

**SOUTH CAROLINA BOARD OF NURSING  
JANUARY 2004 INSERT INTO THE SC NURSE NEWSLETTER**

*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.*

**BOARD MEMBER RETIRES**

Keith A. Torgersen, RN, MSN, CRNA retired from the Board of Nursing after the November 2003 meeting. Governor David Beasley appointed Mr. Torgersen to the Board in August 1997.

**BOARD VACANCIES**

There are two registered nurse (RN) vacancies on the Board of Nursing representing Congressional Districts Three and Six. Board members must be licensed in South Carolina, employed in nursing, have at least three years of nursing practice immediately preceding their appointment, and reside in the district they represent. If you are an RN or know an RN who is interested in one of these positions, submit a letter of request, along with curriculum vitae to Jarrett Martin, Boards & Commissions, Governor's Office, P. O. Box 11829, Columbia, SC 29211.

**LICENSE RENEWAL REMINDER**

- ◆ Nursing licenses not already renewed will expire at midnight on January 31, 2004. A current 2004-2006 South Carolina nursing license is required to continue practicing after that time. Practice is permitted when your new expiration date is posted on our Web site. Licensure status and expiration dates may be verified by accessing Licensee Lookup at [www.llr.state.sc.us/pol/nursing/](http://www.llr.state.sc.us/pol/nursing/).
- ◆ Please allow ample time for mailing and processing of your renewal application prior to January 31, 2004. Timely submission of your renewal application will prevent disruption of your practice.
- ◆ Renewal applications were mailed by October 1, 2003, allowing four months for licenses to be renewed. "Walk-in" processing of renewals will not be available.
- ◆ If you have not yet renewed, try our on-line renewal. You will find your password and user identification number on your renewal application. You may also obtain your password and user identification number at <http://renewals.llronline.com/reglogin.asp>. MasterCard and Visa are accepted as payment for on-line renewal only. There is a \$1.25 usage fee charged by the bank for the convenience of on-line renewal.
- ◆ Most employers require a copy of your renewed license by a certain date each year. Please be aware of your employer's requirements and allow sufficient time for mailing and processing.
- ◆ A nurse who has been licensed for at least five years must have practiced nursing for a minimum of 960 hours in the preceding five years to renew (October 1, 1998, through September 30, 2003).

**ADVANCED PRACTICE REGISTERED NURSES (APRN)**

All APRNs have been mailed an advanced practice renewal for the period ending January 31, 2004. If your official recognition expires on January 31, 2004, and you have not received a renewal application, please contact Sandra Bryant at 803-896-4524 or [bryants@llr.sc.gov](mailto:bryants@llr.sc.gov). Please make sure your RN license is also renewed.

After February 1<sup>st</sup>, all APRNs with recognition expiring on January 31, 2005, will be mailed a one-year renewal application with instructions and a prorated fee. This one-year renewal will bring all APRNs to the April 30, 2006, expiration date.

### **ADVISORY OPINIONS – NEW/REVISED**

The Board of Nursing approved the following new and revised advisory opinions at its July, September and November 2003 meetings. These opinions reflect the Board's position as to what constitutes competent and safe nursing practice.

#### **ADVISORY OPINION #5**

**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?

**OPINION:** 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. 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.

3. 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 registered nurse. The RN MAY NOT prepare solutions for infusion, alter the rate (increase or decrease), inject, bolus, rebolus 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 of Nursing recommends the nursing service component of the respective employing agency complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. The Board also recommends the nursing service component of the employing agency determine if implementation is in order, with appropriate policies, procedures and standing orders which specify patient situations whereby the RN is authorized to administer epidural and intrathecal therapy/procedures.

The specific qualifications and special education to include a minimum of documented validation of training, to include a didactic component and a return clinical demonstration. 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.

Reference: American Association of Nurse Anesthetists Position Statement, (1995). Provision of pain relief by medication administered via continuous epidural, intrathecal, intrapleural, peripheral nerve catheters, or other pain relief devices, American Association of Nurse Anesthetists Bulletin, 7-10.

Standards and Guidelines for Professional Nursing Practice in the Care of Women and Newborns, Fifth Edition, Association of Women's Health, Obstetrics and Neonatal Nurses, 1998, page 28-35.

#### **ADVISORY OPINION #10b**

**QUESTION:** What is the scope of responsibility of the licensed practical nurse (LPN) in the administration of peripheral and central intravenous therapies and procedures?

