM	X	
<b>3.3 Oxygen</b>						
3.3.1 Intermittent	Yes	A	S	D	X	
3.3.2 Continuous – monitoring	Yes	A	S	D	S	
3.4 Central Line Catheter	Yes	A	S	X	X	
3.5 Peritoneal Dialysis	Yes	A	S	X	X	
<b>4.0 Medication administration</b>						
4.1 Oral - Controlled Substance Prescription	Yes	A	S	X	X	Exception: <b>Parent/guardian may delegate</b> to the designated trained school volunteer to administer in the unavailability of the school nurse.
4.2 Oral – Non-Controlled Prescription	Yes	A	S	D	X	
4.3 Oral – Over the Counter		A	S	D	S	Must have written parental consent
4.4 Injection	Yes	A	S	X	S	
4.4.1 Glucagon	Yes	A	S	X	S	Exception: Trained School Volunteer Personnel may only administer in the unavailability of the school nurse.
4.4.2 Insulin – Scheduled dose	Yes	A	S	X	S	
4.4.3 Insulin – Unscheduled dose	Yes	A	S	X	S	Exception: Trained School Volunteer Personnel may only administer in the unavailability of the school nurse.
4.5 Epinephrine Auto injector	Yes	A	S	EM/S	S	
<b>4.6 Inhalation</b>						
4.6.1 Prophylactic/Routine Asthma Inhaler	Yes	A	S	D	S	
4.6.2 Emergency/Rescue Asthma Inhaler	Yes	A	S	D	S	

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Procedure	Provider Order Required	RN	LPN/ LPTN	UAP	Student for Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
4.6.3 Nasal Insulin/Glucagon	Yes	A	S	X	X	Exception: Trained School Volunteer Personnel may only administer in the unavailability of the school nurse.
4.6.4 Nasal controlled substance (such as but not limited to Versed/Diazepam)	Yes	A	S	X	X	Exception: <b>Parent/guardian may delegate</b> to the designated trained school volunteer to administer in the unavailability of the school nurse. <u>Prefilled single use vial only</u>
4.6.5 Naloxone	No	EM	EM	EM	EM	See Naloxone information and additional information on page 29.
4.7 Rectal	Yes	A	S	X	X	
4.8 Bladder Instillation	Yes	A	S	X	X	
4.9 Eye/Ear Drops	Yes	A	S	D	X	
4.10 Topical						
4.10.1 Prescription Topical	Yes	A	S	D	X	
4.10.2 Over the Counter Topical		A	S	D	S	Must have written parental consent
4.11 Per Naso-gastric Tube	Yes	A	S	X	X	
4.12 Per Gastrostomy Tube	Yes	A	S	D	X	
4.13 Intravenous	Yes	A	S	X	X	
<b>5.0 Ostomies (colostomy, ileostomy)</b>						
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S	
5.2 Ostomy Irrigation	Yes	A	S	X	S	
<b>6.0 Respiratory</b>						
6.1 Postural Drainage	Yes	A	S	D	X	
6.2 Percussion	Yes	A	S	D	X	
6.3 Suctioning						
6.3.1 Oral	Yes	A	S	D	X	
6.3.1 Pharyngeal	Yes	A	S	D	X	
6.3.2 Tracheostomy	Yes	A	S	D	X	

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Procedure	Provider Order Required	RN	LPN/ LPTN	UAP	Student for Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM	
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X	
<b>7.0 Screenings</b>						
7.1 Growth (Height/Weight)		A	S	D	S	A.C.A. § 20-7-135
7.2 Vital Signs		A	A	S	X	
7.3 Hearing		A	S	D	X	A.C.A. § 6-18-701
7.4 Vision		A	S	X	X	A.C.A. § 6-18-1501
7.5 Scoliosis		A	S	D	X	<a href="#">DESE Rules</a>
<b>8.0 Specimen Collecting/Testing</b>						
8.1 Blood Glucose	Yes	A	S	D	S	
8.2 Urine Glucose/Ketone	Yes	A	S	D	S	
<b>9.0 Other Healthcare Procedures</b>						
9.1 Seizure Safety_Procedures		A	S	D	X	
9.2 Vagal Nerve Stimulator	Yes	A	S	D	X	
9.3 Pressure Ulcer Care	Yes	A	S	D	X	
9.4 Dressings, Sterile		A	S	D	X	
9.5 Dressings, Non-sterile		A	S	D	S	
<b>10.0 Developing Protocols</b>						
10.1 Healthcare Procedures		A	X	X	X	
10.2 Emergency Protocols		A	X	X	X	
10.3 Individualized Healthcare Plan		A	X	X	X	

