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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.

Direct ASBN Update questions or comments to: Editor, Arkansas State Board of Nursing, 1123 S. University, Suite 800, Little Rock, AR 72204.

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**Director’s Message**

- **Board Business**
- **Refresher Course:** IM Vaccination Technique
- **Fatigue And Nursing**
- **Position Statement:** Nurse Driven Standing Orders
- **Renewing Your APRN License & ASBN Program Coordinator For Advanced Practice Retires**
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- **Ethical Guide for Nurse Decision Making**
- **ASBN General Counsel Retires & Renewing Your APRN License**

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**Address Change? Name Change? Question?**

In order to continue uninterrupted delivery of this magazine, please notify the Board of any change to your name or address. Thank You.

**edition 100**
You probably noticed our President’s Message is not the familiar face of Ramonda Housh but from Mike Burdine. Gov. Hutchinson appointed Burdine to the Board of Nursing in 2015 and, in October Burdine was elected President of the Board. Make sure you take time to read the President’s Message about being “just a nurse.” From the day you begin your journey in the nursing profession you hear advice such as, “continue your education” and “climb up the career ladder.” This is excellent advice, but as the Board president points out in his article, there is nothing wrong with staying in direct patient care areas and using your expertise where it is most needed.

In 2019 nursing retained the top spot as the most highly rated profession for the 18th straight year in the Gallup Poll. According to Gallup, “nurses are consistently rated higher in honesty and ethics than all other professions that Gallup asks about, by a wide margin.” If you think about it, the individuals answering the survey are basing their answer on interactions with nurses in direct patient care. It isn’t the nurses in top management or in the corporate world that come to mind, it is the nurse who is there with them as they navigate the world of health care.

Nursing is the largest health care profession, as there are 5 million nurses in the United States, and 60,000 nurses in Arkansas. Our wonderful profession offers such a wide variety of options for utilizing a nursing degree, such as acute care settings, long-term care, home health, informatics, management, education and the list goes on and on. There are so many career pathways a nurse can take and still be a nurse.

Speaking of career pathways, the Board of Nursing is looking for experienced nurse investigators. Each year the Board receives about 2,000 complaints against nurses that must be investigated. This sounds like a lot but represents only three percent of our nurses. If you remember, the mission of the Board of Nursing is to protect the public, so we investigate almost every complaint. It takes a lot of manpower to do this in a timely manner. If you have a minimum of three years’ experience in investigating health care related issues, give me a call and I can tell you what is involved in becoming a contract investigator for the Board.
As part of Arkansas’ only comprehensive academic health sciences center, the UAMS College of Nursing is the state’s largest nursing program offering a variety of degree paths to help you set yourself apart in the nursing field. Our degree programs include:

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- **DNP**: Post-BSN and post-master’s pathways. Post-masters leadership focus; Post-BSN advanced practice focus with nurse practitioner specialties (adult-gerontology acute or primary care, family, pediatrics acute or primary care, psychiatric mental health).

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Recently in an ambulatory surgery setting, a patient’s family member asked me if I was the anesthesiologist. Without even realizing it, I replied with the universally wrong response for any nurse — “No. I’m just a nurse.” The family member, who happened to be a respiratory therapist, immediately scolded me, “Not just a nurse!” Initially I denied having used the adjective just, but the patient and one of my colleagues both assured me that I had uttered the forbidden phrase, “just a nurse.”

I have known for years that we should never use the term “just” when referring to a nurse. In fact, I don’t think of our profession in those terms and didn’t realize I had said it. Nevertheless, there is nothing wrong with “just” being a nurse. While we have a vast need for educators, advanced practice nurses, and nursing administrators, there is no shame in being “just” a bedside nurse taking care of patients who need us.

For the past couple of decades, I have been just that – a bedside nurse. Like many of the nurses practicing in Arkansas, I took the nontraditional approach. By the time I graduated from the associate degree of nursing program at the University of Arkansas at Little Rock, I was married with two kids and needed to work. When I started my first nursing job at Arkansas Children’s Hospital, I had every intention of going back to school and getting an advanced degree until something unexpected happened — for the first time in my life I really loved my job. I was working in one of the nation’s top pediatric cardiovascular units, seeing and doing things that most of my nursing instructors had never imagined. I was there on the cutting edge of pediatric nursing surrounded by brilliant people who knew so much. I have always felt blessed that I’ve had such opportunities. I never cared that I was “just” a nurse. I was taking care of sick kids and their families and seeing great outcomes.

