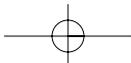
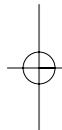
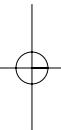
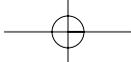


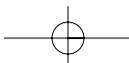
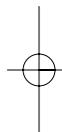
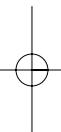
Palmetto Nurse

South Carolina Board of Nursing

Vol2 • No3

**Prevention of Rotavirus Gastroenteritis
Committee Members Needed**





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Mission of the Board: *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.

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The Palmetto Nurse is published quarterly by the South Carolina Board of Nursing. Each issue is distributed to every actively licensed LPN, RN, APRN, as well as to nurse employers and nurse educators. Nurses, students, and professionals from healthcare organizations turn to this publication for updates on clinical practices, information on government affairs initiatives, to discover what best practices are being implemented, and for insight into how healthcare providers are facing today’s challenges.

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OFFICE LOCATION/HOURS OF OPERATION

- The Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site – www.llr.state.sc.us/pol/nursing/
- Our mailing address is LLR - South Carolina Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.
- Our normal business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Our offices are closed for holidays designated by the State.

DESIGNATED STATE HOLIDAYS FOR REMAINDER OF 2007

- May 28 - National Memorial Day
- July 4 - Independence Day
- September 3 - Labor Day
- November 12 - Veterans Day
- November 22-23 - Thanksgiving
- December 25-26 - Christmas

VISIT US ON OUR WEB SITE: www.llr.state.sc.us/pol/nursing/

The Board of Nursing Web site contains the Nurse Practice Act, Regulations, Compact Information, Advisory Opinions, Licensee Lookup, Disciplinary Actions, and other information.

From the Desk of the ADMINISTRATOR

By: Joan K. Bainer, RN, MN, CNA BC, Board Administrator



As Nurses' Week is celebrated throughout the nation, the South Carolina State Board of Nursing takes a special pleasure in honoring all the nurses in South Carolina during the week of May 6-12, 2007.

Nurses actually receive accolades all throughout the year from fellow nurses, family members, physicians, neighbors, caregivers and administrators, etc. just to name a few as nurses roles and responsibilities never end in terms of caring for patients and their families.

As a nurse, be sure that you are utilizing all the resources that are available to you to maintain your profession such as obtaining certification in your specialty area through a nationally recognized credentialing agency, maintaining membership in the nursing honor society and your state and national nursing associations. Be an active member and vote to promote professionalism and share your expertise. Participate on Board committees as appropriate. Utilize standards of practice that are nationally recognized when creating policies and procedures and educating the nurses in your facilities. Utilize the resources from the Board of Nursing that is available on our web page at www.llr.state.sc.us/pol/nursing/ to include the Nurse Practice Act and Advisory Opinions.

In the year 2010 the South Carolina State Board of Nursing will be celebrating 100 years of regulation. Therefore, encourage a fellow colleague to become active in the profession in a variety of ways and enjoy the daily celebrations that nursing affords you as well as the official week long celebration to include the Board's long term goal of celebration

TO ALL ADVANCED PRACTICE REGISTERED NURSES IN SC:

When you recertify, it is the responsibility of the advanced practice registered nurse (APRN) to either have the national certification board contact Michael Rowland, Advanced Practice Licensure, SC Board of Nursing know the recertification dates or the APRN can send a copy of the certification card and/or letter showing the dates of recertification and expiration dates. The South Carolina Board of Nursing is not automatically notified by the certification board that you have been re-certified. A copy of the recertification card and/or letter can be faxed to the attention of Michael Rowland, Advanced Practice Licensure at (803) 896-4525. Thank you for your attention to this matter.



POLICY ON CIVIL PENALTIES FOR UNAUTHORIZED NURSING PRACTICE

1. Private Reprimand Recently the Board of Nursing revised the policy statement on civil penalties and sanctions for unauthorized nursing practice. Civil penalties for failure to comply with basic nursing licensure and advanced practice of nursing to include prescriptive authority (and notification of change in practice) have been revised. The following is the policy of the Board as revised April 19, 2007.