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## MEDICATION ADMINISTRATION

The Delegation Chapter of the Arkansas State Board of Nursing *Rules* lists medication administration as a task that shall not be delegated to unlicensed persons. It is recognized that in the school, camp, day care center and juvenile detention center settings, the student condition is generally stable, on routine or occasional as needed medications and the parent would medicate them in the same manner, if the parent were present. The licensed school nurse is responsible for the administration of medications. During times when the school nurse is not present, the administration of medications may be delegated to persons identified in the table for delegating specific tasks. A provider order and/or written permission from the parent/guardian must be on file for all medications administered “in loco parentis,” in the place of the parent.

The licensed nurse is responsible for identifying qualified persons to be trained to administer medications in the nurse’s absence. After training and documentation of the unlicensed person’s competency, administering medications may be delegated as indicated in the nursing task chart and following the Principles of Delegation and the Five Rights of Delegation.

Each facility (school, camp, day care center, juvenile detention center, etc.) shall have a written policy regarding the administration of medication. The policy should include at least the following:

- A provider order is required for all prescription medications. A label on a prescription bottle may serve as the prescription, if acceptable to the facility.
- Written parental permission is on file for all over the counter medications that are administered to a minor. Permission slips may be time limited, such as, the school year, a semester, one month, or one week, depending on the governing body policy.
- All medications must be in the original container.
- The container must specify special storage instructions if appropriate (insulin needs to be refrigerated.)
- Prescription medications are to be labeled with the student’s legal name (on record with the facility), date Rx was filled, ordering provider name, name of medication, dose, route, and frequency.
- All medications will be given according to labeling directions on the container. Deviations from label directions will require a written provider order.
- Procedure for administering and documenting medications during field trips and extracurricular activities.
- Documentation methods for the receipt of medication and the administration of medication.
- Methods by which nurse will receive medication e.g., students may bring medication in with written authorization from parent/guardian or parent is required to deliver medication to the school nurse.
- Storage and security of medications.
- Access to non-controlled medications in the absence of the school nurse.
- Accountability methods for controlled substances.



- Arkansas Department of Health, *Pharmacy Services Rules* requires controlled substances be kept under double locks.
- Nurses must establish a counting system to document the number of doses of a controlled substance brought to the school, such as counting the number of doses at the time they are delivered by the parent or student in the presence of the parent or student. Both must document the number delivered to the school. A count should be done periodically to verify the medication can be accounted for by documentation and the number on hand for the specific student. Access to controlled substances is to be limited to as few personnel as possible. The licensed nurse is to access and administer controlled substances.

In addition, the policy may specify the following:

- A requirement that the initial dose of a new medication must be given by the parent/guardian outside of the facility setting. A specific length of time may be required between the initial dose being given and the student's re-admittance to the facility.
- Reports to parents/guardians regarding medication administration.
- Parents/guardians are encouraged to administer medication at home whenever possible.

### **Insulin and Glucagon Administration**

*Arkansas Department of Education and Arkansas State Board of Nursing Rules governing the Administration of Insulin and Glucagon by School Personnel to Arkansas Public School Students Diagnosed with Diabetes Rules* are enacted pursuant to the Arkansas State Board of Education's authority under A.C.A. §§6-11-105, 6-18-711, 17-87-103 and 25-15-201 et seq. and the Arkansas State Board of Nursing's authority under A.C.A. §§6-18-711, 17-87-203, 17-87-103 and 25-15-201 et seq.

### **Insulin and Glucagon General Requirements - [ASBN Rules, Chapter 9, Section III](#)**

- A. Upon written request of a parent or guardian of a student with diabetes and written authorization by the treating physician of the student, a student, in the classroom, in a designated area at the school, on school grounds, or at a school-related activity may:
  1. Perform blood glucose checks
  2. Administer insulin through the insulin delivery system the student uses
  3. Treat hypoglycemia and hyperglycemia
  4. Possess on his or her person the necessary supplies and equipment to perform diabetes monitoring and treatment functions.
- B. A student shall have access to a private area to perform diabetes monitoring and treatment functions upon request of the parent or guardian of a student, as outlined in the student's health plan.