The backbone of our profession is the bedside nurse providing direct patient care. You know who you are! You are out there watching the little circle spin as you wait for the EMR to load, emptying the bedpans and urinals, trying to get the pump to stop alarming on the positional IV, just hoping the call light won’t go off until you get this med pass completed. You are really trying to get the 2-year old to be still long enough for the blood pressure to take. You are praying that the saturation rate next door really isn’t 81, but you know it isn’t because you can tell from 15 feet away that the patient’s lips are pink and the sat isn’t correlating with the EKG. Even while you work at a mentally stressful and physically difficult job, you are still providing excellent care for your patients. Your back may hurt, and you may be hungry or need to pee, but for 8 or 12 hours you put the needs of your patients before your own. That is what good nurses do!

I understand what a difficult job nursing is because I do it every day. That is why I asked Gov. Hutchinson to appoint me to the Board of Nursing. As a bedside nurse, I have the same perspective as many of you.

It is still difficult for me to believe my colleagues on the Board elected me president. Though I appreciate their confidence, I have no illusions about this. I know most of these people are my intellectual superiors. After all, I am “just a nurse.”
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Special Notice about the Arkansas State Board of Nursing Magazine

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update’s contents. Please contact LouAnn Walker at the Board office (501.686.2715) if you have questions about any of the articles in this magazine.

Board Officers for 2019-2020
L to R: Lance Lindow, RN, Vice President; Mike Burdine, RN, President; Janice Ivers, MSN, RN, CNE, Treasurer; Stacie Hipp, APRN, Secretary
President Mike Burdine presided over the hearings held on January 8 and the business meeting held on January 9. Highlights of Board actions are as follows:

- Continued with Conditional Approval until the Southeast Arkansas College Associate of Applied Science in Nursing program has two consecutive years of above 75 percent NCLEX® pass rates or until the Board withdraws approval status for noncompliance with the education standard.
- Granted Continued Full Approval to:
  - Black River Technical College Practical Nurse Program until the year 2024
  - University of Arkansas College of Technology-McGehee Practical Nurse program until the year 2024
  - University of Arkansas for Medical Sciences College of Nursing Baccalaureate Degree in Nursing program until the year 2024
- Extended the Pilot for the University of Arkansas at Fort Smith/Western Arkansas Technical Center Practical Nurse Program until FY 2022 NCLEX-PN results are finalized and a follow-up report has been submitted.
- Approved Curriculum Revisions for:
  - University of Arkansas at Fort Smith/Western Arkansas Technical Center Practical Nursing program effective January 2020
  - University of Arkansas Hope/Texarkana Practical Nursing program effective immediately
  - National Park Community College effective with the next admission cycle
  - University of Arkansas Community College Morrilton Practical Nursing program effective fall 2020
  - JRMC School of Nursing Associate of Applied Science Degree effective with the next admission cycle
- Granted Initial Approval to the Black River Technical College Associate of Applied Science in Registered Nursing program, to be located on the Pocahontas and Paragould campus
- Approved the Arkansas Northeastern College Medication Assistant-Certified program to begin fall 2020
- Accepted the 2019 NCLEX low pass rate responses and reports for the following programs
  - East Arkansas Community College – ADN – first year
  - JRMC School of Nursing – ADN – third year
  - Southeast Arkansas College – ADN – fifth year (admissions suspended 2018)
- Approved distribution of funds from the Faith A Fields Nursing Loan/Scholarship program for the Spring 2020 semester for the following:

  **Practice Renewal Applicants:**
  - University of Arkansas on behalf of Alyssa Adair
  - University of Arkansas at Hope on behalf of Kiara Hurn
  - University of Arkansas for Medical Sciences on behalf of Andrea Jackson
  - University of Arkansas for Medical Sciences on behalf of Cody Jones
  - North Arkansas College on behalf of Chastity Morse