POLICY:

All licensure applications are reviewed for compliance with the mandatory authorization provisions of Sections 40-33-38 and 40-33-40 South Carolina Code of Laws, 1976, as amended. Applicants or licensees found to have practiced nursing as defined in Sections 40-33-20 (43), (46), (47), (48), without a current South Carolina authorization to practice as required in Section 40-33-30 are subject to disciplinary action. By consent agreement, the applicant may accept sanctions as established by the Board.

PROCEDURE:

The Responsible Board Staff Member:
 1. Queries applicant / employer to determine if

- there has been unauthorized nursing practice.
- 2. If no violation and the continued competency requirement has been met, approves the application authorizing a license to be issued.
- 3. If violation is documented negotiates a consent agreement for sanctions according to the following guidelines established by the Board.
- 4. Stated penalties below are the minimum amounts staff may accept in negotiating consent agreements. Required personal appearances before the Board may not be waived except in unusual situations upon recommendation of the Board Administrator and approval of the President or designee, in their discretion, in order to avoid inappropriate hardship or manifest injustice.
- 5. The Board is provided for review a list of names, number of days practicing without a license and civil penalty assessed.

- I. Basic Licensure [Licensed Practical Nurse (LPN), Registered Nurse (RN), Advanced Practice Registered Nurse, (APRN)]
 - A. Unauthorized Nursing Practice - First Offense
 - 1. Private Reprimand
 - 2. Civil Penalty
 - a.1 to 30 calendar days \$250
 - b.31 to 60 calendar days \$500

- c. 61 to 120 calendar days \$750
 - d. 120 to 365 calendar days \$1,000
- Personal appearance may be required at the discretion of the Board President.
- e. Greater than 365 calendar days \$2,000
- Personal appearance may be required at the discretion of the Board President.

B. Unauthorized Nursing Practice - Second Offense

- 1. Public Reprimand
 - 2. Civil Penalty
 - a. 1 to 30 calendar days \$750
 - b. 31 to 60 calendar days \$1,000
 - c. 60 to 120 calendar days \$1,500
 - d. 120 to 365 calendar days \$2,000
- 1 year probation, quarterly employer reports, legal aspects workshop, and personal appearance may be required at the discretion of the Board President.
- e. Greater than 365 calendar day Board appearance required. Civil penalty and sanction to be determined by the Board.

C. Unauthorized Nursing Practice - Third or Greater Offense: Application must be presented to the Board for resolution. Personal appearance before the Board by the applicant/licensee is required

II. Failure to Notify Change of Practice within 15 days- Advanced Practice Registered Nurse

- 2. Civil Penalty
 - a. 15-30 calendar days \$500
 - b. 31-60 calendar days \$750
 - c. 61-90 days \$1,000
 - d. Beyond 90 calendar days Board review (personal appearance required)

III. Prescriptive Authority - Advanced Practice Registered Nurse

- A. Failure to Register / Renew - First Offense
 - 1. Private Reprimand
 - 2. Civil Penalty

- a. 1-30 calendar days \$500
- b. 31-60 calendar days \$1,000
- c. Beyond 60 calendar days Board review (personal appearance required)

B. Failure to Renew - Second Offense

- 1. Public Reprimand
 - 2. Civil Penalty \$2,000
- (Note: If second offense occurs within a five-year period, the nurse must reapply for Advanced Practice Registered Nurse Licensure)

C. Failure to Renew - Third or greater offense- Application must be presented to the Board for resolution. Personal appearance before the Board by the applicant/licensee is required.



Who Is A Vulnerable Adult?

A vulnerable adult is a person 18 years old or older who has a physical or mental condition which substantially impairs them from providing their own care. Where are vulnerable adults? Vulnerable adults reside in psychiatric facilities, nursing homes, Community Residential Care Facility (CRCF) and assisting living facilities, just to name a few.