- C. A public-school employee may volunteer to be trained to administer and may administer glucagon to a student with Type I diabetes in an emergency as permitted under A.C.A. §17-87-103(11).
- D. A school district shall strive to achieve the following staffing ratios for students with diabetes at each public school, at least:
  - 1. One (1) care provider (volunteer school personnel) for a public school with one (1) full-time licensed registered nurse; and
  - 2. Three (3) care providers (volunteer school personnel) for a public school without one (1) fulltime licensed registered nurse.
- E. The school district may recruit and identify public school personnel to serve as care providers (volunteer school personnel) to administer insulin and/or glucagon when a licensed registered nurse is not available. A school district shall not require or pressure a parent or guardian of a student with diabetes to provide diabetes care at school or a school-related activity.
- F. Trained volunteer school personnel designated as care providers in a health plan that covers diabetes management and is based on the orders of a treating physician and have been trained by a licensed registered nurse employed by a school district or other healthcare professional, may administer insulin and/or glucagon to students diagnosed with diabetes.
- G. The training listed in Sections III. E. and V. of these rules shall be conducted at least annually, regardless of whether a volunteer has previously completed training. Nothing in these rules prohibits training from being conducted more often than annually.
- H. No trained volunteer school personnel designated as care providers pursuant to these rules may administer insulin and/or glucagon to a student diagnosed with diabetes unless the parent or guardian of the student first signs a written authorization allowing the administration of insulin and/or glucagon to the student. The trained volunteer school personnel designated as a care provider shall be incorporated into the health plan of a student.
- I. The trained volunteer shall be released from other duties during a scheduled dose of insulin for the time designated in the student's health plan.
- J. During glucagon or non-scheduled insulin administration, other qualified staff shall assume the regular duties of the trained volunteer. Once other qualified staff have relieved the trained volunteer from his/her regular duties, the trained volunteer shall remain released until parent, guardian or medical personnel arrive.

- K. When a school nurse is available and on site during an emergency situation, the school nurse shall administer insulin or glucagon to the student, when necessary. Volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon shall provide insulin and/or glucagon injections only in the absence or unavailability of a school nurse.
- L. The training outlined in these rules is intended to be provided to volunteer school personnel. No school personnel shall be required, pressured, or otherwise subjected to duress in such a manner as to compel their participation in training. Prior to receiving training, volunteers must sign a written acknowledgement indicating their desire to volunteer.

**Insulin and Glucagon Records - ASBN Rules, Chapter 9, Section VI**

- A. Records of volunteer training shall be kept on file at each school.
- B. For each student diagnosed with diabetes who attends the school, the school district shall maintain a copy of the health plan, a list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon, and a copy of the parent's or guardian's signed authorization. The list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon, and a copy of the parent's or guardian's signed authorization shall be updated yearly and attached to the student's Individualized Health Plan (IHP).
- C. The list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon shall only include the names of such personnel who successfully complete the required training as set forth in Section V. of these rules. The list of volunteer school personnel trained to administer insulin and/or glucagon for each school should be published and made known to all school personnel.
- D. The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

**Naloxone Administration**

Arkansas Code §14-92-101(16) provides a standing order to reduce the morbidity and mortality of opioid overdoses in Arkansas by allowing Arkansas-licensed pharmacists to initiate therapy including ordering, dispensing and/or administering naloxone, along with any necessary supplies for administration, to eligible persons who are at risk of experiencing an opioid-related overdose, or who are family members, friends or others who are in a position to assist a person at risk of

experiencing an opioid-related overdose. Further information regarding Arkansas's Naloxone Protocol can be located at the [Arkansas State Board of Pharmacy](#) website.

The Arkansas State Board of Nursing supports the state's efforts in reducing the morbidity and mortality of opioid overdoses. All nurses are encouraged to review the complete protocol and referenced websites for further information.