  **Educator Renewal Applicants:**
  - Chamberlain University on behalf of Lindsey Clarke
  - University of Arkansas for Medical Sciences on behalf of Brook Scalzo
  - Henderson on behalf of Kristina Shelton
  - Henderson on behalf of Ashley Simmons
  - University of Arkansas for Medical Sciences on behalf of Sara Underwood
  - Chamberlain University on behalf of Christa Jones

  **Jill Hasley Memorial Scholarship:**
  - Educator- University of Arkansas in Fayetteville on behalf of Susan Ferguson
  - Practice- Arkansas State University on behalf of Tabetha Johnson
Shoulder injury related to vaccine administration (SIRVA) is a growing concern. Since 2011, the Vaccine Injury Compensation Program has confirmed 342 cases of SIRVA resulting in over $72 million in compensation to those injured.

SIRVA is an adverse event following vaccination, related to where access to a muscle is obtained by using a needle to puncture the skin on the arm for percutaneous intramuscular (IM) injection. It results in trauma from the needle and/or the unintentional injection of vaccine into tissues and structures (tendons, ligaments, bursae, etc.) near the deltoid muscle.

Vaccine injection into the shoulder capsule, rather than the deltoid muscle, can result in complications ranging from temporary limited range-of-motion to bursitis or damage to rotator cuff tendons requiring surgery. The resulting shoulder joint damage may be due to the antigenic nature of the vaccine as well as the physical trauma from needle insertion into the underlying bursa, ligament and tendons.

Here’s a refresher on the proper technique for IM administration of vaccines into the deltoid muscle of the shoulder.

Choose the correct needle
Appropriate needle length for adults’ and children’s vaccines is based on weight. Recommendations for needle length in the IM route is in Table 1. Note the specific recommendations for weight-based needle selection beneath Table 1. Guidelines are on the Immunization Action Coalition website www.immunize.org.4 Guidance for needle length selection should be posted in areas where staff gather supplies for vaccine administration.

Please sit down
Both the patient and the person administering the vaccine should be seated. Patients are seated to minimize the potential for falls from fainting upon vaccine administration. The vaccine administrator should be seated to facilitate proper insertion angle of the needle. IM injections should be administered at a 90° angle to the skin to penetrate the subcutaneous tissue and reach the underlying muscle. Standing does not allow for proper needle angle insertion and is likely to result in the needle being inserted too high on the shoulder, reported to be the leading contributing factor to SIRVA. Other contributing factors are improper/poor administration technique and using a needle that is too long.

Find the sweet spot
After seating the patient, locate the acromion process (bony prominence) at the top of the shoulder and the deltoid insertion at the middle of the humerus. Draw an inverted triangle below the shoulder tip using identified anatomical markers. In adults, the midpoint of the deltoid is about 2 inches (2 to 3 fingers’ breadth) below the acromion process and above the armpit in the middle of the upper arm. (See illustration). Insert the needle at a 90° angle to the skin and inject the vaccine into the middle and thickest part of the deltoid muscle.

Safe injection practices for vaccines include maintaining aseptic technique, performing hand hygiene before preparing and administering vaccines, and using a new needle and new syringe for each injection. Discard single-dose vials (SDVs) after use because they are only used for one patient.

With proper needle selection, patient positioning and correct needle insertion technique, the potential for SIRVA can be greatly minimized.

Dr. Dillaha is medical director immunizations, Ark. Department of Health; Dr. Thomas is associate professor, Center for Implementation Research, UAMS.
### Table 1. Needle Length for IM Route

