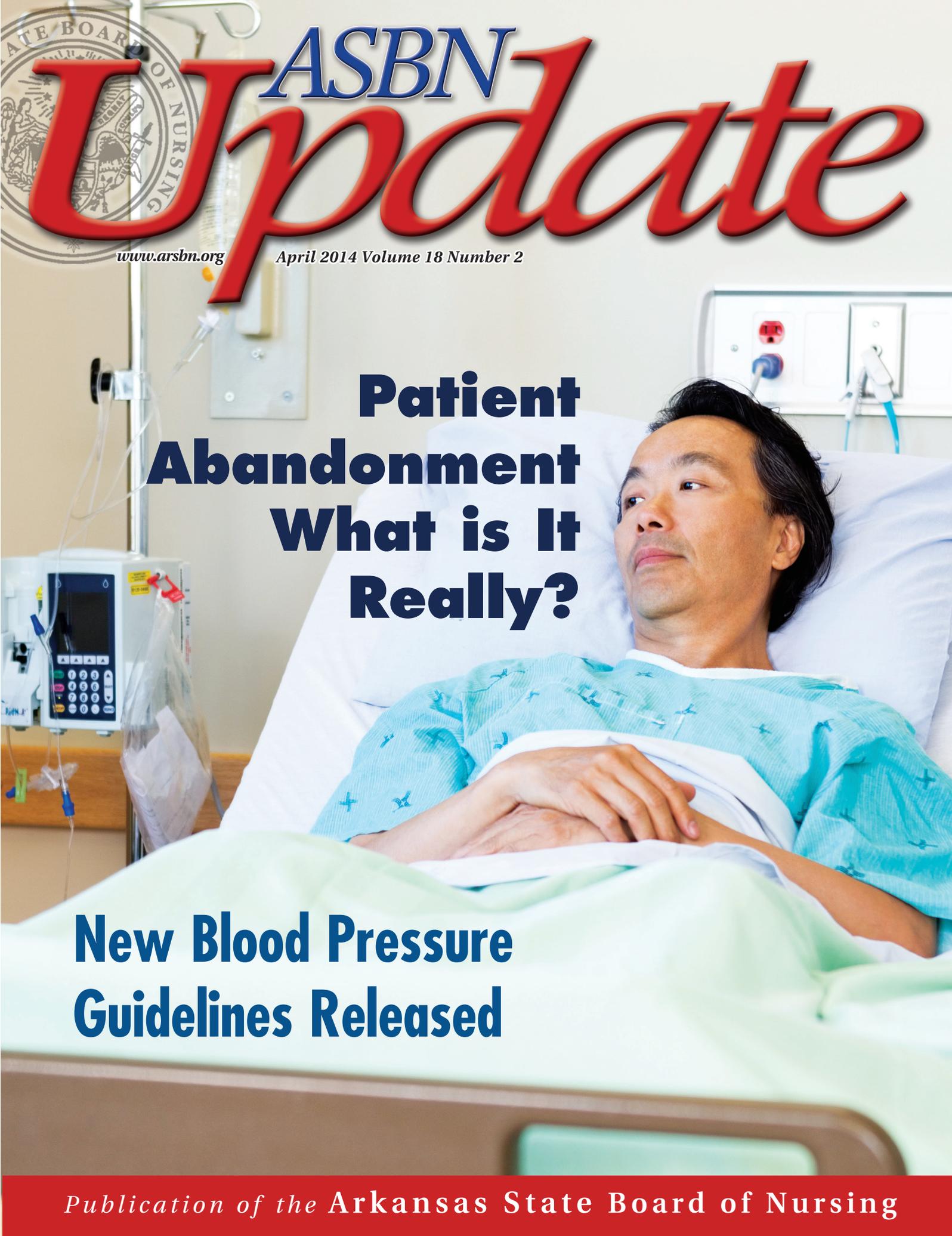


ASBN *Update*

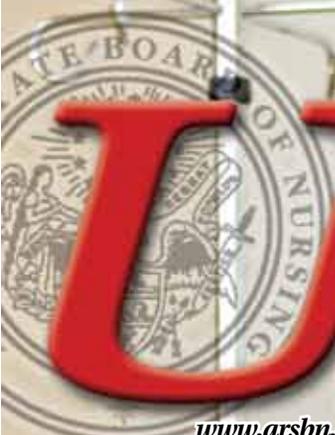
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April 2014 Volume 18 Number 2



Patient Abandonment What is It Really?