Do you know how and what to report if you observe a caregiver providing less than an acceptable level of care for a vulnerable adult? You can call the Department of Social Services Office for incidents occurring in community settings. For incidents that occur in a facility, you may call your Regional Long Term Care Ombudsman or the State Long Term Care Ombudsman in the Office on Aging located in the Lieutenant Governor's Office. Your complaint will remain anonymous. Please provide as much information as possible to assist the authorities in resolving the concern.

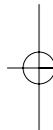
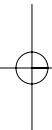
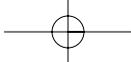
Who should report? Nurses, physicians and all other health care providers. Remember, as a nurse you must by law report the incident.

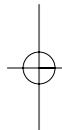
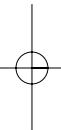
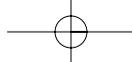


CONTACT HOUR CREDIT CHANGES TO 60 MINUTES = 1 CH

The American Nurses Association (ANA) is accredited as a provider of continuing nursing education (CNE) by the American Nurses Credentialing Center's Commission on Accreditation. As required by new ANCC criteria, on January 1, 2007, ANA began offering 60-minute contact hours (CH) for all new continuing education activities. (Activities developed before that date and repeated in 2007 will still provide 50-minute contact hour credit and will be identified as 50-minute contact hours).

According to ANCC, "This change brings greater consistency with the accreditation processes of other disciplines and increases the understanding and intuitiveness of the awarding of contact hours." To estimate the number of contact hours for an educational activity, total the minutes of didactic or clinical experience and evaluating the activity and divide by 60. For example, 60 minutes = 1 CH, 150 minutes = 2.5 CH. If you need information about re-certification or re-licensure CH requirements, please contact your certification board or state board of nursing. For questions about ANA's change to a 60 minute contact hour, please e-mail Valerie.restifo@ana.org.





PREVENTION OF ROTAVIRUS GASTROENTERITIS

by Maggie S. Johnson, RN, MSN, Program Nurse Consultant-Practice



Rotavirus is a virus that causes severe diarrhea, often accompanied by vomiting, fever, and dehydration, mostly in babies and young children under the age of five. It is the leading cause of diarrhea and almost all children in the United States are likely to be infected by the 5th birthday with the rotavirus. According to Centers for Disease Control and Prevention (CDC), each year in the U.S., the rotavirus is responsible for more than 400,000 doctor visits; more than 200,000 emergency room visits; 55,000 to 70,000 hospitalizations; and between 20 and 60 deaths. Rotavirus leads to about \$1 billion in health care costs and lost productivity per year in the U.S. Despite efforts to improve the management of childhood rotavirus-associated diarrhea, hospitalizations of children in the U.S. with the disease have not significantly declined in the past two decades. Hospitalizations are the most severe and costly outcome of rotavirus disease in U.S. children.

Rotavirus disease usually starts with a fever, an upset stomach and vomiting, followed by diarrhea. Rotavirus most often occurs in the winter and spring. Children are most likely to get rotavirus disease between November and May. Rotavirus is very contagious often spreading from one child to another and sometimes to adults. Once a child has been exposed to rotavirus, it takes about two days for symptoms to appear. Children who have rotavirus disease develop vomiting and watery diarrhea that may last from three to eight days. They may lose interest in eating and drinking and become dehydrated from loss of fluids. A child may develop rotavirus disease more than once but, second infections tend to be less severe than the original infections.

Rotavirus spreads easily. Large amounts of rotavirus are shed in the stool of infected persons and rotavirus is easily spread on contaminated hands and objects. Children can spread rotavirus both before and after they become sick with diarrhea. While universal precautions are important, better hygiene and sanitation have not significantly reduced rotavirus disease. A new, recently licensed vaccine, RotaTeq, marketed by Merck and Company, is the only live, oral vaccine approved by the Federal Drug Administration (FDA) that can help protect against rotavirus.

