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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.

DIRECTOR Sue A. Tedford, MNSc, APRN
EDITOR LouAnn Walker

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David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Michele Forinash • 800.561.4686 ext 112
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edition 100

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The ASBN Update circulation includes over 57,000 licensed nurses and student nurses in Arkansas.





The Nursing Profession

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. 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.

Sue A. Tedford





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ARE YOU "JUST A NURSE?"



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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Fax: 501.686.2714
www.arsbn.org

All staff members may be reached via e-mail by using first name, period, last name@arkansas.gov. For instance, louannwalker@arkansas.gov

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ASBN Director

Susan Lester
Executive Assistant
to the Director

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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:
 - o Black River Technical College Practical Nurse Program until the year 2024
 - o University of Arkansas College of Technology-McGehee Practical Nurse program until the year 2024
 - o 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:
 - o University of Arkansas at Fort Smith/Western Arkansas Technical Center Practical Nursing program effective January 2020
 - o University of Arkansas Hope/Texarkana Practical Nursing program effective immediately
 - o National Park Community College effective with the next admission cycle
 - o University of Arkansas Community College Morrilton Practical Nursing program effective fall 2020
 - o JRM 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
 - o East Arkansas Community College – ADN – first year
 - o JRM School of Nursing – ADN – third year
 - o 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:

- o University of Arkansas on behalf of Alyssa Adair
- o University of Arkansas at Hope on behalf of Kiara Hurn
- o University of Arkansas for Medical Sciences on behalf of Andrea Jackson
- o University of Arkansas for Medical Sciences on behalf of Cody Jones
- o North Arkansas College on behalf of Chastity Morse

Educator Renewal Applicants:

- o Chamberlain University on behalf of Lindsey Clarke
- o University of Arkansas for Medical Sciences on behalf of Brook Scalzo
- o Henderson on behalf of Kristina Shelton
- o Henderson on behalf of Ashley Simmons
- o University of Arkansas for Medical Sciences on behalf of Sara Underwood
- o Chamberlain University on behalf of Christa Jones

Jill Hasley Memorial Scholarship:

- o Educator- University of Arkansas in Fayetteville on behalf of Susan Ferguson
- o Practice- Arkansas State University on behalf of Tabetha Johnson

February 12	Hearings
February 13	Hearings
March 3-5	NCSBN Midyear Meeting, Boston, MA
April 8	Hearings
April 9	Hearings
May 6	Hearings
May 7	Business Meeting
June 10	Hearings
June 11	Board Strategic Planning
July 8	Hearings
July 9	Hearings
August 12-14	NCSBN Annual Meeting, Chicago, IL
September 9	Hearings
September 10	Business Meeting
October 14	Hearings
October 15	Hearings
November 18	Hearings
November 19	Hearings

Refresher Course:

IM Vaccination Technique

By Jennifer A. Dillaha, MD and Jeremy Thomas, PharmD

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.