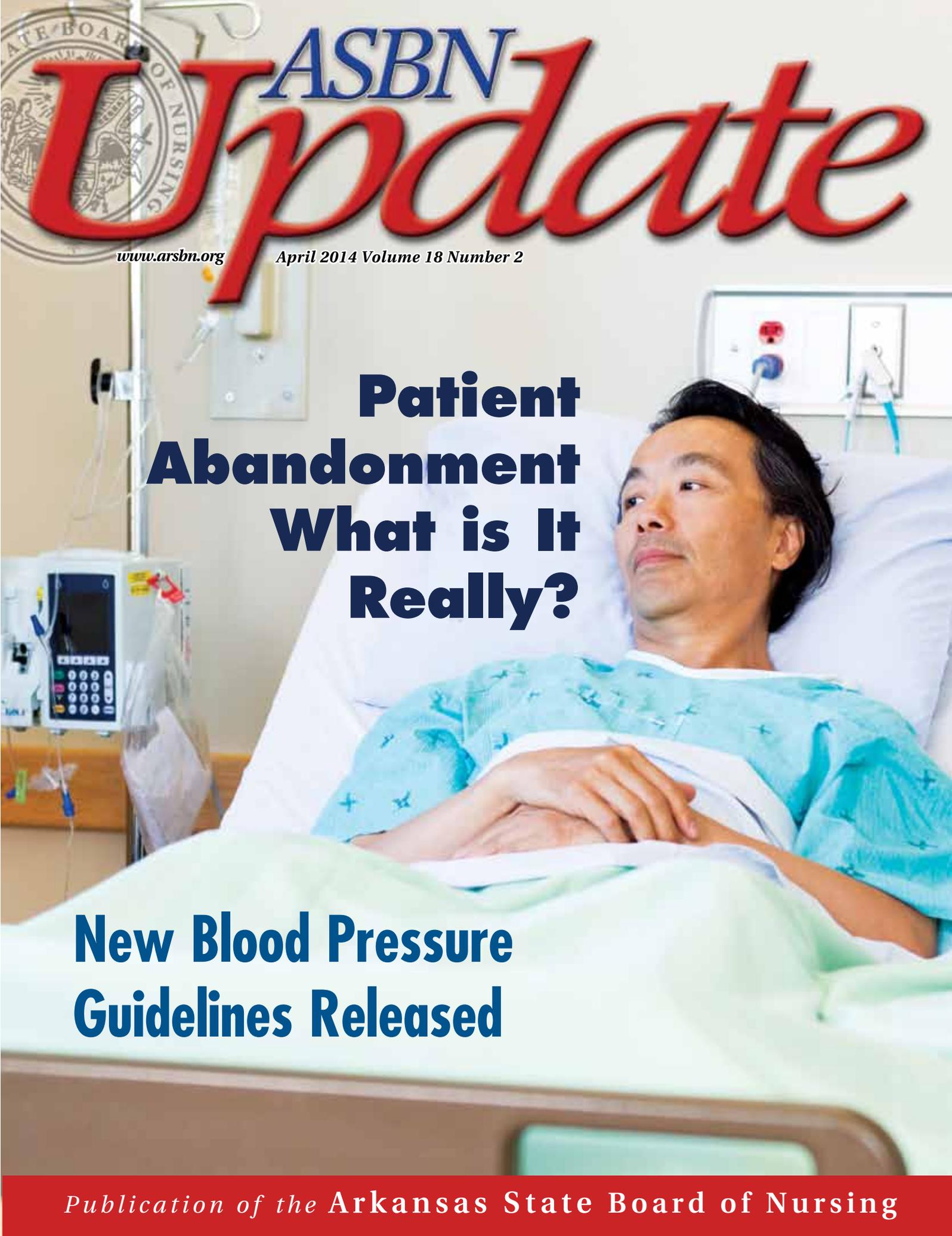
New Blood Pressure Guidelines Released

The logo for the Arkansas State Board of Nursing (ASBN) is circular, featuring a central figure and the text "ARKANSAS STATE BOARD OF NURSING" around the perimeter.

ASBN *Update*

www.arsbn.org

April 2014 Volume 18 Number 2

A photograph of a middle-aged man with dark hair lying in a hospital bed. He is wearing a light blue hospital gown and is looking towards the right of the frame. His hands are clasped over his chest. The background shows a typical hospital room with medical equipment, including a monitor and IV stands.

Patient Abandonment What is It Really?

New Blood Pressure Guidelines Released



Magnet[®] status means nursing excellence.

First, St. Vincent Infirmary became the only Arkansas hospital ever to earn **Magnet[®] status** from the American Nurses Credentialing Center. Now, *U.S. News & World Report* has ranked St. Vincent **the No. 1 hospital in the state** and listed us as “high-performing” in eight clinical specialties – more than twice as many as any other Arkansas hospital.

We were rated No. 1 and best in cancer, cardiology & heart surgery, gastroenterology & GI surgery, geriatrics, nephrology, neurology & neurosurgery, orthopaedics, and urology. The hospital ranked No. 2 in Arkansas trails St. Vincent with three “high-performing” specialties, and St. Vincent outranked every specialty hospital in Arkansas in their own specialty.

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We have current openings for Staff nurses. Positions available for day and night shift, full time and part time, weekend option and 12-hr shifts.



+ CATHOLIC HEALTH INITIATIVES

St. Vincent
Infirmary



PUBLISHED BY

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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.

EXECUTIVE DIRECTOR Sue A. Tedford, MNsc, RN
EDITOR LouAnn Walker

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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 67

ASBN Update www.arsbn.org

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The ASBN Update circulation includes over 52,000 licensed nurses and student nurses in Arkansas.



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Nurses Are #1, Again!

According to the 2013 Gallup Poll survey on the honesty and ethical standards of various professions, nurses once again ranked No. 1. Eighty-two percent of Americans rated nurses' honesty and ethical standards as "high" or "very high." Pharmacists and grade school teachers tied for the No. 2 position at 70 percent. This survey has been conducted annually since 1999 and nurses have topped the list every year except 2001. We all remember what happened in 2001 — 9/11. That one year, the firefighters knocked us down to the No. 2 spot — but in my opinion, they deserved to be at the top.

The Gallup Poll has been in existence since the 1930s. Approximately 1,000 interviews are conducted 350 days out of the year on various political, social and economic issues. The results represent 95 percent of all U.S. households.

So why do nurses always take the top spot, ahead of so many others in the health care arena? The answer is really a no-brainer. When patients enter into the health care system, a nurse is usually their first contact and is there to help them navigate the confusing system. It is the nurse who is at the patient's side when that person is the most vulnerable and is there to tend to the patient's physical, emotional and spiritual needs. Nurses take the time to explain what is happening in a way the patient can understand. Patients know nurses will put their health and well being as a top priority.

Just a few weeks ago, I was a patient and the recipient

of nursing care. I was no longer in control and suddenly dependent on others. Even with my extensive experience with the health care system, I still found comfort from the compassionate care provided by the group of nurses who were there to meet my needs. I experienced first-hand how nurses influence the patient's experiences in the health care system.