## DISPOSAL OF UNUSED MEDICATION

Every attempt should be made to return all unused, discontinued, or expired medications to the parent/guardian by the end of the school year. School districts should have a written policy and procedure for receiving and returning medications to the student/parent/guardian. The policy must comply with state and national guidelines and include a procedure on the disposal of medications remaining at the end of the school year.

[ADH Pharmacy Services Rules and Regulations](#)

[DEA Drug Disposal Fact Sheet](#)

[Arkansas Take Back Program](#)

## IMMUNIZATIONS

The requirements and procedures for governing grades kindergarten through twelve (K-12) immunization requirements in Arkansas public and private schools can be referenced at the following:

[A.C.A. §6-18-701 Physical Examinations](#)

[A.C.A. §6-18-702 Immunizations](#)

[Division of Elementary and Secondary Education Rules Governing Immunization Requirements in Arkansas Public Schools](#)(July 6, 2020).

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- American Nurses Association and National Association of School Nurses (2017). *School Nursing: Scope and standards of practice* (3<sup>rd</sup> ed.). Silver Spring, MD; nursesbooks.org.
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# ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

**03-2**

**Assistive Personnel Applying and Measuring  
Tuberculin Skin Tests**

Assistive personnel may apply and measure tuberculin skin tests provided the following requirements are met.

1. The assistive personnel work under the supervision of a registered nurse employed by the Arkansas Department of Health.
2. The assistive personnel satisfactorily completes a course in applying and measuring tuberculin skin tests that includes:
  - a. Five rights of medication administration
  - b. Criteria for tuberculin testing
  - c. Technique for administering antigen
  - d. Measuring & documenting negative and reactive skin tests
  - e. Criteria for immediate reporting of results to the nurse
  - f. Minimum of 20 observed applications and 20 observed test measurements & documentations
3. The assistive personnel contact the RN for direction in determining if a tuberculin test is warranted when new contacts are identified.
4. The assistive personnel notify the RN of any reaction.
5. Competency is periodically re-evaluated and documented by the supervising RN.

Adopted November 13, 2003  
Reviewed May 9, 2013

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Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

**06-1**

**Pronouncement of Death**

The Arkansas State Board of Nursing has determined that based on educational and skills preparation, it is within the scope of practice of the advanced practice registered nurse and registered nurse to pronounce death. The advanced practice registered nurse and registered nurse must adhere to other Arkansas statutes regarding pronouncement of death.

Adopted September 13, 2006  
Revised January 11, 2007  
Reviewed May 9, 2013

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Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

**08-1**

**Expedited Partner Therapy**

Expedited Partner Therapy (EPT) is “the practice of treating the sex partners of persons with sexually transmitted diseases (STDs) without an intervening medical evaluation or professional prevention counseling” (Centers for Disease Control, 2006).

The Arkansas State Board of Nursing has determined that it is within the scope of practice of the advanced practice registered nurse (APRN) with prescriptive authority to prescribe EPT to their patients’ heterosexual partner(s) with suspected gonorrhea and/or chlamydia. The prescription shall be in the partner’s name.

Adopted May 15, 2008  
Revised June 14, 2012



# ARKANSAS STATE BOARD OF NURSING

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Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

14-1

**The Performance of Stapling, Suturing, or Application of Tissue Adhesive for Superficial Wound Closure by Registered Nurses in the Emergency Department**

The Arkansas State Board of Nursing has determined that, registered nurses may perform stapling, suturing or application of tissue adhesive for **superficial wound closure, as delegated by the attending provider in the emergency department**; however, the suturing of muscle, nerve, fascia, or tendon is not within the scope of their practice.

Registered nurses who perform stapling, suturing or application of tissue adhesive for superficial wound closure are responsible for having adequate preparation and experience to perform such acts and shall have documented competency with performance of such procedures. The registered nurse is responsible for documentation of educational preparation and for maintaining continuing competency. The registered nurse should use the Decision-Making Model as a tool in determining if the task is within his or her scope of practice.

The Arkansas *Nurse Practice Act*, A.C.A. § 17-87-309 and *Rules*, Chapter 7, Section IV, A.6.f., holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform.