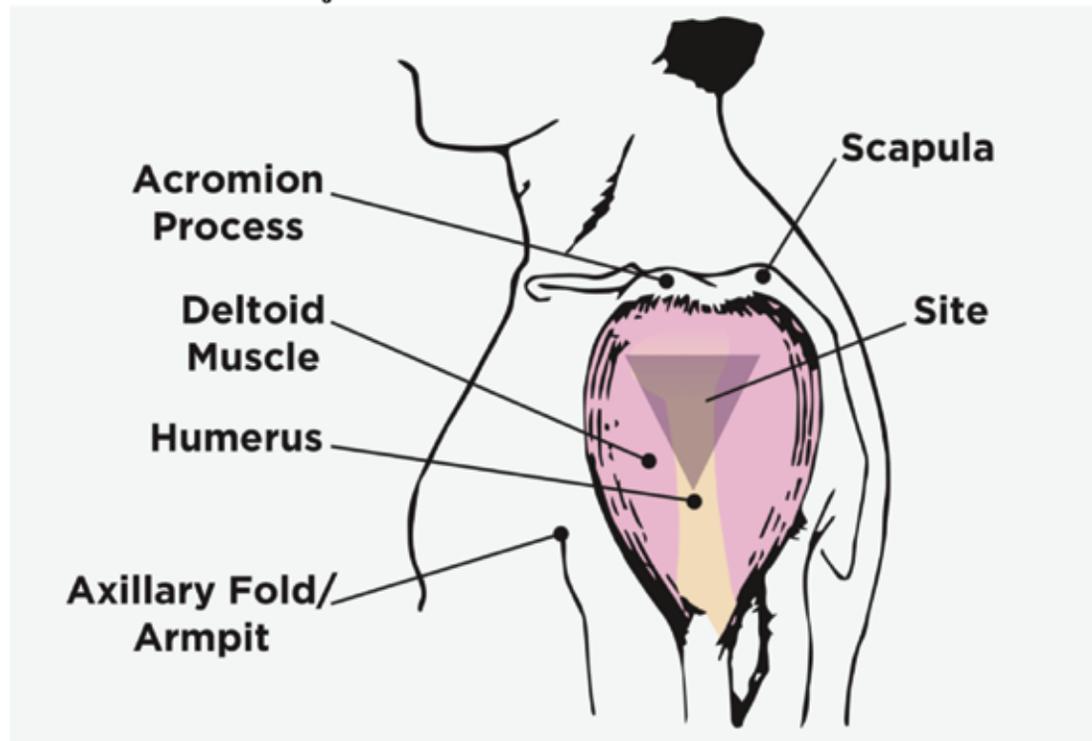
Dr. Dillaha is medical director immunizations, Ark. Department of Health; Dr. Thomas is associate professor, Center for Implementation Research, UAMS.

Table 1. Needle Length for IM Route		
Patient Age	Injection Site	Needle Size
Newborn	Anterolateral thigh muscle	"* (22-25 gauge)
Infant (1-12 mos.)	Anterolateral thigh muscle	1" (22-25 gauge)
Toddler (1-2 years)	Anterolateral thigh muscle Alternate site: Deltoid muscle of arm if muscle mass is adequate	1-1¼" (22-25 gauge) *-1" (22-25 gauge)
Children (3-10 years)	Deltoid muscle (upper arm) Alternate site: Anterolateral thigh muscle	*-1" (22-25 gauge) 1-1¼" (22-25 gauge)
Children and adults (11 years and older)	Deltoid muscle (upper arm) Alternate site: Anterolateral thigh muscle	†--1" (22-25 gauge) 1-1½" (22-25 gauge)

* " 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



YOU CALL THE SHOTS



Shoulder injuries related to vaccine administration
Improper vaccine administration could result in shoulder injuries such as shoulder bursitis and tendinitis.

Make sure vaccination is safe.

KNOW THE SITE. GET IT RIGHT!

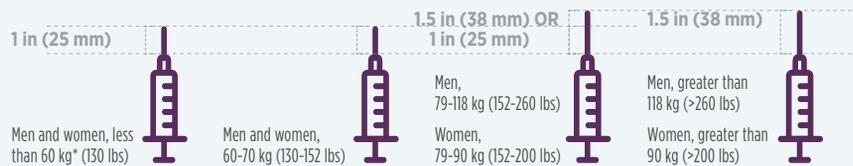
When administering vaccine by an intramuscular (IM) injection to an adult:



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

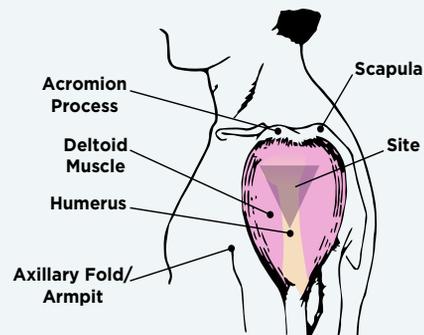


*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs).