<table>
<thead>
<tr>
<th>Patient Age</th>
<th>Injection Site</th>
<th>Needle Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>Anterolateral thigh muscle</td>
<td>* (22–25 gauge)</td>
</tr>
<tr>
<td>Infant (1–12 mos.)</td>
<td>Anterolateral thigh muscle</td>
<td>1” (22–25 gauge)</td>
</tr>
<tr>
<td>Toddler (1–2 years)</td>
<td>Anterolateral thigh muscle</td>
<td>1–1¼” (22–25 gauge)</td>
</tr>
<tr>
<td></td>
<td>Alternate site: Deltoid muscle of arm if muscle mass is adequate</td>
<td>*–1” (22–25 gauge)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1–1½” (22–25 gauge)</td>
</tr>
<tr>
<td>Children (3–10 years)</td>
<td>Deltoid muscle (upper arm)</td>
<td>*–1” (22–25 gauge)</td>
</tr>
<tr>
<td></td>
<td>Alternate site: Anterolateral thigh muscle</td>
<td>1–1¼” (22–25 gauge)</td>
</tr>
<tr>
<td>Children and adults</td>
<td>Deltoid muscle (upper arm)</td>
<td>†–1” (22–25 gauge)</td>
</tr>
<tr>
<td>(11 years and older)</td>
<td>Alternate site: Anterolateral thigh muscle</td>
<td>1–1½” (22–25 gauge)</td>
</tr>
</tbody>
</table>

* * needle may be used in patients weighing less than 130 lbs. (<60 kg) for IM injection in the deltoid muscle only if the skin is stretched flat between the thumb and forefinger.

† * needle may be used in patients weighing less than 130 lbs. (<60 kg) only if the skin is stretched flat between the thumb and forefinger; 1” needle is sufficient in patients weighing 130–152 lbs. (60–70 kg); 1–1½” needle recommended in women weighing 153–200 lbs. (70–90 kg) and men weighing 153–260 lbs. (70–118 kg); 1½” needle is recommended in women weighing more than 200 lbs. (91 kg) or men weighing more than 260 lbs. (118 kg).

---

**Identification of IM Injection Site**

- **Acromion Process**
- **Scapula**
- **Deltoid Muscle**
- **Humerus**
- **Axillary Fold/Armpit**
Make sure vaccination is safe.

KNOW THE SITE. GET IT RIGHT!

When administering vaccine by an intramuscular (IM) injection to an adult:

Use the correct syringe and needle
- Vaccine may be administered using either a 1-mL or 3-mL syringe
- Use a 22 to 25 gauge needle
- Use the correct needle size based on your patient’s size

Injection site: Deltoid muscle of upper arm

- 1 in (25 mm)
- 1.5 in (38 mm), OR
- 1 in (25 mm)

*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs).

Identify the injection site
- Locate the deltoid muscle of the upper arm
- Use anatomical landmarks to determine the injection site
- In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers’ breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm

Administer the vaccine correctly
- Inject the vaccine into the middle and thickest part of the deltoid muscle
- Insert the needle at a 90° angle and inject all of the vaccine into the muscle tissue

Always follow safe injection practices
- Maintain aseptic technique
- Perform hand hygiene before preparing and administering vaccines
- Use a new needle and new syringe for each injection
- If using a single-dose vial (SDV) discard after use
  A SDV should be used for one patient only!

IM injection best practices
- Administering the injection too high on the upper arm may cause shoulder injury
- If administering additional vaccines into the same arm, separate the injection sites by 1 inch if possible

Remember—You call the shots when it comes to proper flu vaccine administration!
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We have started a new year, in fact a new decade! The World Health Assembly, the governing body of the World Health Organization (WHO), designated 2020 as the ‘Year of the Nurse and Midwife’ to advance nursing’s vital position in transforming healthcare around the world. It also is in honor of the 200th anniversary of Florence Nightingale’s birth. The celebration offers a platform to recognize past and present nurse leaders globally, raise the visibility of the nursing profession in policy dialogue, and invest in the development and increased capacity of the nursing workforce.

In the US, nurses engage in a wide range of roles and specialties, which is why ANA Enterprise chose to promote 2020 as the “Year of the Nurse.” To do this, the ANA Enterprise is extending National Nurses week in May 2020, to a month long celebration instead of the usual week from May 6 to 12.

Nurses deserve recognition for what they do. I was fortunate to take some time off over these past holidays. On Christmas morning, I made a breakfast casserole and cinnamon rolls for my son’s workplace. While they were short staffed, they go in early and stay late.

While I work at the Board of Nursing as an attorney, I am also a nurse. I remember working holidays, family member’s birthdays, days when my children were sick and I wanted to be home to take care of them. Nursing is not your average job. It is a commitment. At times, that commitment can be exhausting.