We celebrate National Nurses' Week every year, May 6-12. The ANA theme for this year is: Nurses Leading the Way. This theme is timeless. Nurses have been leading the way since Florence Nightingale. She laid the foundation for professional nursing by fighting to improve healthcare for all classes of the British society and requiring higher standards for the training of nurses. Look back at her pledge and note the wisdom and forethought she showed. "...I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping..." She knew about HIPAA before it existed.

It takes a special person to become a nurse. I am proud to say I am a nurse and have never regretted my decision to become a member of the most honest and ethical profession.

A handwritten signature in black ink that reads "Sue A. Tedford". The signature is written in a cursive, flowing style.

SCHOLARSHIPS

The Air Force Health Professions Scholarship Program (HPSP) can help you finish your MSN/DNP program and achieve your goals without financial worries. We offer 1, 2, and 3 year scholarships in the following fields:

- Family Nurse Practitioner
- Mental Healthcare Nurse Practitioner
- Nurse Anesthetist
- Nurse-Midwife
- Pediatric Nurse Practitioner
- Women's Health Nurse Practitioner

SPECIALTIES

Whether you recently graduated with a nursing degree or have years of experience, your skills are needed in these Air Force specialties:

- Critical Care Nurse
- Emergency Room/Trauma Nurse
- Family Nurse Practitioner
- Medical-Surgical Nurse
- Mental Healthcare Nurse Practitioner
- Neonatal Intensive Care Nurse
- Nurse Anesthetist
- Nurse-Midwife
- Obstetrical Nurse
- Operating Room Nurse
- Pediatric Nurse Practitioner
- Women's Health Nurse Practitioner

**THE APPRECIATION OF YOUR PATIENTS.
THE RESPECT OF YOUR COLLEAGUES.**

Respect comes with the job when you're a U.S. Air Force Nurse. The reason? You'll be a commissioned officer with greater responsibilities. Of course, with greater responsibility comes greater opportunity to expand your areas of expertise or dig deeper into what you do now. Find out how the Air Force can make your career in nursing even more rewarding.



For more information, contact your local recruiter or visit airforce.com

MSgt Joseph Pollock 331

Cell: 618-610-0817

Salem Place Suite 250

Office: 618-624-3795

Fairview Heights, IL 62208

Email: joseph.pollock.1@us.af.mil



DO YOU KNOW YOUR "SCOPE OF PRACTICE?"

I have been called on several occasions concerning whether or not a nurse can perform certain tasks due to uncertainty of the nurses's scope of practice. If uncertain, please follow the information below.

In the nursing profession, a variety of different types of caregivers exists. You may work with unlicensed assistive personnel, licensed practical nurses, registered nurses, and/or advanced practice registered nurses. Each license has its own legally defined scope of practice for nurses as stated in the *Nurse Practice Act and Rules*.

The term "scope of practice" is used to define the actions, procedures, etc. that are permitted by law for a specific profession. It is restricted to what the law permits based on specific experience and educational qualifications. It is imperative that you know your duties as a nurse, but also the scope of practice of the others who make up a part of your nursing team providing patient care. Remember, if you delegate an activity or task to another caregiver, you remain accountable for the delegation in terms of its appropriateness. Most, if not all, Boards of Nursing in the United States, have information available on their websites with regards to the laws and rules that govern nursing practice, legal standards/scope of practice, etc.

Determining whether an activity or task is within the scope of practice for nurses can be accomplished by following the ASBN's Decision Making Model (on page 18).

One of the steps of the Decision Making Model is to define the issue. You must clarify what the specific activity or task entails and obtain any additional information you may need, such as facility policies or procedures. You must also conduct a self-assessment considering your own skills and abilities, and your documented competency to perform the task. If you

question your abilities, you must express this concern to the appropriate supervisor/staff person. Once you accept an assignment, you are accountable for completing it in a safe and competent manner. If other options are available to you, explore these and obtain assistance if you are unsure as to how to proceed.

Review laws, rules, regulations, etc. What may be common practice in a facility may not be appropriate or legal in terms of the performance of activities or tasks by nurses or other caregivers. For example, LPNs in a facility may do independent assessments and care planning without collaboration with the RNs, and may have done so for years. In Arkansas, as in most jurisdictions, this would be BEYOND the scope of practice for LPNs. Working outside the scope of practice or delegating inappropriately to another person could potentially be grounds for disciplinary action against nurses.

Make the decision. Following consideration of the elements as stated above, you must also decide whether you are willing to accept the consequences of your actions as a nurse. If you are not, do not perform the activity or task. If another reasonably prudent nurse with similar education and experience would perform the task, if you have a valid written order from an MD, PA, or APRN, and if you have documented competency in that skill, you may perform the activity or task. Our primary concern as nurses must always be safe and proficient nursing care. Nursing scope of practice for the various levels of nursing providers exist specifically for that reason and you must carefully understand each to render the best and appropriate service to the patient.

Please read the *Arkansas Nurse Practice Act* and the *ASBN Rules*, as well as the Position statements. These are easily accessible on the ASBN website, www.arsbn.org.

VOLUNTEER NURSES NEEDED

The 68th Annual Meeting of the Southern Legislative Conference will be held in Little Rock, July 26-29, 2014. As part of that conference, the Bureau of Legislative Research is overseeing a Youth Program, which includes planned activities and outings for the children of those attending the conference. During the conference, the Pinnacle Room at the Marriott will be staffed with volunteer Bureau staff who will be present to stay with the children at non-outing times and children who are not going on a specific outing. Ideally, we would need to have at least one volunteer nurse on duty at all times in the Pinnacle Room during the following staffing times for any medical emergencies or to render first aid, if necessary (or at the very least 8:00 a.m. to 5:00 p.m. each day of the conference):

Saturday, July 26	12:00 p.m. – 11:00 p.m.
Sunday, July 27	7:30 a.m. – 5:00 p.m.
Monday, July 28	7:30 a.m. – 11:00 p.m.
Tuesday, July 29	7:30 a.m. – 11:00 p.m.