The RotaTeq vaccine is a liquid given by mouth and three doses of the vaccine are needed to provide good protection. The first dose is usually given between 6-12 weeks old and two additional doses are given at 4-10 week intervals. CDC recommends that children should get all three doses before 32 weeks old. In studies, RotaTeq was administered with diphtheria and tetanus toxoids, acellular pertussis (DTaP), inactivated poliovirus vaccine (IPV), haemophilus influenzae type b conjugate vaccine, hepatitis B vaccine, and pneumococcal conjugate vaccine. RotaTeq did not interfere with the immune response of these vaccines. The vaccine does not contain thimerosal or any other preservative and is not the same vaccine that was removed from the market in 1999 because it was associated with a rare type of bowel obstruction called intussusception. CDC and FDA will continue to very closely monitor this vaccine to ensure that there are no problems. For further information on RotaTeq and the rotavirus, you can go online at <http://www.cdc.gov/nip/diseases/rota/rota-faqs.htm> .



COMMITTEE MEMBERS NEEDED

APRN EDUCATOR

The Advanced Practice Committee (APC) assists the Board of Nursing with issues such as, but not limited to, advanced nursing practice, practice requirements, and scope of practice. The APC meets quarterly each year. The APC members are appointed for an initial term of two years with a possibility of reappointment for three years to provide for staggering of terms. Currently the position of advanced practice registered nurse (APRN) education representative is open on APC. All members must be currently licensed in South Carolina, practicing in the area they represent and not be under a current disciplinary order. Members' perspectives and participation are valued and necessary for continuity. If you or someone you know is interested in serving as APRN education representative on the Advanced Practice Committee, please submit a letter along with curriculum vitae to Maggie Johnson, Advanced Practice Committee, LLR-Board of Nursing, P O Box 12367, Columbia, SC 29211.

MENTAL HEALTH AND LONG TERM CARE

The Advisory Committee on Nursing (ACON) assists the Board of Nursing with long range planning for nursing and facilitates collaboration between education and practice. The ACON meets in February, April, June, August, October and December each year. The ACON members are appointed by the Board of Nursing from all nominations submitted. There are currently three positions currently available on ACON. Nursing service administration representatives are needed for the areas of mental health and long

term care. All members must be currently licensed in South Carolina, practicing in the area they represent and not be under a current disciplinary order. Initial terms are for two-year periods with a possibility of reappointment for three years to provide for staggering. Members' perspectives and participation are valued and necessary for continuity. If you or someone you know is interested in serving as the nursing service administration representative for mental health or long term care on the Advisory Committee on Nursing, please contact Judy Moore at moorej@llr.sc.gov to obtain a nomination form.

PEDIATRIC

The Nursing Practice and Standards Committee (NPSC) assists the Board of Nursing on issues affecting nursing practice in our state. The NPSC is charged with developing and revising advisory opinions and position statements. The NPSC meets in February, April, June, August, October and December each year. Currently the pediatric representative position is open on NPSC. All members must be currently licensed in South Carolina, practicing in the area they represent and not be under a current disciplinary order. Members' perspectives and participation are valued and necessary for continuity. If you or someone you know is interested in serving as pediatric representative on the Nursing Practice and Standards Committee, please submit a letter and curriculum vitae to Maggie Johnson, Nursing Practice and Standards Committee, LLR-Board of Nursing, P O Box 12367, Columbia, SC 29211.

HAVE YOU MOVED?

Section 40-33-38 (C) of the S.C. Nurse Practice Act requires that all licensees notify the Board in writing within 15 days of an address change. So that you do not incur disciplinary action or miss important time sensitive information such as your renewal and audit or other important licensure information, please be sure to notify the Board immediately whenever you change addresses. Please submit a letter including your name (as shown on your license), license number, former address and new address as well as your new telephone number and email address. You may also change your address on-line utilizing the address change form found on our Web site: www.llr.state.sc.us/pol/nursing/.



