

**South Carolina Board of Nursing
January 2013 Insert into the SC Nurse Newsletter**

MISSION OF THE BOARD OF NURSING

The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses, registered nurses or advanced practice registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.

ADVISORY OPINION #58 APPROVED

At its September 2012 meeting, the Board approved Advisory Opinion #58 as follows:

ADVISORY OPINION # 58

FORMULATED: September 2012

QUESTION: Is it within the role and scope of practice for APRNs to conduct assessments without physician collaboration or preceptors?

The State Board of Nursing for South Carolina recognizes that APRNs receive advanced education and clinical training in health assessment as part of the foundation for APRN practice. The State Board of Nursing for South Carolina recognizes that health assessment is part of the graduate education, a masters or doctoral curriculum, and is required for APRN national certification. The State Board of Nursing for South Carolina also recognizes that assessments are conducted in a variety of settings to promote access to care including hospice, home health, office based, hospitals, mental health, and community organizations.

The State Board of Nursing further recognizes that the practice of APRN role includes the practice of registered nursing, which includes performing assessments. According to the Nurse Practice Act:

"Practice of registered nursing" means the performance of health care acts in the nursing process that involve assessment, analysis, intervention, and evaluation. This practice requires specialized independent judgment and skill and is based on knowledge and application of the principles of biophysical and social sciences. The practice of registered nursing includes, but is not limited to:

- (a) assessing the health status of persons and groups;
- (b) analyzing the health status of persons and groups;..."

(<http://www.scstatehouse.gov/code/t40c033.htm>).

The State Board of Nursing for South Carolina further recognizes that traditionally, assessments, not to include the interpretation of diagnostic data, have been conducted as part of the APRN scope of practice and are not considered a delegated act requiring or mandating physician collaboration or protocol. Currently, the Nurse Practice Act defines delegated medical acts as:

“Delegated medical acts” means additional acts delegated by a physician or dentist to the NP, CNM, or CNS and may include formulating a medical diagnosis and initiating, continuing, and modifying therapies, including prescribing drug therapy, under approved written protocols as provided in Section 40-33-34. Delegated medical acts must be agreed to jointly by both the Board of Nursing and the Board of Medical Examiners. Delegated medical acts must be performed under the general supervision of a physician or dentist who must be readily available for consultation.”

The State Board of Nursing for South Carolina, therefore, recognizes that delegated acts do not include conducting assessments but may include formulating medical diagnoses and prescribing as defined by the Nurse Practice Act. Thus, APRNs conducting assessments do not need a physician preceptor or collaboration.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe APRN practice.

REPORTING MISCONDUCT AND VIOLATIONS OF THE NURSE PRACTICE ACT

It has come to the attention of the S.C. Board of Nursing that there is reluctance on the part of some employers to report violations of the Nurse Practice Act by their employees.

S. C. Code Ann. § 40-33-111(A) of the Nurse Practice Act states that:

(A) An employer, including an agency, or supervisor of nurses, shall report any instances of the misconduct or the incapacities described in Section 40-33-110 to the State Board of Nursing not more than fifteen business days, excepting Saturdays, Sundays, and legal holidays, from the discovery of the misconduct or incapacity. A nurse supervisor who fails to timely report the misconduct or incapacity may be subject to disciplinary action and civil sanctions as provided for in Section 40-33-120. An employer who is not licensed by the board and who fails to timely report the misconduct or incapacity shall pay a civil penalty of one thousand dollars per violation upon notice of the board.

The Board believes it is important to note there are possible sanctions for employers who fail to report misconduct or incapacities in a timely manner to the Board. It is

important for the safety of the citizens of South Carolina that nurses and employers of nurses adhere to the S.C. Nurse Practice Act.

REVISED ADVISORY OPINION

At its September 2012 meeting, the Board approved revision of Advisory Opinion #5 as follows:

Advisory Opinion # 5

Formulated: July 31, 1987

Revised: September 2012, July 2007, November 2003, October 2002, January 1998, December 1997, May 1997, May 1993, November 1991, November 1990, November 1989, January 1989

Reviewed: March 2011, May 2006, July 2005, December 2000, July 1998, March 1993

Question: What is within the role and scope of responsibility of the registered nurse (RN) in the administration of epidural, intrathecal and peripheral nerve therapies?