**OPINION:** The Board of Nursing for South Carolina acknowledges it is within the extended role practice of the selected LPN to perform procedures and to administer ordered treatments via peripheral and central venous access devices and lines according to the following stipulations:

1. The agency has established policy and procedures that are approved by the nursing administrator and applicable medical director. Procedures include:
  - a. criteria for the qualification and selection of the LPN;
  - b. description of the additional education and training necessary for assuming the additional acts;

c. specific standing orders for the administration, monitoring and discontinuation of peripheral and central venous lines;

d. specific standing orders to deal with potential complications or emergency situations and provision for supervision by the RN.

2. The selected LPN shall document completion of special education and training to include:

a. Cardiopulmonary resuscitation

b. Intravenous therapy course relative to the administration of fluids via peripheral and central venous access devices/lines that includes both didactic and supervised clinical with return demonstration.

Upon documentation of meeting the above requirements the selected LPN may perform the following peripheral therapies/procedures:

1. Venipuncture including scalp vein needles and peripheral catheters over needles;

2. Initiate, maintain/monitor, regulate and discontinue:

a. intravenous lines and/or intermittent access devices/lines;

b. electronic infusion pumps;

c. fluids and therapies with or without medications added. The medications must be added and labeled by the RN, licensed physician, licensed pharmacist, or licensed dentist.

3. Administer heparin and saline flushes. A "flush" must be defined within agency policy and procedure.

The selected LPN may perform the following peripheral therapies/procedures under the direction of the RN, licensed physician or licensed dentist, except as authorized by the Laws Governing Nursing in Section 40-33-770. Central line therapies/procedures require that an RN must be immediately available on site for supervision.

1. Obtain pump device history and provide care for the patient receiving patient controlled analgesia (PCA) therapy. The LPN may NOT initiate the intravenous analgesics or adjust the rate, but may discontinue the infusion.

2. Maintain/monitor, and discontinue nonextravasating (non-tissue toxic) medications via peripheral intravenous route if medications are added and labeled by the RN, licensed physician, licensed pharmacist or licensed dentist. May not mix medications, but may reconstitute medications provided the employing agency institutes safety measures to assure that the medication and diluent are dispensed as a commercially prepared point of use medication delivery system such as MiniBag Plus or AD-Vantage. Fluids with medications must be in amounts no less than 50 milliliters. (See also Advisory Opinion #33).

3. Initiate, maintain/monitor, regulate and discontinue fluids/therapies with and without medications added via central venous access lines/devices.

4. Administer heparin and saline flushes of central venous access devices/lines. A "flush" must be defined within agency policies and procedures.

The LPN may not begin blood, blood products/components hyperalimentation or chemotherapeutic agents. The LPN may not give medications directly into the vein (intravenous push).

#### DEFINITIONS:

1. A "flush" is performed to promote and maintain catheter patency and to prevent the mixing of incompatible medications/solutions. (1) (1. Infusion Nursing Standards of Practice, 2000. Journal of Intravenous Nursing, p. S-53.)

2. An IV infusion is an amount of 50 milliliters or more given over an extended period of time directly into a vein.

3. Reconstituting medications is adding the proper amount and type of diluent to a powdered medication. (Craven and Hirnle, Fundamentals of Nursing and Human Health and Function, 4<sup>th</sup> Ed., 2003, pp. 544-546.)

The LPN may NOT perform procedures/therapies listed as being solely within the scope of practice of the RN (see related advisory opinions.)

#### **ADVISORY OPINION #42**

**QUESTION:** Is it within the role and scope of responsibilities for a licensed nurse to perform certain cosmetic procedures?

**OPINION:** The Board of Nursing has determined that it is within the scope of practice for licensed nurses to perform certain cosmetic procedures as additional acts under the following guidelines:

Laser removal of hair and spider veins is within the scope of practice for only a Registered Nurse (RN) if the following criteria are met:

1. The supervising physician is immediately available on site and able to respond within five minutes to any question or adverse event.

2. The supervising physician performs and documents an initial assessment prior to treatment and as needed during the course of therapy.

3. The RN has satisfactorily completed a documented special education and training program on applicable techniques and laser safety, which includes supervised practice and clinical skill competency.

4. The facility has applicable written policies and procedures.

5. Continuing education for these procedures is ongoing and documented.

The application of superficial chemical peels and microdermabrasions with agents such as salicylic acid, glycolic acid, Jessner's solution and Trichloroacetic acid at less than 20%, is within the scope of practice for both the RN and Licensed Practical Nurse (LPN) as additional acts under the following guidelines:

1. The supervising physician/Advanced Practice Registered Nurse (APRN) performs and documents an initial assessment prior to treatment and as needed during the course of therapy.

2. The licensed nurse has satisfactorily completed a documented special education and training program which includes supervised practice and clinical skill competency.