BOARD and COMMITTEE MEETINGS



Board of Nursing

July 26-27	Board of Nursing Meeting
September 27-28	Board of Nursing Meeting
November 29-30	Board of Nursing Meeting

Advisory Committee on Nursing (ACON)

June 19, 2007	Advisory Committee on Nursing Meeting
August 28, 2007	Advisory Committee on Nursing Meeting
October 16, 2007	Advisory Committee on Nursing Meeting
December 4, 2007	Advisory Committee on Nursing Meeting

Advanced Practice Committee (APC)

August 3, 2007	Advanced Practice Committee Meeting
November 2, 2007	Advanced Practice Committee Meeting

Nursing Practice and Standards Committee (NPSC)

July 5, 2007	Nursing Practice & Standards Committee Meeting
August 16, 2007	Nursing Practice & Standards Committee Meeting
October 18, 2007	Nursing Practice & Standards Committee Meeting
December 13, 2007	Nursing Practice & Standards Committee Meeting

BOARD VACANCIES

There are currently two member vacancies on the South Carolina Board of Nursing. Members serve terms of four years and until their successors are appointed and qualify. Board members must be appointed by the Governor with the advice and consent of the Senate.

One Board member vacancy is for the Licensed Practical Nurse (LPN) representative for Region 1, which includes Congressional Districts 1, 2, and 3. This position requires that the LPN be licensed in South Carolina, must be employed in nursing, must have at least three years of practice in their respective professions immediately preceding their appointment, and must reside in the district they represent.

There is also a vacancy for a Lay Member. Lay members represent the public at large as a consumer of nursing services and may not be licensed or employed as a health care provider.

The Nurse Practice Act signed by Governor Sanford on May 11, 2004, established a second lay member for the Board of Nursing. No board member may serve as an officer of a professional health-related state association.

The Governor appoints board members with the advice and consent of the Senate. An individual, group, or association may nominate qualified persons and submit nominations to the Governor for consideration. If you are interested or someone you know is interested in one of these positions on the Board of Nursing, they should submit a letter of request, along with a resume to Boards and Commissions, Governor's Office, Post Office Box 11829, Columbia, SC 29211.



A Message

From Your Area Director and Member of the South Carolina Board of Nursing...

By Rose Kearney-Nunnery, RN, PhD, CNE

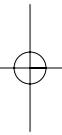
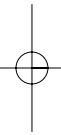
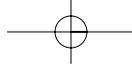
To tell you a bit about me, I was appointed as a member of the South Carolina Board of Nursing representing Congressional District #2 in 2000. I served as President of the Board in 2001, 2002 and 2003. Since that time I have also served on the Practice, Regulation, and Education Committee of the National Council of State Boards of Nursing (NCSBN) from 2001-2005, briefly as the chair of the NCSBN Task Force on Continued Competence in 2005, and, most recently, as Area III Director on the Board of Directors of NCSBN since November 2005.

In my life as a nurse in South Carolina since 1995, I have been the Department Head for Nursing, the Vice President for Academic Affairs, and now, as adjunct faculty member at the Technical College of the Lowcountry in Beaufort. I continue to write for F.A. Davis Publishing Company on nursing issues in addition to my volunteer service on the NCSBN.

You may wonder what is the National Council of State Boards of Nursing, or NCSBN. The NCSBN, composed of 59 member boards, provides leadership to advance regulatory excellence for the protection of the public as stated in the mission statement with the explicit values of integrity, accountability, vision, collaboration, and quality. Now you are probably wondering, why 59? The member boards represent the jurisdictions of the states and American territories. All 50 states and the District of Columbia are members of NCSBN; however, there are four states (California, Georgia, Louisiana, and West Virginia) that have separate Boards of Nursing for Registered Nursing and Licensed Practical/Vocational Nursing. There is also a proposal to include Boards that have separate and distinct APRN Boards; but we will know more about this potential in August 2007. In addition to the 55 member boards in the United States, the Boards of Nursing of American Samoa, Guam, the Northern Mariana Islands, and the Virgin Islands comprise the current 59 member boards of the NCSBN. Area III includes the following jurisdictions: Alabama, Arkansas, Florida, Georgia (RN and P/VN Boards), Kentucky, Louisiana (RN and P/VN Boards), Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia. Twice yearly, meetings of the four areas of NCSBN are held in conjunction with the Mid Year and Annual meetings to enable members of each Area to share common regional concerns regarding regulatory issues. At the Area Meeting in April 2007, I will be leading Area III in their discussion of these regulatory concerns and issues.