This past decade has held much change. Multiple articles were published on burnout in the medical and nursing profession. Causes of burnout included anxiety, compassion fatigue, depression, organizational deficits, role ambiguity, shift work, social interruption of families due to work hours, team conflict, and ethical issues. Patients admitted to the hospital today have more complicated illnesses. Co-morbidities contribute to the higher level of illness experienced by some of these patients. The intricate nursing care often needed by these patients is then disturbed by antibiotic resistance, insurance company refusals for care, and, the pièce de résistance, short staffing on nursing units. No wonder you feel tired. YOU ARE!

However, are you tired or something else? Fatigue refers to an overwhelming sense of tiredness, lack of energy, and a feeling of exhaustion associated with impaired physical and/or cognitive functioning. Shift work alone is associated with insufficient sleep and decreased socialization.

Ann E. Rogers did a review of relevant literature over the past 15 years looking at insufficient sleep. Ms. Rogers noted that sleep deprivation has a variety of adverse effects. Insufficient sleep has been associated with cognitive problems, mood alterations, reduced job performance, reduced motivation, increased safety risks, and physiological changes.

Personally, I noticed this past fall that I was tired all the time. Not being one to nap, I tried to look at eating right, getting to bed on time, and increasing exercise (ok, I bought everything for increased exercise, including a dog harness for walking the dog. The harness is too small, so
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as soon as I get a larger harness, we shall walk.) I began telling friends and family that I was not tired but that I felt fatigued. Sleep was not restorative. I made some changes in how I handled stressful events and the fatigue improved. It was not a simple process but it meant placing myself on that ever growing list of things to do. In her review of the Staff Nurse Fatigue and Patient Safety Study, working overtime whether at the end of an 8-hour shift, or working more than a 40-hour week, was associated with a statically significant increase in the risk of making an error.

The National Institute of Occupational Safety and Health reports that working more than 40-hours per week, working extended shifts, or working both could have adverse effects on a nurse’s health. They found increased musculoskeletal injuries, more cardiovascular symptoms, the development of hypertension, and higher risks for injuries.

The injuries do not always occur at work. Recently, a co-worker confided that they fell asleep on their drive home. I have been there. You tend to stay awake after you hear the roar of your tires running on the grooved pavement. In the years I have been at the Board, I am aware of three nurses who have died in motor vehicle accidents while coming home from work. Unfortunately, another non-nurse individual was involved in one of the accidents and died as a result. Fatigue can be as impairing and as dangerous as driving under the influence of drugs or alcohol.

Nurses reported to the Board for practice issues often tell of how they stayed over on their shift because of short staffing and made an error because of fatigue. The facility reports the nurse to the Board for disciplinary action based on the error of the nurse. The nurse may comprehend that had they left at the end of their shift, they would not have made the error. Nurses failed to protect themselves from their own best intent.

The American Nurses Association (ANA) in 2014 revised its 2006 position papers on ensuring patient safety. The ANA addressed the nurses responsibility to consider their level of fatigue when deciding to take on assignments (mandatory or involuntary overtime) and addressed the employer’s role in promoting healthy nurse work hours in all roles and settings.

I do not know of one nurse who does not pale at the thought of placing a patient at risk. Nevertheless, as nurses, we need to recognize that a nurse working fatigued is as detrimental to patients as a nurse diverting medications for personal use, or the nurse who drinks before or during shifts. It is estimated that 7,000 to 9,000 patients die every year from medication errors. The nurse is at the patient’s bedside and has a good opportunity to intercede and act as a patient advocate. That is what nurses do. EVERY DAY.

Enjoy the Year of the Nurse and stay healthy!

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**UAMS Honors a Distinguished Nursing Leader**

A new UAMS nursing award was unveiled this year, created and inspired by the inaugural recipient. **Mary Helen Forrest** was presented with the ‘Mary Helen Forrest UAMS Nursing Legacy Award’ recognizing her 40 years of service at UAMS and more than 20 years as the Chief Nursing Officer. Just like Mary Helen, future recipients of this annual award will demonstrate significant contributions to UAMS nursing, patient care and our institutional missions as well as a strong sense of loyalty and commitment, including at least 20 consecutive years at UAMS. Mary Helen leaves an indelible mark on UAMS and her legacy will live on for years to come!