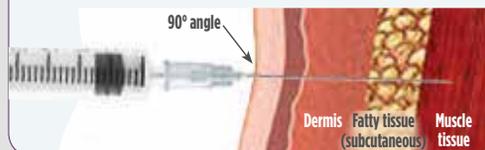
Identify the injection site

- » 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

Report any clinically significant adverse event after vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov/

For additional information on proper vaccine administration, visit the CDC vaccine administration web page at www.cdc.gov/vaccines/hcp/admin/admin-protocols.html

Sept 2017

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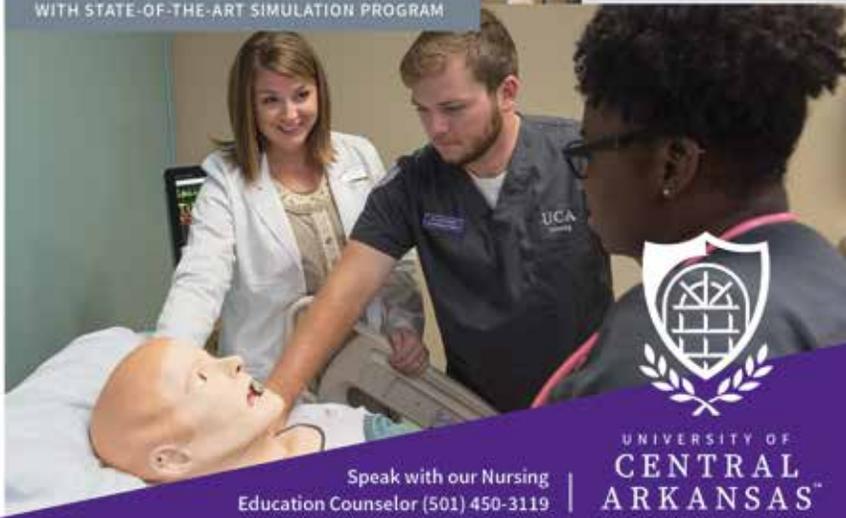
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FATIGUE AND NURSING

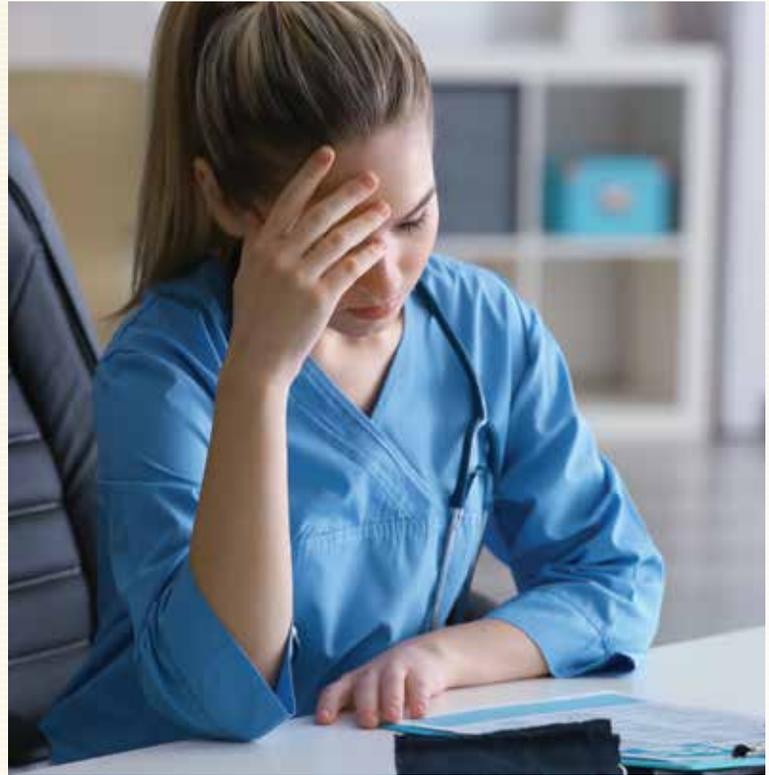
We have started a new year, in fact a new decade! The World Health Assembly, the governing body of the World Health Organization (WHO), designated 2020 as the 'Year of the Nurse and Midwife' to advance nursing's vital position in transforming healthcare around the world. It also is in honor of the 200th 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