Recall, the mission of the South Carolina Board of Nursing is the protection of public health, safety and welfare by assuring safe and competent practice of nursing. Nursing practice is regulated by virtue of Statute (law) and the associated regulations. The laws and regulations were revised in the new millennium to reflect our current and safe practice concerns. In fact, during the current legislative session we have a bill being proposed to revise language in the statute for currency.

Remember, we are all concerned with safe and effective health care for clients of nursing. South Carolina is an important state and has had a state and national presence as we care for the clients of nursing. Be proud and continue to be caring for South Carolinians as we strive for health and high level wellness.





"Just" an LPN

By Debra Newton-Doria, LPN, Board Member

Many times licensed practical nurses (LPN) refer to themselves as "just" an LPN. The implication is that as an LPN we view ourselves to be of a lower standard professionally. Lack of

understanding concerning LPN scope of practice on the part of employers as well as Nurses, can bring forth a more restrictive environment than often required by law. It is important that we educate ourselves so we might assist others in understanding our scope of practice.

Unfortunately our biggest limitation is often ourselves. In order to break free from this stereotype, we have some very distinct responsibilities; beginning with finding a personal pride and respect for ourselves and our chosen profession.

Historically Licensed Practical Nurses have been urged to fill the void during nursing shortages. Our scope of practice expands as the need expands. At one time in history, LPN's did not even give medications. It is hard to imagine such a day, realizing that this is of primary focus in our duties today. Each state has different rules regulating the practice of nursing. South Carolina's Nurse Practice is our guiding force. There are many areas of differentiation in LPN's practicing here and in other states. The main issues are those concerning assessment skills, IV Therapy, and administration of blood products. During the last Annual Delegate in St. Lake City, Utah, a comprehensive study was presented concerning the Supply, Demand and Use of LPN's in the workforce. You can read the full study at <ftp://ftp.hrsa.gov/bhpr/nationalcenter/lpn.pdf> This is not just an issue effecting South Carolina, but a National concern.

Preparation:

Prepare yourself through a continual quest for knowledge using continuing education courses and reading professional journals. A good start is the ability to renew your license through continuing education as opposed to employer verification. As one of our options in SC we can choose to have 30 contact hours within our 2 year renewal period. Make sure your continuing education meets the requirements on the Board website.

Presentation:

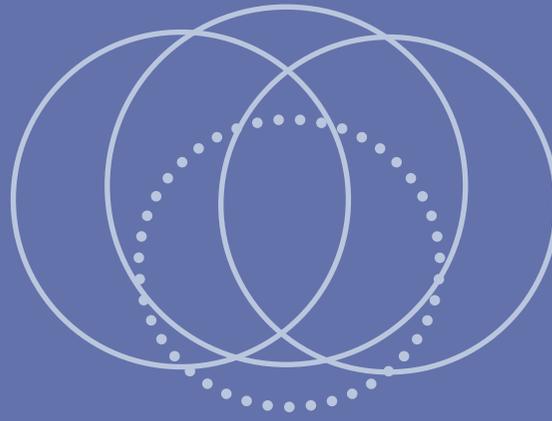
Present yourself as a professional. As LPN's we practice under the same Code of Ethics as the Registered Nurse. If you present yourself as a skilled and compassionate professional, others are more likely to view you the same.

Responsibility:

Accepting responsibility for your practice is essential for growth. As LPN's we work under the direct supervision of a Physician, Dentist, Advanced Practice Registered Nurse or Registered Nurse. This does not negate the responsibility or the liability of our practice and our personal license.