The Board of Nursing of South Carolina acknowledges that it is within the role and scope of responsibility of the RN to perform the following epidural, intrathecal or peripheral nerve therapies:

ANALGESIA/ANESTHESIA FOR ACUTE OR CHRONIC PAIN RELIEF:

1. Administer medication (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) to the epidural and intrathecal space and peripheral nerve with the use of an electronic pump, infusion reservoir or by direct re-bolus exclusive of the administration of the test dose or initial dose of medication to determine correct catheter or infusion device placement which is administered by the physician, certified registered nurse anesthetist or anesthesiologist.
2. The RN with training and competency may assist the Anesthesiologist/ Certified Registered Nurse Anesthetist (CRNA) with the administration of a peripheral nerve block with the Anesthesiologist/ CRNA present utilizing ultrasound guidance and managing the needle placement. The RN may push the medication at the direction of the Anesthesiologist/ CRNA while the Anesthesiologist/ CRNA is holding and managing the needle placement.
3. Monitor, maintain, regulate, and/or terminate a continuous epidural, intrathecal or peripheral nerve infusion of medications (opiates, local anesthetics, steroids, alpha-

agonist, or combinations thereof) as ordered by a physician, and within the established guidelines, policies, and procedures formulated with input and approval of licensed physicians, anesthesiologists, and/or certified registered nurse anesthetists. In home care, physician support and supervision may be available via telecommunication systems.

4. Attach infusion tubing and devices to epidural, intrathecal or peripheral nerve catheters in place (and placement verified), as ordered by physician and under the supervision of a licensed physician or certified registered nurse anesthetist.

This applies, but is not limited to, situations in which:

- a. Patient requires acute or chronic pain management.
- b. Patient requires post-surgical pain management.
- c. Physician provider verified correct catheter placement.
- d. Patient's vital signs are stabilized.
- e. Patient's anesthesia/analgesic level is established.

MANAGEMENT AND MONITORING OF INTRAPARTUM EPIDURAL ANESTHESIA/ANALGESIA:

1. Monitor the intrapartum patient receiving epidural anesthesia/analgesia provided a licensed physician, anesthesiologist and/or certified registered nurse anesthetist is present and responsible (IMMEDIATELY AVAILABLE ON SITE.)

2. Terminate an epidural infusion with immediate notification of the attending physician, certified registered nurse anesthetist or certified nurse midwife. This monitored care is only to be done following stabilization of vital signs after either bolus injection or establishment of continuous pump infusion by physician, anesthesiologist or certified registered nurse anesthetist.

3. The RN may replace empty infusion syringes or bags with prepared solutions provided that the solution is verified by a second licensed nurse. The RN MAY NOT prepare solutions for infusion, alter the rate (increase or decrease), inject, bolus, or re-bolus the anesthetic/analgesic infusion. The registered nurse may not insert the catheter, position or reposition, or flush to maintain patency.

REMOVAL OF CATHETER:

The RN may remove epidural or peripheral nerve (not intrathecal) catheters, provided insertion was documented to be uncomplicated.

Recognizing these responsibilities are an additional act for the RN, the Board recommends that the nursing department complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. If implementation is in order, then appropriate policies, procedures, and standing orders should be developed which specify required special education and training. This special education and training should include documented didactic and skill competency

components. The agency policies and procedures should address how the agency will assure a physician or Advanced Practice Registered Nurse authorizes to administer epidural and intrathecal therapy/procedures. Medications to be administered by the RN and dose ranges are to be listed in the policies, procedures, and standing orders. The nursing department is advised to obtain patient specific written medical orders which indicate mechanical and physiological parameters to be monitored and reported to the physician.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

Reference: American Association of Nurse Anesthetists Position Statement, (1997). Provision of pain relief by medication administration via continuous epidural, intrathecal, intrapleural, peripheral nerve catheters, or other pain relief devices, American Association of Nurse Anesthetists Bulletin. Evidence-Based Clinical Practice Guidelines entitled *Nursing Care of the Woman Receiving Regional Analgesia/Anesthesia In Labor*, (2001) of Women's Health, Obstetric and Neonatal Nurses (AWHONN).

MEET THE SC BOARD OF NURSING PRESIDENT

Name: Sam McNutt Jr.

Professional Background/Experience: I have been a CRNA for 24 years and the Director of Anesthesia Services at Palmetto Health Baptist since 2001.

Why did you want to be on the Board? I was taught in home life and in my professional education that I had a responsibility to that profession to give back to it. Over the years, I have been very involved in professional association activities and some teaching opportunities. Being on the Board was another way to give back to my profession and my community.

What do you like most about working with SC BON? I have enjoyed getting to know the various people over the years. It is always interesting to meet new people and work on solving problems and situations. Finally, I enjoy the feeling that we have positively impacted and advanced nursing care as well as the health of the citizens of this state.