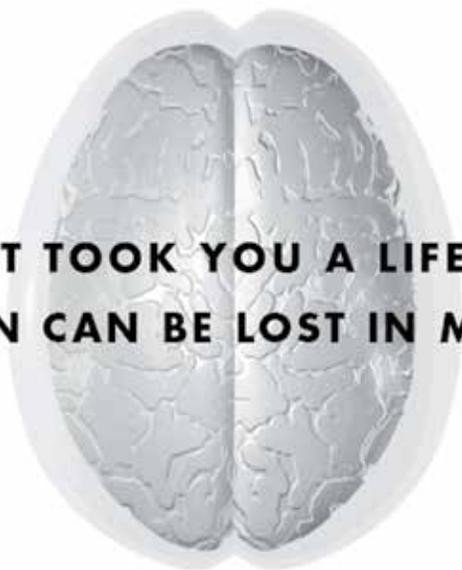
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NURSES

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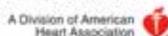
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as soon as I get a larger harness, we shall walk.) I began telling friends and family that I was not tired but that I felt fatigued. Sleep was not restorative. I made some changes in how I handled stressful events and the fatigue improved. It was not 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.

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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 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

Cahill, M., Gleason, K., Harkless, G., Stanley, J., Graber, M., (2019). The regulatory implications of engaging registered nurses in diagnoses. *Journal of Nursing Regulation*, 10, (2), 5 – 10. [https://doi.org/10.1016/S2155-8256\(19\)30110-3](https://doi.org/10.1016/S2155-8256(19)30110-3)

Conditions of Participation for Hospitals, 42 C.F.R. § 482.24(c)(3) (2012).

Institute of Medicine. (2015). *Improving diagnosis in health care*. National Academies Press, Washington, DC. <http://doi.org/10.17226/21794>

The Nurse Practice Act of the State of Arkansas, A.C.A. §17-87-309 (Amended 1999). § 17-87-102(10)(E).



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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.



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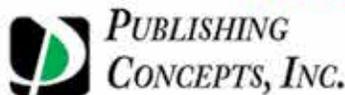
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On April 4, 2020, Publishing Concepts, Inc. will be celebrating their 15th Annual Nursing Expo in the Jack Stephens Event Center on the UALR campus. In conjunction with this event we will be honoring nominees and winners of The Compassionate Nurses 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.**

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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.

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Disciplinary Actions

NOVEMBER 2019

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.

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Adams	Kyndal Jewell	R096408	Benton	Probation - 1 year	(a)(9)	November 13, 2019
Avants	Nikki Sue	R096646	Batesville	Voluntary Surrender	(a)(6)	November 12, 2019
Ayers	Laura Elizabeth Harris Coleman Harris	L043954	Redfield	Letter of Reprimand	(a)(1)	October 17, 2019
Clay	Julia Michelle Kaufman	R073230	Benton	Voluntary Surrender	(a)(9)	November 13, 2019
Cook	Rhonda Kay Carson	R077459	Alamosa, CO	Voluntary Surrender	(a)(6)	October 22, 2019
Dunn	Rosaland	L053115	Texarkana	Reinstatement		October 31, 2019
Emerson	Jennifer Marie Wilson	R078192	Little Rock	Probation - 6 months	(a)(9)	November 13, 2019
Farris	Heather Denise Singleton	L055037	Monticello	Probation - 2 years	(a)(1), (a)(6)	November 13, 2019
Ford	Kerry Cozart	R055025	Jonesboro	Voluntary Surrender	(a)(6), (a)(7), (a)(8)	October 14, 2019
Gage	April Dawn	R099480 L053855	Hot Springs	Probation Status Removed		October 24, 2019
Greiner	Sonja Lucille	A001670 R068626	Fort Smith	Voluntary Surrender	(a)(2)	October 11, 2019
Harford	Danielle Lee Kraker	R096746 L051423	Arkadelphia	Suspension	Terms and Conditions	November 14, 2019
Henley	Lindsey Nicole Bolt	R089227 L050835	Jonesboro	Probation Status Removed		October 24, 2019
Hobbs	Stephen Laurence	L058679	Sage	Suspension	(a)(6), Rules	November 14, 2019
King	Tamera Jo Harris Cooper	L036586	Paragould	Probation - 1 year	(a)(2), (a)(8)	November 14, 2019
Linden	Carrie Ann Clark	L053539	Hallett, OK	Suspension	Terms and Conditions	November 13, 2019
Mayhugh, Jr	James Garnett	R105580	Florida	Probation - 1 year	(a)(1), (a)(6)	November 13, 2019
O'Dell	Mary Jo Smith	R092514 L023687	Jonesboro	Voluntary Surrender	(a)(2), (a)(6)	October 22, 2019
Perry	Mallory Lain	L053310	Mabelvale	Reinstatement		October 31, 2019
Ruff	Kenneth Eugene	R067942	Conway	Voluntary Surrender	(a)(8)	October 29, 2019
Rush	Andrea Jo	L038132	Calico Rock	Voluntary Surrender	(a)(6)	October 23, 2019
Schneider	Jessica Denise Bauman	R100735 L045930	Greenland	Probation Status Removed		October 24, 2019
Schwartz	Karri Marie Jeffers Schwartz McCain	R066257	Fayetteville	Voluntary Surrender	(a)(9)	October 21, 2019
Terrell	Stephanie Dawn Patterson Marshall Webster Patterson	L030730	Harrisburg	Voluntary Surrender	(a)(9)	October 10, 2019
Watt	Laura Jean Olson	R088012 L017628	Gassville	Probation Status Removed		October 24, 2019
Wigginton	LD	R089463	Ruston, WA	Probation Status Removed		October 24, 2019