For additional information, or to volunteer, contact

Jessica C. Sutton
Administrator, Administrative Rules Review
Bureau of Legislative Research
One Capitol Mall
5th Floor, Room L-516
Little Rock, AR 72201
Phone: (501) 682-2080
Fax: (501) 683-1140



ARE YOU MOVING?

Chapter 2, Section XI, of the Arkansas State Board of Nursing Rules requires that all licensees immediately notify the Board in writing of an address change. So you do not miss important time sensitive information, such as an audit notice or other important licensure information, be sure to notify the Board immediately whenever you change addresses. You may change your address online utilizing the online address change form under Change of Address at www.arsbn.org. The Board will not accept address changes by telephone. There is no fee for an address change.

Board Business

2014 BOARD DATES

April 9	Hearings
April 10	Hearings
May 7	Board Strategic Planning
May 8	Business Meeting
June 11	Hearings
June 12	Hearings
July 9	Hearings
July 10	Hearings
August 12-13	NCSBN Annual Meeting, Chicago, IL
September 10	Hearings
September 11	Business Meeting
October 8	Hearings
October 9	Hearings
November 5	Hearings
November 6	Hearings

STAFF DIRECTORY

ARKANSAS STATE BOARD OF NURSING

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Fax: 501.686.2714
www.arsbn.org

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ASBN Executive Director

Fred Knight
ASBN General Counsel

Mary Trentham, MNSc, MBA, APRN-BC - Attorney Specialist

Susan Lester, Executive Assistant to the Director

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Administrative Services Manager

Gail Bengal
Fiscal Support Specialist
Alyssa Lauland
Administrative Specialist II

Andrea McCuien
Administrative Specialist II

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Debra Garrett, MNSc, APRN, ASBN Program Coordinator

Carmen Sebastino
Legal Support Specialist

Patty Smith
Legal Support Specialist

Sydni Williams
Legal Support Specialist

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Mary Stinson
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LouAnn Walker, Public Information Coordinator

Daria Carpenter, Licensing Coordinator

Matt Stevens, Information Systems Coordinator



SPECIAL NOTICE

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 (501.686.2701) if you have questions about any of the articles in this magazine.

ASBN NOTICE OF INSUFFICIENT FUNDS

The following names appear on the ASBN records for checks returned to the ASBN due to insufficient funds. If practicing in Arkansas, they may be in violation of the Nurse Practice Act and could be subject to disciplinary action by the Board. Please contact Gail Bengal at 501.686.2716 if any are employed in your facility.

Rosa Marie Bradley	LO16658
Jessica Gonzalez	Exam Application
Amber Sanders	R073529
Nathan Shaheed	T01220
Angela Shupert	L037543
June Elizabeth Sivils	L030290
Della Williams	L028175



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Seated, L to R: Gladwin Connell, Rep. of the Older Population, Treasurer; Richard Spivey, LPN, Vice President; Karen Holcomb, RN, President; Doris Scroggin, RN, Secretary

*Ninth
Annual*

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Thu	Mahogany Bay, Isla Roatan	9:00 AM	5:00 PM
Fri	Fun Day At Sea		
Sat	Fun Day At Sea		
Sun	New Orleans, LA	8:00 AM	



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This activity is pending approval for 15 contact hours by the South Central Approval Unit who is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information about the cruise and the curriculum,
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Teresa Grace at Poe Travel Toll-free at 800.727.1960.

POE TRAVEL



HOW MUCH DOES IT COST?

We sometimes get questions about how much certain items cost. You can find this information on www.arsbn.org. Also, for your convenience we are including a copy of our Fee Schedule in this publication.

Although this printed version is current today, this schedule, like everything else in life, changes on occasion. The rates do not change often, but to be certain you have the correct fee, you should check www.arsbn.org under "Licensing" "Fees" before you submit your payment to the Board of Nursing. This is a quick reference to all our charges, and the schedule is updated whenever changes are made, so you will always have the current information. If you have a question regarding fees, check our website first. If you have a question regarding fees, check our website first because you can probably save yourself a little time and get the answers you need.

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<i>Duplicate License/Cert License/Cert</i>	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00	\$25.00
<i>By Examination</i>	\$75.00	--	--	\$75.00	--	\$35.00
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<i>Original License</i>	--	\$100.00*	--	--	--	--
<i>License by Examination for International Nurses</i>	\$200.00	--	--	\$200.00	--	--
<i>License/Cert Reinstatement (Late renewal penalty)</i>	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00	\$50.00
<i>License/Cert Renewal</i>	\$75.00	\$40.00*	\$40.00*	\$65.00	\$65.00	\$40.00
<i>License Certification / Verification</i>	•\$30.00	\$30.00	\$30.00	•\$30.00	\$30.00	\$30.00
<i>PN Equivalency Examination</i>	--	--	--	\$75.00	--	--
<i>Reinstatement From Inactive Status **</i>	\$10.00 + license renewal	\$10.00 + cert. renewal				
<i>Retired Nurse License</i>	\$10.00	\$10.00	--	\$10.00	\$10.00	--
<i>Temporary Permit</i>	\$25.00	\$25.00	--	\$25.00	\$25.00	--

* Must also hold a valid RN license

• Provided for jurisdictions outside the USA

**Documentation of continuing education may be requested.





**ASNA
Summer
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Nurse
Conference**

**June 16 & 17, 2014
7:30am - 4pm**

For more information and
Registration: www.arksna.com

Also happening this summer, NASN 2014
46th Annual Conference
June 28- July 1, 2014
Pre-conf June 27, 2014
San Antonio Marriott Rivercenter,
www.nasn.org/NASN2014





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For the third year we are also honoring the outstanding nurse educator of the year. If you are a student and you have an educator that has been a driving force in development and support of your nursing career, send in your nominee's name, place of work and a short story of why they should receive the award. Be sure you include your contact information for us to get back in touch with you.