Hobbies: Gardening, including orchids and roses, my dogs, collecting various things, travel, ethnic foods, auctions, museums, cultural events, reading, movies, classical music, working out, professional and religious activities and others.

LICENSE CHECK

To check a nursing license, you may utilize one or all of the following options:

1. SC Licensee Lookup - Go to www.lironline.com/POL/Nursing/, click on Licensee Lookup (Magnifying Glass) and choose Nursing. As you enter information, it is recommended that you enter a portion of the nurse's name only. You will be provided with the nurse's name, city and state, license number, as well as license

type, date issued/ expires, license status and whether the license is multi-state or single state.

2. Nursys QuickConfirm - Go to <https://www.nursys.com/> click on QuickConfirm and follow the instructions. You will be provided with the nurse's name, state of licensure, license type and number, license status, license expiration date and discipline status. The following states participate in QuickConfirm: Alaska, American Samoa, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Guam, Idaho, Indiana, Iowa, Kentucky, Louisiana-RN, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Northern Mariana Islands, Ohio, Oregon, Rhode Island, *South Carolina*, South Dakota, Tennessee, Texas, Utah, Vermont, Virgin Islands, Virginia, Washington, West Virginia-PN, Wisconsin, and Wyoming. Go to NCSBN.org for updates as states are added.
3. Other States - Most states have licensee lookup/licensure verification on their websites. Links to boards of nursing can be found at www.ncsbn.org.

You may check for discipline against a South Carolina nursing license on the Board's website at www.llronline.com/POL/Nursing/ under Disciplinary Actions.

Name Change on Nursing License

If you have had a legal name change, submit your written request along, with a copy of the legal document(s) (copy of marriage certificate, divorce decree, court order, etc.), to the LLR – Board of Nursing, Post Office Box 12367, Columbia, SC 29211. Please indicate in your request whether you will use your middle name or maiden name for your middle initial or if you wish to hyphenate your name. For example, if Jane Ann Doe marries John Smith will she use Jane Ann Smith? or Jane Doe Smith? or Jane Ann Doe Smith? or Jane Ann Doe-Smith Your request will be processed within five business days of receipt in Board offices and will be reflected on Licensee Lookup within three to five business days after the change is made.

You may verify that your name change request has been processed on Licensee Lookup on our website (www.llronline.com/POL/Nursing/). When utilizing Licensee Lookup, you do not have to enter complete names. For example, "J" and "Smith" will search for records with a last name of "Smith" and a first name beginning with "J." Refer to Section 04-33-36(B) of the Nurse Practice Act regarding statutory requirements for your name on your license. You may view the Nurse Practice Act –Chapter 33 located under Law/Policies on the Board's website.

HAVE YOU MOVED?

Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of *any* address change. So you do not miss important time-sensitive information from the Board, such as your courtesy renewal notice, audit notice or other important licensure information, be sure to notify the Board immediately whenever you change your address. Failure to notify the Board of an address change may result in a public reprimand and \$500 civil penalty.

You may change your address on-line utilizing the address change form under Online Services found on the Board's website: www.llronline.com/POL/Nursing/.

Note: *Changing your address with the South Carolina Nurses Association (SCNA) does not change your address on your licensing records with the South Carolina State Board of Nursing.*

RETURNED CHECKS

When submitting any fees to the Board of Nursing, be certain there are sufficient funds in your account to cover your payment (*paper or electronic check or credit card*) and that the payment has cleared before closing the account. Section 40-1-50(G) of the South Carolina Code of Laws states that a license shall be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. This suspension is exempt from the Administrative Procedures Act. Unpaid checks constitute a non-payment of license fees. Section 40-33-38(C) of the South Carolina Code of Laws (Nurse Practice Act) requires that *all* licensees notify the Board *in writing* within 15 days of *any* address change. When a check is returned, replacement funds, plus the returned check fee allowed by law, will be charged.

TOOLS OF THE TRADE

When is the last time you visited the Board of Nursing's website? The Board recommends that all nurses licensed by or working in South Carolina visit its website (www.llronline.com/POL/Nursing/) *at least* monthly for up-to-date information on nursing licensure in South Carolina. When a new advisory opinion is issued or a current advisory opinion revised, it is updated on the website after Board approval. The Competency Requirement, Competency Requirement Criteria, Licensure information, Advisory Opinions, Position Statements and the Nurse Practice Act are just a few of the valuable tools and information you will find on the website.