Adopted May 8, 2014

# ARKANSAS STATE BOARD OF NURSING

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Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
Boards & Commissions

### POSITION STATEMENT

**18-1**

**APRN Scope of Practice Decision-Making Model**

Advanced practice nursing is dynamic and fluid. Scope of practice can evolve and change through experience, clinical competency, evidence-based practice, research, technology, legislation, and changes in the health care system (Kleinpell et al., 2012; LACE, 2012; NCSBN, 2008). All licensed nurses share a common knowledge base of responsibility and accountability defined as the practice of nursing. However, advanced practice registered nurses (APRNs) have advanced skills and knowledge obtained in their graduate education programs that can leave some uncertain. Defining scope of practice for APRNs isn't always black and white. Their scope encompasses their educational preparation, certification, population foci, and attained and maintained competence. Individual scope of practice will vary between APRNs, even with like specialty areas. APRNs are responsible and accountable, both professionally and legally, for practicing within their individual scope of practice. The mission of the ASBN is to protect the public. Holding APRNs accountable to practice within their scope is an important responsibility of ASBN.

See attached APRN Scope of Practice Decision-Making Model.

#### References:

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Adopted September 13, 2018

# ADVANCED PRACTICE REGISTERED NURSE (APRN) SCOPE OF PRACTICE DECISION MAKING MODEL

Identify, describe or clarify the task/function under consideration.

Review the scope of practice for the APRN role based on the ASBN *Nurse Practice Act* and *ASBN Rules, Chapter 4.*

Is the task/function expressly prohibited by *ASBN Nurse Practice Act, ASBN Rules, or any other law, rule or policy?*

YES



NO

Is the task/function included in the scope of practice based on your educational preparation and national certification specialty area?

YES

UNSURE

Is the task/function consistent with your APRN education, certification, population foci, national standards of practice, current APRN competencies, current nursing literature and research, policies and procedures, institution, accreditation standards, information on certification test content outline, or role delineation study?

NO



WITHIN SCOPE OF LICENSE

YES

Is the performance of the task/function within the accepted "standard of care" which would be provided in similar circumstances by reasonable and prudent APRNs who have similar training and experience?

NO



YES

Do you have the required knowledge, skill, education and experience to do the activity or task? Can you produce documentation/evidence that you have the knowledge, current skills, education and experience to do the activity or task?

NO



YES

Are you prepared to manage the consequences and accept accountability for your actions? Can you defend yourself if an adverse event occurs?

NO



YES

Is it reasonable to expect the patient will be safe/without harm as a result of your actions?

NO



YES

You now must make a decision to perform or decline to perform the activity or task according to the currently accepted standards of care and in accordance with your institution's policies and procedures.

Refer to a professional qualified to do task.

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1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

Division of Healthcare Related  
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### POSITION STATEMENT

20-1

**Role of the Licensed Nurse in Nurse Driven Standing Orders Working in Hospitals that have Adopted and are Subject to the Center for Medicare and Medicaid Conditions of Participation**

The Arkansas State Board of Nursing has determined that to ensure public safety of the citizens of Arkansas and others seeking medical care in this state and to provide guidance for licensed nurses as recommended by the National Academy of Medicine's vision of team-based diagnosis to allow Nurse Driven Standing Orders. Implementation of Nurse Driven Standing Orders allows institutions to adopt policies and procedures developed by medical staff and the hospital's nursing and pharmacy leadership team. Nurse Driven Standing Orders promotes team-based diagnosis, specifically calling for the patient and nursing staff to be integral members of the team and contribute to the diagnostic process.

In May 2012, the Centers for Medicare and Medicaid Services (CMS) adopted 77 FR 29002 and 77 FR 29034, which included provisions for hospitals: Revisions of the Conditions of Participation (CoPs) concerning governing body, patient's rights, medical staff, nursing services, medical records, pharmaceutical services, infection control, outpatient services, and transplant center organ recovery and receipt. Drugs and biologicals may be prepared and administered on the orders contained in pre-printed and electronic standing orders only if the standing orders meet the requirements of the medical records CoP. Hospitals may use pre-printed and electronic standing orders for patient orders concerning situations where hospital policy permits treatment to be initiated by a nurse without a prior specific order from the treating practitioner. Such treatment is typically initiated when a patient's condition meets certain pre-defined clinical criteria. For example, standing orders may be initiated as part of an emergency response or as part of an evidence-based treatment regimen where it is not practical for a nurse to obtain either a written, authenticated order or a verbal order from a hospital credentialed practitioner prior to the provision of care.