Nominate a candidate from your school or facility today. Deadline is April 30, 2014

Send or email your nomination to:
NURSING COMPASSION &
NURSE EDUCATOR 2014
P.O. Box 17427,
Little Rock, Arkansas 72222
sramsel@pcipublishing.com

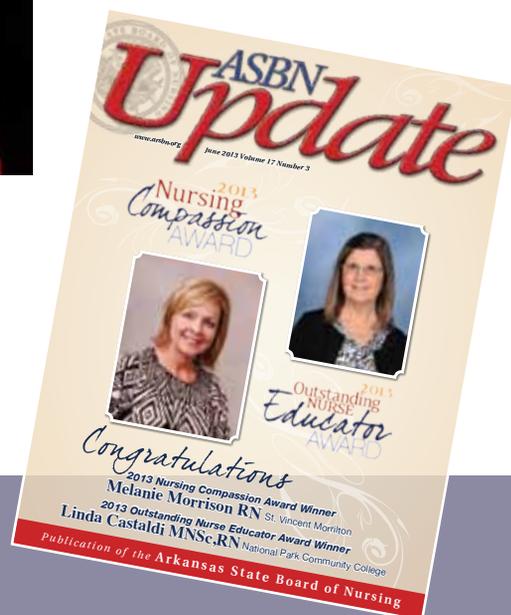
Suzanne Ramsel
at 501-221-9986 or 800-561-4686 ext. 101

2014 Nursing Compassion & AWARD

2014 Outstanding NURSE Educator AWARD



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2013 Nursing Compassion Award Winner, Melanie Morrison, RN
2013 Outstanding Educator Award Winner, Linda Castaldi, MSNc, RN



Come Celebrate Nursing at the 2014
Compassionate Nurse and Nurse Educator of the
Year Awards. Saturday June 7, 2014.

**Held in the beautiful Chenal Country Club in West
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Seating is limited-Order your table early!

- We hope to have nominees from every county and school.
- Be sure you're a part of this celebration.
Nominate a candidate from your school or facility.
- Order your reserved table early. Seating is limited.
- Proceeds benefit the ThinkNurse Scholarship Fund.

**For Details call Suzanne Ramsel
at 501-221-9986 or 800-561-4686 ext. 101
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Renee Miller, MSN, RN, CNE
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 Arkansas Childrens Hospital CVICU

 LITTLE ROCK

Congratulations
Alma Lou Burr
 Pleasant Manor Nursing
 and Rehab
 ASHDOWN

Congratulations
Barbara (Barbie) Lawrence
 Malvern Nursing Home and
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 MALVERN

Congratulations
Mary Caroline O'Grady
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Congratulations
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 LITTLE ROCK

NEW BLOOD PRESSURE GUIDELINES RELEASED

In many primary care practices, hypertension is the most common chronic condition. It is also one of the deadliest and can lead to myocardial infarction, stroke and renal failure. Hypertension is one of the most preventable causes of disease and death.

The dilemma is two-fold. Patients need to be made aware of the importance of keeping their blood pressure (BP) under control and how they can do that with lifestyle choices and medications. Clinicians want the current research linking BP readings to pharmacologic treatment along with specific recommendations for various patient populations.

New guidelines for treating hypertensive patients were recently released by panel members of the Eighth Joint National Committee (JNC 8). The guidelines recommend that patients older than 60 with a BP below 150/90 may not need to take blood pressure-lowering medications. There is a lack of evidence that medicating a person older than 60 who has a BP below 150/90 will prevent heart attacks, strokes or other complications of hypertension. The guidelines do not recommend medicating those with low-to-moderate BP levels (below 150/90).

Pharmacologic treatment was strongly recommended for patients over 60 with a systolic reading of >150 or a diastolic reading of >90, with a goal of <150/90.

For younger patients (18-59), the guidelines continue to recommend pharmacologic treatment for patients with a BP reading of 140/90. This recommendation includes diabetics and chronic kidney disease (CKD) patients.

For hypertensive patients ages 30-59, it is strongly recommended that pharmacologic treatment begin at diastolic reading of >90, with a goal of <90.

Patients younger than 60, with a systolic reading >140, should receive pharmacologic treatment to reach a goal of <140.

For patients with diabetes or CKD, the newly recommended systolic goal for patients <60 has been raised from 130 to 140.

The new recommendations are a major change from earlier guidelines that recommend clinicians treat all ages with medications to lower the systolic reading to below 140. For patients with diabetes or CKD, the systolic recommendation has been increased to <140.

The guidelines concur that hypertensive patients with systolic readings in the 160-170 range will clearly benefit from taking one or more antihypertensive medications. However, patients with only moderately high BP do not gain the same benefits of lower risk of heart attack or stroke by taking medications.

The guidelines do not recommend medicating those with low-to-moderate BP levels. However, for older patients with a systolic reading of <140 who are tolerating their medication and have no bad effects on health or quality of life, no changes in medications are recommended.

The report indicates that the benefits of regular exercise, a healthy diet and weight control can improve BP control and reduce the need for medications. These lifestyle choices cannot be overemphasized with patients.