Knowledge:

Know your scope of practice and utilize skills to your full potential. Be open to learning new skills and increasing your value to your employer. We are a vital link in the chain of health care. As our nation faces a critical shortage of nurses the value of Licensed Practical Nurses will become even greater. Be proud of the work you do and the position you hold. And never let it be said that you are "just" an LPN.



FREQUENTLY ASKED QUESTIONS REGARDING NURSING PRACTICE IN SC

1. Can a licensed nurse assist the physician in advancing the scope (i.e., endoscope, colonoscope)?

Answer: No, the licensed LPN or RN can not assist the physician in advancing the scope. This is a medical act and not within the scope of a LPN or RN in South Carolina. APRNs perform delegated medical acts collaborating with a physician and it is within their scope to advance and perform an EGD, colonoscopy, etc. depending on their specialty certification and written protocols.

2. Can a licensed practical nurse be in charge?

Answer: There are certain settings where the LPN can be in charge and this is noted in Advisory Opinion #32 on our website at www.llr.state.sc.us/pol/nursing/ and on the home page on the left go to "laws/policies" and you will see the Advisory Opinions at the top of the second page. You want to go to Question #32.

3. Does the Board of Nursing decide staff/patient ratios?

Answer: No, the Board of Nursing in SC deals with the licensing of licensed practical nurses, registered nurses and advanced practice registered nurses and making sure these nurses stay within their scope of practice. Staff/pt ratios are determined by individual health institutions and guided and regulated by DHEC Health Licensing and national accreditors like JCAHO.

4. What are APRNs in South Carolina?

Answer: APRNs in South Carolina are advanced practice registered nurses which include four groups of licensed nurses who have Masters in Nursing and have been nationally certified in their board approved specialty. These four groups are Clinical Nurse Specialists, Nurse Practitioners, Certified Nurse Midwives, and Certified Registered Nurse Anesthetists. They can perform delegated medical acts with written protocols/guidelines collaborated with a

precepting physician (s).

5. I understand Advisory Opinion #3 has changed so neither a licensed practical nurse or a registered nurse in SC can pronounce death. What about if the physician writes an order saying "licensed nurse can pronounce death"- can I then do that if the patient dies?

Answer: The Opinion #3 was changed in November 2006 after finding that there was case law and a Supreme Court Ruling in 2004 in SC that stated the only ones in SC that could pronounce death were MDs and coroners. So even if the physician makes a decision that the licensed nurse can pronounce, this case law prohibits the licensed nurse from pronouncing death. Licensed registered nurses can still assess for no breathing, no heartbeat, no pupils reactive to light, no movement by the patient but the pronouncement of death should not be in the written documentation by the licensed nurse.

6. If I endorsed from another state and I was IV certified, do I have to go through the same training in IV therapy with someone who has had no experience?

Answer: The decision is left up to the individual employer. It is important to keep your certificate showing your past training. However the demonstration of clinical competency and the checklist is left up to the employer and there should be written policies and procedures which define your basic standard of care.

7. On Option 2 for continued competency, does ACLS or PALS or Neonatal LS count as national board approved certifications? How about BLS?

Answer: On Option 2 for continued competency, the Board of Nursing is referring to national certifications in your nursing specialty such as certified as a Perioperative nurse by AORN; or certified as an OB/GYN nurse by

AWOHN; or certified as a Critical Care nurse by AACN. Being ACLS, PALS, or Neonatal LS certified can count under Option 1 which is continuing education in nursing but it is the individual licensed nurse's responsibility to check with the instructor(s) of the courses to see how many hours are obtained because classes are taught differently depending on who the instructor is. BLS does not count towards continued competency hours.

8. If I am an excellent critical care nurse and have positive evaluations, what business is it of the SC Board of Nursing that I have two DUIs on my off time?

Answer: The mission of the SC Board of Nursing, LLR is to protect the public. As a licensed nurse in SC, you are held to a higher standard. Having two criminal charges of DUI raises serious questions regarding your professional judgment and fitness as a licensed nurse. Nursing judgment has been defined in the SC Nurse Practice Act, Chapter 33, in Section 40-33-20 under the definition of the "practice of nursing".