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE	
Adams	David Burton	R051585	Hot Springs	Probation - 1 year	(a)(2), (a)(7) and (a)(8)	January 8, 2020
Allen	Angela Daniele Shealy	L0523138	Mena	Voluntary Surrender	(a)(9)	December 5, 2019
Ball	Tara Rachelle	R096662	Benton	Probation Status Removed		November 15, 2019
Banning	Jacee Mae	R093982	Ft. Smith	Probation - 1 year	(a)(6)	January 8, 2020
Borchers	Heather Dawn Smith	R088694 L049284	Harrison	Probation - 2 years	(a)(9)	January 8, 2020
Boyd	Melissa Lynn	R086409	Ash Flat	Probation - 2 years	(a)(2), (a)(6) and (a)(8)	January 8, 2020
Burkhart	Diane M. Wenrick	R097678 L036415	Cave City	Probation - 1 year	(a)(6)	January 8, 2020
Charleville	Kelly Marie Winter	R076848 L041217	Grapevine	Probation - 2 years	(a)(8)	January 8, 2020
Coleman	Jeremy Nicholas	R08313	Alexander	Probation Status Removed		November 15, 2019
Curtis	Jordan Ashley Gayle McFarland	L059134	Paragould	Reinstatement		December 18, 2019
DeClerk	Amy Michelle	A004229 R073699 K039035	Pocahontas	LOR Rescinded	(a)(6)	December 2, 2019
Foster	Catherine Therese	R100938	Williford	Probation - 1 year	(a)(9)	January 8, 2020
Gilbert	Jacob Lyle	R101783	Russellville	Probation - 1 year	(a)(6)	January 8, 2020
Hall	Candace Elaine	L054990	Jacksonville	Probation - 3 years	(a)(2), (a)(6) and (a)(8)	January 8, 2020
Harris	Terry M	R055240, L024620, MORN2009003362	Senath, MO	Letter of Reprimand	(a)(6)	December 13, 2019
Hayes	Carolyn Diane	R084663 L020148	Heber Springs	Probation - 2 years	(a)(8)	January 8, 2020
Hill	Paula Deva	M001018 R0663694	Fayetteville	Letter of Reprimand	(a)(1), (a)(9)	November 19, 2019
Hobbs	Stephen Laurence	L058679	Sage	Voluntary Surrender	(a)(6)	January 2, 2020
Holt	Ragen M	L060523	Fort Smith	Probation Status Removed		November 15, 2019
Kemper	Kayla Lenee Sartin	L054839	Calico Rock	Probation - 2 years	(a)(6)	January 8, 2020
Kirk	Wesley	R103330	Tahlequah, OK	Suspension - 2 years	(a)(4), (a)(6)	January 8, 2020