The guidelines include recommendations on hypertensive medications. Evidence supports initiating drug treatment for non-African-American hypertensive patients (including

Sparks

diabetics) with angiotensin-converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), calcium channel blocker (CCB) or thiazide-type diuretic. For African-American hypertensive patients, (including diabetics) the report recommends initial treatment with CCB or thiazide-type diuretic. Evidence supports adding ACEI or ARB to improve kidney outcomes for CKD patients.

If BP goal is not reached within one month, it is recommended the initial drug dosage be increased or a second drug added (Calcium-channel blockers (CCB), angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB). Continue to monitor and adjust treatment regimen until BP goal is reached, including adding a third medication. Clinicians were cautioned not to prescribe ACEI and ARB for the same patient. Referral to a hypertension specialist is recommended for patients who do not reach goal with these medications.

Evidence for the report's recommendations was taken from randomized controlled trials — the best source for determining efficacy and effectiveness. The studies used focused on specific subgroups, including ethnic and racial groups, men and women, ages 18+, diabetes, previous stroke, heart disease and heart failure, coronary and peripheral artery diseases, proteinuria, and smokers.

The JNC-8 guidelines provide evidence-based recommendations for hypertension management of most patients but are not a substitute for clinical judgment in individual patients.

Reviewed by David Nelsen, MD, associate medical director for quality, Arkansas Foundation for Medical Care and associate chief medical officer, the University of Arkansas for Medical Sciences and Julia Kettlewell, AVP Quality Programs with the AFMC.

Evidence-based guidelines for BP control

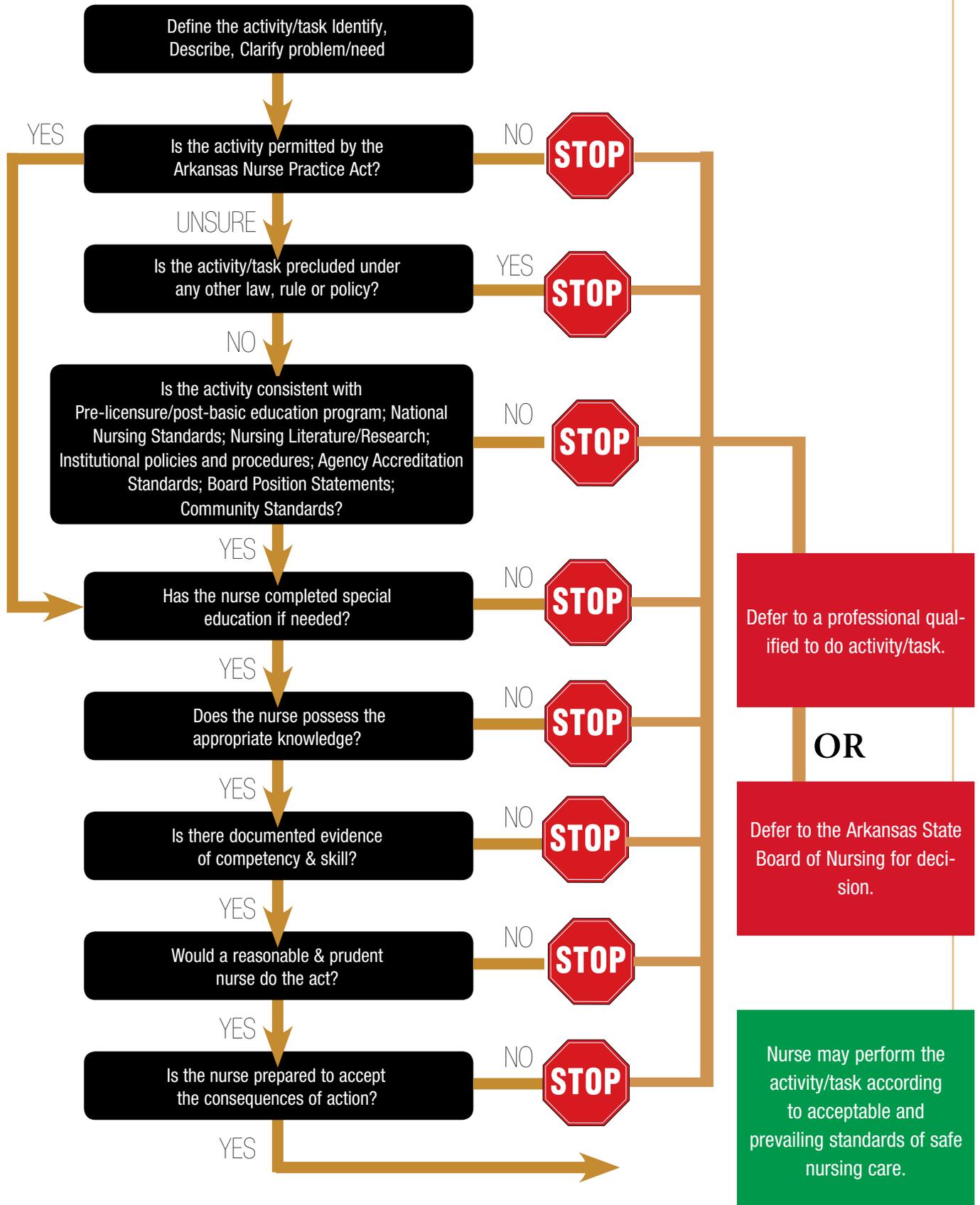
• Recommendations from the JNC 8

All recommendations are for general population.