9. My employer told me that if I did not let the Board of Nursing know I had changed my address; this could be considered unprofessional conduct. Is that true?

Answer: Yes, when the NPA was revised in 2004, under Chapter 33, Section 40-33-110, unprofessional conduct can be defined as "failing to timely notify the department of changes in information required in an original or renewal application." There is an online application to change name and address. Timely is usually considered within fifteen business days.

10. When I am licensed as a nurse in South Carolina, am I automatically made a member of the SC Nurses Association (SCNA)? How can I get a Nurse Practice Act?

Answer: When you become licensed as a nurse in South Carolina, you are not automatically made a member of the SC Nurses Association, your professional nursing organization. It is your decision as a licensed nurse to join the SCNA which works closely with the SC Board of Nursing and also is the state organization for the national association of nurses, American Nurses Association (ANA). The SC Nurse Practice Act is posted on our website at www.llr.state.sc.us/pol/nursing/ and on the home page on the left click "laws/policies" and you will see Chapter 33 on the second page and you can copy that. The educational regulations are Chapter 91 and Title 40 explains what licensing boards as well as other agencies are under LLR (Labor, Licensing and Regulation).

Answers to many questions regarding nursing practice or scope of practice for licensed practical nurses (LPN), registered nurses (RN), or advanced practice registered nurses (APRN) can be found on our Web site at www.llr.state.sc.us/pol/nursing under Laws / Policies. If you have questions not answered in the Nurse Practice Act, Advisory Opinions, or positions statements, please contact Maggie Johnson by email at johnsonm@llr.sc.gov or by telephone at 803-896-4522.

NURSE'S WEEK



By Suzanne K. White, RN, MN, FAAN, FAHA, FCCM, CNA, President

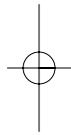
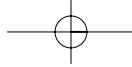
--As we celebrate Nurses' Week, I wanted to take this opportunity to thank you for what you do. As you know the Mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing. It is important at this time to pause and think about the key role you play in the protection of our patients.

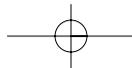
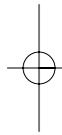
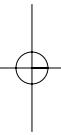
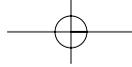
Mary Foley, past President of the American Nurses' Association (ANA), once said that "we are all one illness or injury away from being a consumer of care." The point of that message is that everyone should care about the healthcare system and be an advocate before you have to experience it first-hand. Many of us have experienced it first hand or second hand with our families and/or friends. If you have been through this experience, I think that we would all agree that it was the nurses who made the difference and who are, indeed, caring for one patient and one family at a time.

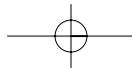
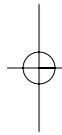
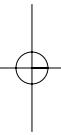
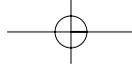
I want to challenge you during Nurse's Week to use the knowledge that "we are all one illness or injury away from being a consumer of care" to drive us, to motivate us to—

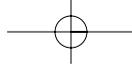
- First of all, imagine yourself in the patient's place. You will never go wrong if you do.
- Secondly, tell others what you do. Talk about our rewarding profession and what it takes to be a nurse. I know that many of you have become convinced that your work is too hard to explain, too difficult for the public to understand. But that is not true. Is it hard to explain that you are there 24 hours a day, monitoring care, working with the most complicated medical technology in the world? That your vigilance often makes the difference between life and death?
- Lastly, don't ever confuse your life and your work. As Anna Quindlen says—"Your work is only part of your life." When Nurses' Week ends, you will only have one thing that no one else has — you will be the only person alive who has sole custody of your life, your entire life. Not just your life as a nurse, not just the life of your mind, but the life of your heart, your soul. You cannot be really first rate at your work if your work is all you are—so today, I challenge all of us to smell the roses, really look at the color of your kids eyes, exercise a little, look at a sunrise, the sunset. Kiss your mother, hug your child! Learn to love the journey, not the destination.

Thank you for being a nurse. Be proud of who you are. Enjoy the week!









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