3. The facility has applicable written policies and procedures.

4. Continuing education for these procedures is ongoing and documented.

The injection of telangectasis ("spider veins") (sclerotherapy) is within the scope of practice for only the RN as an additional act under the following guidelines:

1. The supervising physician/APRN performs and documents an initial assessment prior to treatment and as needed during the course of therapy.

2. The RN has satisfactorily completed a documented special education and training program which includes supervised practice and clinical skill competency.

3. The facility has applicable written policies and procedures, and written standing orders for dealing with allergic reactions.

4. Continuing education for these procedures is ongoing and documented.

The injection of Botox and collagen is NOT within the scope of practice for a licensed nurse, unless recognized as an APRN.

## **ADVISORY OPINION #49**

**QUESTION:** Is it within the role and scope of responsibilities of the licensed practical nurse (LPN) to evaluate and/or stage vascular, diabetic or pressure ulcers?

**OPINION:** The LPN may collect health care data related to vascular, diabetic and/or pressure ulcer(s) in order to assist with classifying or staging.

However, the analysis and synthesis of clinical information and the formulation of problem statements, nursing diagnoses and treatment plans requires the knowledge base and skills that are within the scope of practice of the registered nurse and may not be delegated to the LPN. It is recommended that agencies develop and implement policies and guidelines requiring assessment and frequent reassessment by the RN.

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*District 3 - Vacancy -Registered Nurse*

*District 6- Vacancy -Registered Nurse*

### **S.C. Board Of Nursing:**

**Main Telephone Line** (803) 896-4550

**Fax** (803) 896-4525

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Edwina Garrett, Endorsements (803) 896-4536

Judy Moore, General Assistance (803) 896-4531

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Sandra Bryant, Advanced Practice Licensure (803) 896-4524

Maggie Johnson, Program Nurse Consultant (803) 986-4522

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Dottie Buchanan, Administrative Asst.	(803) 896-4533
Pamela Holmes, Administrative Specialist	(803) 896-4531
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### **Visit Us On Our Web site: [www.llr.state.sc.us/pol/nursing/](http://www.llr.state.sc.us/pol/nursing/)**

The Board of Nursing Web site contains the Nurse Practice Act, Advisory Opinions, Disciplinary Actions, and other information. For license verification: choose Licensee Look Up on the web site and enter the last name/license number. You may also check Disciplinary Actions on our web site to verify that a license is in good standing.

### **Office Location/Hours of Operation**

S.C. Board of Nursing is located at 110 Centerview Dr., Kingstree Bldg., Ste. 202, Columbia, SC 29210. Directions can be found on our web site. Our mailing address is P. O. Box 12367, Columbia, SC 29211. Business hours are 8:30 a.m. to 5:00 p.m., Monday - Friday, except for designated state holidays.

### **2004 Designated State Holidays**

New Year's Day	Jan. 1
Martin Luther King, Jr. Day	Jan. 19
President's Day	Feb. 16
Confederate Memorial Day	May 10
National Memorial Day	May 31
Independence Day	Jul. 5
Labor Day	Sep. 6
Veterans Day	Nov. 11
Thanksgiving	Nov. 25-25
Christmas	Dec. 24 & 27

### **2004 Board and Committee Meetings**

Jan. 23, 2004	Advanced Practice Committee
Jan. 29-30, 2004	Board of Nursing Meeting
Feb. 17, 2004	Advisory Committee on Nursing
Feb. 19, 2004	Nursing Practice & Standards Committee
Mar. 5, 2004	Advanced Practice Committee
Mar. 25-26, 2004	Board of Nursing Meeting

Apr. 15, 2004	Nursing Practice & Standards Committee
Apr. 20, 2004	Advisory Committee on Nursing
May 20-21, 2004	Board of Nursing Meeting
May 21, 2004	Advanced Practice Committee
Jun. 15, 2004	Advisory Committee on Nursing
Jun. 17, 2004	Nursing Practice & Standards Committee
Jul. 16, 2004	Advanced Practice Committee
Jul. 22-23, 2004	Board of Nursing Meeting
Aug. 17, 2004	Advisory Committee on Nursing
Aug. 19, 2004	Nursing Practice & Standards Committee
Sep. 17, 2004	Advanced Practice Committee
Sep. 23-24, 2004	Board of Nursing Meeting
Oct. 19, 2004	Advisory Committee on Nursing
Oct. 21, 2004	Nursing Practice & Standards Committee
Nov. 5, 2004	Advanced Practice Committee
Nov. 18-19, 2004	Board of Nursing Meeting
Dec. 9, 2004	Nursing Practice & Standards Committee
Dec. 14, 2004	Advisory Committee on Nursing