AGE (Years)	INITIATE TREATMENT AT THIS LEVEL	TREATMENT GOALS
1. ≥ 60	≥ 150 SBP OR ≥ 90 DBP	< 150 SBP/ < 90 DBP (If treatment has resulted in < 140 SBP and is well tolerated, do not adjust treatment.)
2. < 60	≥ 90 DBP	< 90 DBP
3. < 60	≥ 140 SBP	< 140 SBP
4. ≥ 18 with CKD or diabetes	≥ 140 SBP OR ≥ 90 DBP	< 140 SBP/ < 90 DBP
5. All ages (Non African-American population AND non African-American with diabetes)		Use of thiazide-type diuretic, CCB, ACEI, or ARB
6. All ages (African-American population AND African-American population with diabetes)		Use of thiazide-type diuretic or CCB
7. ≥ 18 with CKD (All races and with or without diabetes)		Use of ACEI or ARB
8. All ages who cannot attain or maintain BP goal with one month.		<ul style="list-style-type: none"> • Increase dose of initial drug, OR • Add second drug from #5 (above) • Add third drug* • Refer to hypertension specialist, OR • Add other classes of drugs

Published JAMA online 12-18-13 • *Do not use ACEI or ARB together in same patient

SCOPE OF PRACTICE DECISION MAKING MODEL





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PATIENT ABANDONMENT

WHAT IS IT REALLY?

WHAT IS PATIENT ABANDONMENT?

The Arkansas State Board of Nursing does not specifically address patient abandonment. The Board only has authority to take disciplinary action in specific cases based on its interpretation of what constitutes professional misconduct. All complaints alleging patient abandonment received by the Board are evaluated on a case-by-case basis. The Board has no jurisdiction over employment related matters such as staffing issues and mandatory overtime. Appropriate and adequate staff to care for patients is the responsibility of the employer. From the Board's standpoint, patient abandonment evaluation is focused on the relationship and responsibility of the nurse to the patient.

For patient abandonment to occur, the nurse must have:

- a) Accepted the patient assignment, thus establishing a nurse-patient relationship and
- b) Severed that nurse-patient relationship without giving notice to the appropriate person (e.g. supervisor) so that arrangements could be made for continuation of nursing care by others.

Once the nurse has accepted the responsibility for the nursing care of a patient, severing the nurse-patient relationship without giving notice to the appropriate person may lead

to discipline for unprofessional conduct. Refusal to accept an assignment is not considered patient abandonment nor is refusal to work additional hours or shifts. While nurses who refuse to accept certain patient assignments may not be violating the *Nurse Practice Act*, the nurse must be willing to accept the consequences of such a decision on the employer-employee relationship.

ABANDONMENT or EMPLOYMENT ISSUES:

The following situations ARE examples of patient abandonment and may be subject to disciplinary action.

- A licensed nurse accepts an assignment of patient care and leaves the facility; staff and supervisors are not aware the nurse is not in the facility, nor has the nurse given a status report on her patient to another qualified nurse;
- Leaving without reporting to the oncoming shift;
- Sleeping while on duty.

The following situations are NOT examples of patient abandonment. They may be considered examples of employer-employee issues and will not subject the licensee to disciplinary action by the Board. The Board has no authority over employer-employee relationships.

- Resigning without notice;
- Giving a two-week notice but

only working one week of that notice;

- Failure to return to work from a scheduled leave of absence;
- Refusing to come in and cover a shift;
- No call/no show for a scheduled shift;
- Refusal to work beyond a previously agreed upon work period provided at the time of the request to work the next shift, the nurse informs the supervisor or employer that he or she is unable to do so;
- Refusal to work in an unfamiliar, specialized, or "high tech" patient care area when there has been no orientation, no educational preparation or employment experience.

WHAT IF I LEAVE BEFORE THE END OF MY SHIFT?

Once a patient assignment has been accepted and the nurse severs the nurse-patient relationship without giving notice to the appropriate person, that nurse is subject to discipline for unprofessional conduct pursuant to ASBN *Rules*, Chapter 7, Section IV.A.6.i.: 6. The term "unprofessional conduct" includes, but is not limited to,

i. Leaving a nursing assignment without notifying appropriate personnel

If you were at work and left your patient assignment without giving notice to your supervisor and a status

report on your patients, you would be guilty of patient abandonment. All the requirements for patient abandonment must be present for disciplinary action to occur. However, if, for example, you are a nurse in a long-term care facility and the ONLY licensed provider in the building and at the end of the shift, and no one with a license was available to relieve you, the Board would not support you leaving those patients without any licensed supervision. As previously stated, all allegations of patient abandonment are reviewed on a case-by-case basis.

WHAT IF I QUIT MY JOB WITHOUT NOTICE?

From the Board's viewpoint, this is an employment issue not a licensure issue PROVIDED the nurse does not have patient responsibilities at the time. Leaving a nursing assignment does not apply when the nurse completes his/her scheduled shift and then turns in

notice of resignation.

ABANDONMENT occurs when the nurse voluntarily removes himself/herself from the immediate setting where care is being delivered and has not given notice to his/her supervisor and a status report to another qualified nurse who can assume responsibility for the patient's care.

WHAT IF I REFUSE TO REMAIN ON DUTY FOR AN EXTRA SHIFT?

Refusing to work additional hours or shifts is NOT patient abandonment provided the nurse has appropriately notified the supervisor and reported off to another nurse. Facilities should have written policies in place to describe circumstances requiring mandatory overtime and how the staffing of mandatory overtime is to be resolved. Failure of a nurse to comply with a facility policy involving mandatory overtime is an employer-employee issue, not a

regulatory issue. Nurses must exercise critical judgment regarding their ability to practice safely when declining or accepting requests to work overtime. The nurse must be able to recognize when his/her ability to safely provide patient care is compromised and has the responsibility of reporting this inability to his/her supervisor. A sleep deprived or fatigued nurse may have diminished ability to provide safe patient care.

WHAT IF I REFUSE TO COME IN AND WORK?

Refusal to report to work is an employment issue, not a regulatory issue. Patient abandonment can only occur after the nurse has come on duty for the shift and accepted the patient assignment. If the nurse never accepts the patient assignment, this requirement is not met.