Visit [nurses.uams.edu](http://nurses.uams.edu) or call 501-686-5591, ext. 1.

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Position Statement
Nurse Driven Standing Orders

The Board of Nursing is considering the adoption of a position statement regarding Nurse-Driven Standing Orders which would allow institutions to adopt policies and procedures developed by medical staff and the hospital's nursing and pharmacy leadership to ensure public safety and provide guidance for the nurse's role in promoting a team-based diagnosis, specifically calling for the patient and nursing staff to be integral members of the team and contribute to the diagnostic process.

Proposed 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, is being considered by the Board. All comments are welcome and may be addressed to Mary.Trentham@arkansas.gov. The proposed statement follows:

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.

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 the 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
Conditions of Participation for Hospitals, 42 C.F.R. § 482.24(c)(3) (2012).
Renewal of your advanced practice registered nurse license is completed online through the Arkansas Nurse Portal. Every nurse must create their individual account. Go to www.arsbn.org, choose the blue box titled Renew Arkansas License or Certificate.

Instructional videos are also available on our website. It is important for an APRN to note that at you must renew both your RN and APRN license. You must renew your RN license before the APRN link is available.

The renewal link is available 60 days prior to expiration date.

Additional information is located on the Arkansas State Board of Nursing’s website under the Adv. Practice tab.

In order for your license to remain active you MUST maintain current national certification. If your certification expires, it will automatically cause your APRN license to expire.

If your certification expires and it is not your regular time to renew your license, DO NOT submit another renewal application. Instead, if your certification lapses DO NOT PAY FOR YOUR RENEWAL (you WILL NOT receive a refund) and follow the instructions below:

- In your portal select “profile”
- Select “Certifications” and upload your renewed certification
- Send a message in the Message Center to notify Ellen Harwell, APRN Licensing Coordinator, that you submitted your current certification.

If it is not time for your license renewal, and the reason your license is showing expired is because of the expiration of your certification, the APRN department should be able to reactivate your APRN license once you have notified them that your APRN license is showing expired and you have uploaded your current certification.

---

ASBN Program Coordinator For Advanced Practice Retires

ASBN Program Coordinator Debbie Garrett, DNP, APRN, retired in December 2019. Debbie will be missed, but we wish her a wonderful retirement and thank her for being a dedicated and valuable member of the Arkansas State Board of Nursing.
STROKE SYMPOSIUM 2020
An educational offering to improve the healthcare of Arkansans.

Friday, May 1 • 8 am - 4:30 pm
Baptist Health Medical Center-Little Rock
J.A. Gilbreath Conference Center

Visit our website for continuing education information:
Baptist-Health.com/StrokeSymposium
(Must attend full meeting and complete evaluation.)

$60 per person
continental breakfast, lunch, handouts, and contact hours provided

REGISTRATION AT
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SAVE THE DATE

THE PATHWAY TO YOUR MEDICAL CAREER STARTS HERE!

EMPLOYMENT EDUCATION
APRIL 4, 2020

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TALK TO RECRUITERS! RESUME REVIEWS! ONSITE INTERVIEWS! FREE CE CREDITS!
(Medical Marijuana and Nurse Heal Thyself)
15TH ANNUAL NURSING, EDUCATION, JOBS, AND HEALTH EXPO

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THE LARGEST NURSING EXPO EVER!
SATURDAY, APRIL 4, 2020
9 am - 2 pm
Jack Stephens Center
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The largest gathering of hospitals, allied health care professionals, and schools ever in one place!

Contact Susan Brown at 800.561.4686, ext. 108 or sbrown@pcipublishing.com for booth space reservations or questions
On April 4, 2020, Publishing Concepts, Inc. will be celebrating their 15th Annual Nursing Expo in the Jack Stephens Event Center on the UALR campus. In conjunction with this event we will be honoring nominees and winners of The Compassionate Nurses Award and Nursing Educator Award in the Legends room.

We’re searching Arkansas to find the one nurse we can say is the most outstanding in the state. Do you know a nurse that you feel is the most compassionate, caring and empathetic caregiver? A nurse who has given comfort or care to you, a family member, or a friend? It may be a nurse you work with. We are asking you to send us their name, where they work, phone number, and a short message expressing why you think they are the most deserving nurse in Arkansas.