Evidence-based standing orders approved by hospitals per CMS guidelines would allow the licensed nurse to initiate medications and treatments when the patient's condition meets certain pre-defined clinical criteria. Ordering medications or treatments under the standing order would not be construed to be prescribing which may only be done by practitioners authorized to prescribe and treat.

For each approved standing order, there must be specific criteria clearly identified in the protocol for the order for a nurse to initiate the execution of a particular standing order, for example, the specific clinical situations, patient's conditions, or diagnoses by which initiation of the order would be justified.

## POSITION STATEMENT 20-1

### Role of the Licensed Nurse in Nurse Driven Standing Orders

Page 2

Policies and procedures should also address the instructions that the medical, nursing, and other applicable professional staff receive on the conditions and criteria for using standing orders as well as any individual staff responsibilities associated with the initiation and execution of standing orders. An order that has been initiated for a specific patient must be added to the patient's medical record at time of initiation or as soon as possible thereafter.

Likewise, standing orders policies and procedures must specify the process whereby the physician or other practitioner responsible for the care of the patient acknowledges and authenticates the initiation of all standing orders after the fact, with the exception of influenza and pneumococcal vaccines, which do not require such authorization in accordance with § 482.23(c)(2).

Licensed nurses working in hospitals may use pre-printed and electronic standing orders, order sets, and protocols for patient orders only if the hospital:

1. Has adopted and are in compliance in the provisions for hospitals included in the Conditions of Participation (77 FR 29002 and 77 FR 29034);
2. Establishes that such orders and protocols have been reviewed and approved by the medical staff and the hospital's nursing and pharmacy leadership;
3. Demonstrates that such orders and protocols are consistent with nationally recognized and evidence-based guidelines;
4. Ensures that the periodic and regular review of such orders and protocols is conducted by the medical staff and the hospital's nursing and pharmacy leadership to determine the continuing usefulness and safety of the orders and protocols; and
5. Ensures that such orders and protocols are dated, timed, and authenticated promptly in the patient's medical record by the ordering practitioner or by another practitioner responsible for the care of the patient only if such a practitioner is acting in accordance with State law, including scope-of-practice laws, hospital policies, and medical staff bylaws, rules, and regulations.

#### References

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Adopted May 6, 2020

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1123 S. University Ave., Suite 800  
Little Rock, AR 72204  
501.686.2700



## Arkansas Department of Health

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### POSITION STATEMENT

**21-1**

### **Role of the Licensed Nurse in the Practice of Aesthetics**

The performance of aesthetic procedures is within the scope of practice of a trained advanced practice registered nurse (APRN) or registered nurse (RN) as part of a medically prescribed plan of care for treatment of various dermatological conditions or as a part of a health maintenance and health promotion regime. The performance of aesthetic procedures is not within the scope of practice of a licensed practical nurse (LPN) or a licensed psychiatric technician nurse (LPTN).

#### A. EDUCATIONAL PREPARATION

The nurse shall have documented educational preparation, supervised clinical practice experience and competency validation appropriate to responsibilities, treatment provided, and patient population served. The delegating physician or supervising APRN shall document competency for the RN. The collaborating physician shall document competency for the APRN.

#### B. Documentation of ongoing competence should be readily available in the APRN or RN's personnel file. To ensure patient safety, the APRN and RN should gain and demonstrate the following knowledge and skill before engaging in aesthetics procedures:

1. Anatomy, physiology, and pathophysiology regarding the integumentary system as well as systems specific to the procedure(s) being performed.
2. Proper technique for each dermatologic procedure and nursing care required.
3. Proper client selection, history taking, physical assessment parameters, indications and contraindications for treatment.
4. Pharmacology including drug actions/interactions, side effects, contraindications, and untoward effects.
5. Proper selection, maintenance and utilization of equipment.
6. Realistic and expected outcomes of the procedure(s).
7. Potential complications and side effects of the procedure(s).
8. Management of complications or adverse reactions.
9. Infection control.
10. Safety precautions.
11. Documentation appropriate to the type of the procedure being performed.
12. Supervised clinical practice experience.
13. Competency validation.