The Advisory Opinions, Position Statements and the Nurse Practice Act are located under Laws/Policies. The Competency Requirement and Competency Requirement Criteria, which includes continuing education contact hours, are located under Licensure.

The Board hopes you will find this information useful in your nursing practice.

BOARD MEMBERS

Samuel H. McNutt, RN, CRNA, MHSA, Congressional District 5 - *President*
Carol A. Moody, RN, MAS, NEA-BC, Congressional District 4 - *Vice President*
Lisa C. Irvin, RN, MSN, NEA-BC, Congressional District 6 - *Secretary*
Amanda E. Baker, RN, MSN, MNA, CRNA, Congressional District 2
Tara R. Hulsey, PhD, RN, CNE, Congressional District 1
Karen R. Hazzard RN, BSN, MSN, Congressional District 7
W. Kay Swisher, RNC, MSN, Congressional District 3

Anne Crook, PhD, Public Member
James E. Mallory, EdD, Public Member

Vacancies: [See Section 40-33-10(A) of the Nurse Practice Act for prerequisites and requirements]

(2) Licensed Practical Nurses At Large

S.C. BOARD OF NURSING CONTACT INFORMATION:

Main Telephone Line (803) 896-4550
Fax Line (803) 896-4515
General Email Nurseboard@llr.sc.gov
Website www.llronline.com/POL/Nursing/

The Board of Nursing is located at Synergy Business Park, Kingtree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to the office can be found on the website - www.llronline.com - at the bottom of the page. The Board's mailing address is LLR - Office of Board Services - SC Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.

Normal agency business hours are 8:30 a.m. to 5 p.m., Monday through Friday. Offices are closed for holidays designated by the state.

BOARD OF NURSING ADMINISTRATION

Nancy G. Murphy, Administrator nancy.murphy@llr.sc.gov
Shannon Beaudry, Assistant to Administrator shannon.beaudry@llr.sc.gov

OFFICE OF INVESTIGATIONS AND ENFORCEMENT

Main Telephone Line (803) 896-4470

VISIT US ON OUR WEBSITE: www.llronline.com/POL/Nursing/

The Board of Nursing Website contains the Nurse Practice Act (Chapter 33-Laws Governing Nursing in South Carolina), Regulations (Chapter 91), Compact Information, Advisory Opinions, Licensure applications, Continued Competency Requirements/Criteria, Application Status, Licensee Lookup, Disciplinary Actions, and other helpful information. All nurses are encouraged to visit the website *at least* monthly for up-to-date information.

Board of Nursing Meeting Calendar for 2013

(Board and Committee meeting agendas are posted on the Board's website (www.llronline.com/POL/Nursing/) at least 24 hours prior to meeting.)

Board of Nursing Meeting
Board of Nursing Meeting

January 24-25, 2013
March 28-29, 2013

<u>Board of Nursing Meeting</u>	May 16-17, 2013
<u>Board of Nursing Meeting</u>	July 25-26, 2013
<u>Board of Nursing Meeting</u>	September 26-27, 2013
<u>Board of Nursing Meeting</u>	November 21-22, 2013

Advanced Practice Committee	February 1, 2013
Advanced Practice Committee	May 3, 2013
Advanced Practice Committee	August 2, 2013
Advanced Practice Committee	November 1, 2013

Advisory Committee on Nursing	February 19, 2013
Advisory Committee on Nursing	April 16, 2013
Advisory Committee on Nursing	June 18, 2013
Advisory Committee on Nursing	August 27, 2013
Advisory Committee on Nursing	October 15, 2013
Advisory Committee on Nursing	December 3, 2013

Nursing Practice & Standards Committee	January 10, 2013
Nursing Practice & Standards Committee	April 11, 2013
Nursing Practice & Standards Committee	July 11, 2013
Nursing Practice & Standards Committee	October 10, 2013

<u>Designated 2013 State Holidays</u>	<u>Observed On</u>
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New Year's Day	Tuesday, January 1, 2013
Martin Luther King, Jr. Day	Monday, January 21, 2013
George Washington's Birthday/President's Day	Monday, February 18, 2013
Confederate Memorial Day	Friday, May 10, 2013
National Memorial Day	Monday, May 27, 2013
Independence Day	Thursday, July 4, 2013
Labor Day	Monday, September 2, 2013
Veterans Day	Monday, November 11, 2013
Thanksgiving Day	Thursday, November 28, 2013
Day after Thanksgiving Day	Friday, November 29, 2013
Christmas Eve	Tuesday, December 24, 2013
Christmas Day	Wednesday, December 25, 2013
Day after Christmas	Thursday, December 26, 2013