For the eighth year we are also honoring the outstanding Nurse Educator of the Year. We are searching for an educator that has been a driving force in development and support of nursing careers. Send in your nominee’s name, place of work, and a short story of why they should receive the award. Be sure to include your contact information for us to get back in touch with you.

Nominate a candidate from your school or facility today. DEADLINE IS FEBRUARY 28, 2020.

Your nomination should include:

Name:__________________________________________ License #: ______________________

School or place of employment: __________________________________________________________

Address:__________________________________________ Phone: ___________________________

Include a short essay on why the nominee deserves the honor. (Please feel free to add extra pages.)

Contact information of person nominating:

Name:__________________________________________ Phone: ___________________________

Email address:________________________________

It is important that the individual making the nomination includes their contact information for follow up.

Please email or send your nominations to the address below, no later than February 28, 2020.
Susan Brown
Nurse Compassion Award/Nurse Educator Award
PO Box 17427
Little Rock, AR 72222
sbrown@pcipublishing.com • 1-800-561-4686, ext. 108

For online nomination form, please visit our Facebook page or www.ThinkNurse.com
The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) "is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license," (a)(2) "is guilty of a crime or gross immorality," (a)(4) "is habitually intemperate or is addicted to the use of habit-forming drugs," (a)(6) "is guilty of unprofessional conduct," and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

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www.DarrenOQuinn.com

The Law Offices of Darren O’Quinn
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Little Rock, AR 72223

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Arkansas Children’s Hospital
Professional Building 1, Children’s Hall
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Online nursing programs are designed to meet the educational requirements for occupational licensing in the state of Arkansas. Individual state boards of nursing may regulate out-of-state nursing education programs or clinical placement courses. Visit online.uark.edu/nursing for current state authorization information by program.

The Bachelor of Science in Nursing degree program, the Master of Science in Nursing degree program and the Doctor of Nursing Practice degree program at the University of Arkansas Dean McManus School of Nursing are accredited by the Commission on Collegiate Nursing Education (www.ncoeaccreditation.org).
Moral distress is defined as “the emotional state that arises from a situation when a nurse feels that the ethically correct action to take is different from what he or she is tasked with doing” (Healthy Nurse, Healthy Nation, 2017). To minimize moral distress, the American Nurses Association (ANA) states that “nurses must create, maintain, and contribute to morally good environments that enable nurses to be virtuous” (ANA, 2015, p. 23). These virtues include caring, communication, dignity, generosity, kindness, moral equality, prudence, respect, and transparency. The ANA lists characteristics which are expected of a “good” nurse including knowledge, skills, wisdom, patience, compassion, honesty, altruism, and courage. How does one show caring and compassion, respect human worth and dignity, do what is right, be safe, provide quality care, and maintain professional satisfaction?

- Be attentive to the patient, family, colleagues, employer, and community.
- Take responsibility. Be accountable for the consequences of decisions and actions made.

**References**


SCOPE OF PRACTICE DECISION MAKING MODEL


Is the activity permitted by the Arkansas Nurse Practice Act?

Is the activity/task precluded under any other law, rule or policy?

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?

Has the nurse completed special education if needed?

Does the nurse possess the appropriate knowledge?

Is there documented evidence of competency and skill?

Would a reasonable and prudent nurse do the act?

Is the nurse prepared to accept the consequences of action?

Defer to a professional qualified to do activity/task

Defer to the Arkansas State Board of Nursing for decision.

Nurse may perform the activity/task according to acceptable and prevailing standards of safe nursing care.
Fred Knight recently retired from his position as General Counsel of the Arkansas State Board of Nursing. He has been an integral part of the Arkansas State Board of nursing for over twenty years. His contributions will always be valued and remembered, especially his leadership in implementing the Nurse Licensure Compact in Arkansas.

We wish him the best for the future and offer our thanks for his commitment to exceptional public service by carrying out the Board's mission of protecting the public.

We thank him for his many years of service to the Arkansas State Board of Nursing and the citizens of the State of Arkansas.
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