#### C. PRACTICE SETTINGS

Aesthetic procedures shall be prescribed by a qualified physician or an APRN with a collaborative practice agreement with a qualified physician.

## POSITION STATEMENT 21-1

### Role of the Licensed Nurse in the Practice of Aesthetics

Page 2

- D. RNs shall practice under a patient specific order written by the delegating physician or supervising APRN. The use of standing orders for aesthetic cosmetic procedures is acceptable, provided the standing orders are documented in the patient's medical record. Standing orders shall be reviewed by the prescriber on an annual basis. The standing orders shall contain the following:
1. Patient name;
  2. Patient specific diagnosis;
  3. Procedure(s);
  4. Treatment site;
  5. Drug (when applicable);
  6. Dosage (when applicable);
  7. Frequency;
  8. Instructions for emergency and follow-up care; and
  9. Prescriber signature and date.
- E. The APRN or physician shall be available to the RN in person or through electronic communications during a procedure. Such provisions shall be contained in the practice setting's standard procedures and protocols.
- F. In addition to these requirements, the Arkansas Board of Nursing has published Position Statement 98-6, *Scope of Practice Decision-Making Model* that contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice and if education and training are adequate to perform a specified procedure or treatment.

Sources:

Arkansas Nurse Practice Act and Rules. Title 17, Chapter 87. Retrieved from <https://www.healthy.arkansas.gov/programs-services/topics/arkansas-board-of-nursing>.

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Arkansas State Board of Nursing, Position Statement 98-6, APRN Scope of Practice Decision Making Model September 11, 2018

Adopted January 7, 2021

## DELEGATION MODEL

The Arkansas State Board of Nursing (ASBN) realizes that certain tasks may be delegated to unlicensed assistive personnel (UAP) without a nurse assessing the client prior to delegating the task. These tasks are specifically listed in the ASBN Rules, Chapter 5, Section C. There are also certain nursing responsibilities, specifically listed in Chapter 5, Section E, that are prohibited from being delegated. This model was developed to assist the nurse in making decisions about whether a specific task may be delegated.





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Little Rock, AR 72204  
501.686.2700



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### GUIDELINES FOR TEACHING CONTENT RELATED TO IV THERAPY FOR ARKANSAS LICENSED PRACTICAL NURSES AND LICENSED PRACTICAL NURSING STUDENTS

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. The Arkansas State Board of Nursing developed Position Statement 98-6, Scope of Practice Decision-Making Model, to enable nurses to determine if a specific task is within their personal scope of practice. It is recommended that this model continue to be used.

#### The Practice of Practical Nursing:

*The delivery of health care services that are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.*

The performance for compensation of acts involving:

- the care of the ill, injured, or infirm;
- the delegation of certain nursing practices to other personnel
- under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing. ACA § 17-87-102 (5)

#### The Practice of Psychiatric Technician Nursing:

The performance for compensation of acts involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel
- the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice registered nurse, a licensed physician, or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing. ACA § 17-87-102 (6)

Over time, it has become generally acceptable practice for the RN to delegate certain tasks related to intravenous therapy to LPNs and LPTNs who have completed training and have validated competencies. RNs are prohibited from delegating tasks that require the substantial specialized skill, judgment, and knowledge required in professional nursing to an LPN or LPTN.

#### Minimum training for the LPN, LPTN, or LPN student who will be delegated IV therapy should include:

Anatomy and physiology	Fluid & Electrolyte Balance
Equipment & procedures in intravenous therapy	Complications, prevention, and nursing interventions
Introducing a peripheral intravenous device on an adult client	Set-up, replace and remove intravenous tubing for gravity flow and/or pump infusion
Perform intravenous infusion calculations and adjust flow rates on intravenous fluids	Monitoring the administration of blood and blood products

Administration of medications through a peripheral intravenous catheter by intravenous piggyback or intravenous push provided the medication does not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

References: National Council State Boards of Nursing 2003 LPN/VN Practice Analysis; National Council State Boards of Nursing 2001 Detailed Test Plan for the NCLEX-PN Examination; Arkansas Nurse Practice Act; Arkansas State Board of Nursing Position Statement 98-6 Decision-Making Model

Reviewed May 9, 2013