continued to page 26

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Disciplinary Actions

JANUARY 2020

continued from page 25

NAME	LICENSE #	CITY	ACTION	VIOLATION	EFFECTIVE DATE
Knight	Regina Denise Crossland Mosley	R030440	Cammack Village	Probation Status Removed	December 20, 2019
Lemoine	Andrea Lee	R072937	Little Rock	Voluntary Surrender	(a)(9) December 30, 2019
Lewis	Ryan Wade	R108312	Benton	Probation Status Removed	November 15, 2019
Madden	Kayla	R096682	Searcy	Probation Status Removed	November 15, 2019
Mantooth	Julie Danne	L039472	Camden	Voluntary Surrender	(a)(9) December 10, 2019
Mason	Connie Elizabeth Hoover	R084976 L041464	Winthrop	Probation - 3 years	(a)(6) and (a)(7) January 8, 2020
Mendoza	Erica Marie	PN Applicant	Ft. Smith	Probation - 1 year	(a)(2) January 8, 2020
Nestler	Angela Sue Reed	L047033	Colcord, OK	Suspension	Terms and Conditions January 8, 2020
Oden	Tracey Lynette Park Oden Jenkins	R070588	Siloam Springs	Probation Status Removed	December 20, 2019
Paulman	Sasha Lee Logan Dunn	L033353	Forrest City	Probation - 1 year	(a)(6) January 8, 2020
Pless	Tori Lynn Lawson Congolani	L040367	McGehee	Probation - 4 years	(a)(6) January 8, 2020
Roberts	Denice Carroll	R072208	Stillwell, OK	Voluntary Surrender	(a)(4), (a)(6) January 7, 2020
Shipp	Leslie Leann Eden Robertson	R081636	Fort Smith	Voluntary Surrender	(a)(8) December 9, 2019
Singh	Krystle Shiona	L057125	Conway	Letter of Reprimand	(a)(6) January 2, 2020
Skinner	Tules Teresa	L042268	Paris	Probation Status Removed	November 15, 2019
Sutton	Jennifer Marie	R081589	Greenwood	Probation - 1 year	(a)(9) January 8, 2020
Taylor	Amy Marie Pruitt	L045186	Benton	Probation Status Removed	December 20, 2019
Thurston	Ginger Annette	L052986	Hot Springs	Voluntary Surrender	(a)(2), (a)(4) January 2, 2020
Tibbs	Desiree Nicole Demchak	L049569	Rogers	Probation - 2 years	(a)(8) January 8, 2020
Ward	Christina Pruitt Rose Vaughn Rose	L038752	Van Buren	Probation - 3 years	(a)(6) January 8, 2020

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Ethical Guide for Nurse Decision Making

Karen Hyatt,, MSN, RN, CNEcl

Assistant Professor of Nursing
University of Arkansas at Monticello



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.

- Be competent. Stay up to date with the latest evidence-based practice, perform skills without error, and demonstrate professionalism.
- Be prompt in patient responsiveness. Nurses have the ethical responsibility to monitor the patient’s responses to treatment and intervention and to communicate the information to other professionals on the treatment team. Nurses also have the obligation to address the patient’s concerns about treatment.

When faced with legal and ethical issues in nursing, the ANA Code of Ethics is essential to use for moral reasoning, to assist with the decision-making process and to guide nursing practice (ANA, 2015). The seven principles of the ANA Code of Ethics that need to be asked are:

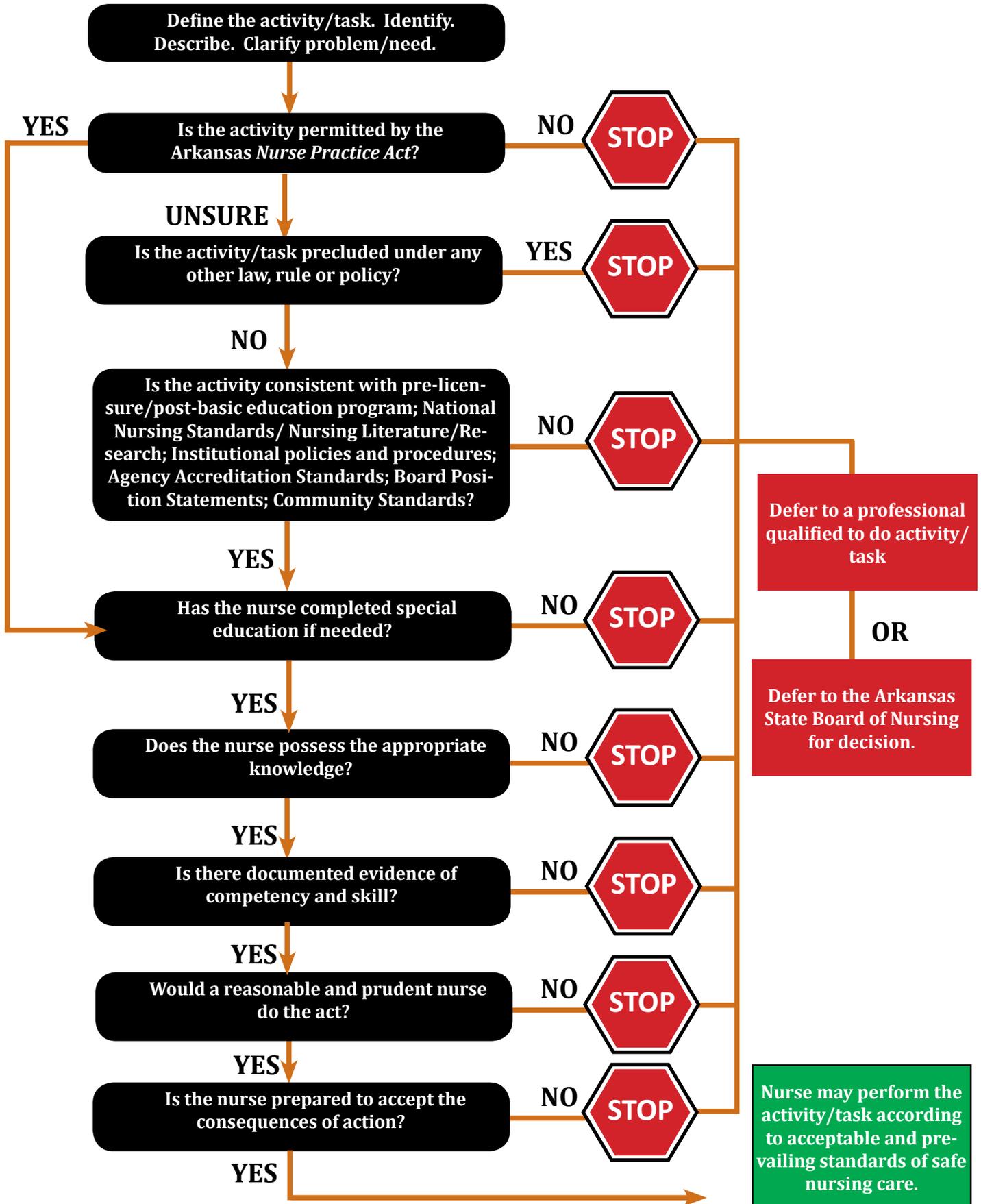
- 1) Autonomy (self-determination) Does the decision respect the autonomy of the patient?
- 2) Beneficence (doing good) Does the decision benefit the patient?
- 3) Justice (treating people fairly) Is the decision just?
- 4) Nonmaleficence (doing no harm) Does the decision cause no harm?
- 5) Accountability (responsibility) Do you accept responsibility for the outcome of the decision?
- 6) Fidelity (loyalty) Is the decision dependable? and
- 7) Veracity (honesty) Is the decision honest (ANA, 2015)?

References

American Nurses Association. (2015). Code of ethics for nurses with interpretative statements. Silver Spring, MD; American Nurses Association.

Healthy Nurse, Healthy Nation. (2017, Sept. 11). Moral distress: What it is and what to do about it. Retrieved from <https://engage.healthynursehealthynation.org/blogs/8/531>

SCOPE OF PRACTICE DECISION MAKING MODEL



ASBN GENERAL COUNSEL RETIRES

LouAnn Walker, ASBN
Update Editor/Public Information
Coordinator



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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