Continued on page 22

Wound Care

WHAT IS THE RESPONSIBILITY OF MY NURSE MANAGER?

The nurse manager is accountable for assessing the capabilities of personnel in relationship to the patient needs and then assigning nursing care to qualified personnel. The nurse manager's responsibilities also includes making judgments about situational factors such as the nurse's fatigue or lack of orientation to a unit that would influence a nurse's capability to deliver safe care. The nurse manager should be aware that he/she could be subject to disciplinary action by the Board for assigning patient care responsibilities to nursing staff when the manager knows, or should reasonably know, that the assignment may affect the competency of the nurse. It is also important for nurse managers and nursing staff to resolve conflicts so that the best interests of the patients are served.

WHAT IS EMPLOYER ABANDONMENT?

Employer abandonment occurs when a nurse fails to give reasonable notice to an employer of the intent to terminate the employer-employee relationship. The Board has no jurisdiction to interpret or resolve issues related to employment or contract disputes.

WHOM CAN I CONTACT FOR MORE INFORMATION?

Debbie Garrett, ASBN Program Coordinator of Nursing Practice, addresses questions about nursing practice. She may be reached at 501.686.2700 or via e-mail at dgarrett@arsbn.org. Mary Trentham, ASBN Attorney, may be reached at 501.686.2741 or via e-mail at mtrentham@arsbn.org.

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For more information, contact Dr. Susan Kehl, graduate director, at skehl@harding.edu, or Box 12265, Searcy, AR 72149, or 501-279-4941.

HAVE YOU CONSIDERED SERVING ON THE STATE BOARD OF NURSING?

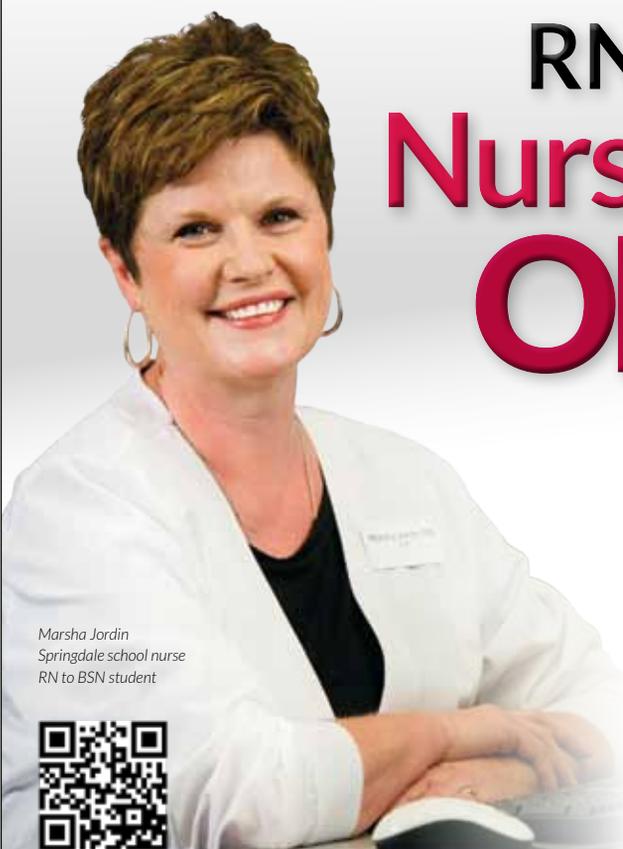
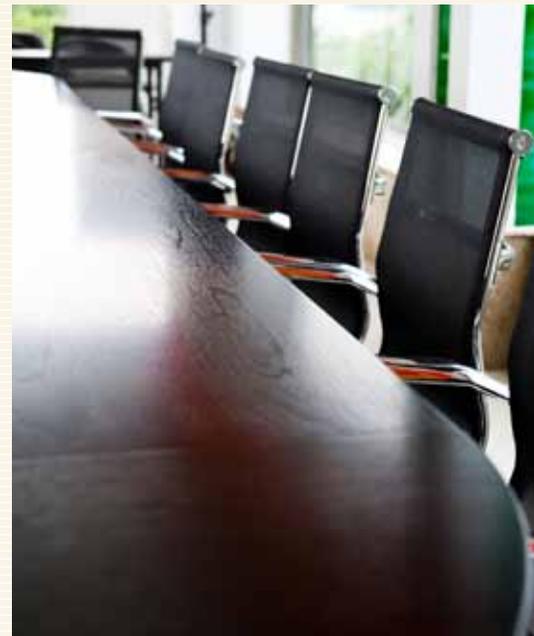
The Arkansas State Board of Nursing is a 13 member board appointed by the governor for four-year terms with the following designations: seven registered nurses, one of which is advanced practice registered nurse with prescriptive authority; four licensed practical nurses or licensed psychiatric technician nurses; one consumer member; and one representative of the older population (age 60 or over). Board members can serve a total of two four-year terms.

Qualifications for the nurse Board members are that you have been a nurse for five years and have actively practiced for the last three years, the last two of which must be in Arkansas.

Service on the Board requires a time commitment of two days a month for

about nine months out of the year.

If you are interested in serving on the Board, you can apply through the governor's website, www.governor.arkansas.gov. On the left side under Services, choose the link for Board Appointments. You will then fill out an online application. It is helpful to have letters of support from your legislators and your professional colleagues. If considered, a thorough background investigation is conducted. If selected, you will receive an appointment letter from the governor.



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PREPARING FOR THE NINTH CONTINUING EDUCATION CRUISE

The completion of nursing continuing education contact hours is a requirement for licensure renewal in Arkansas. Continuing education activities provide nurses with an opportunity to enhance professional knowledge and gain additional training to further excel in their respective area of practice. There are a variety of methods available for nurses to obtain continuing education contact hours; one method is joining the Arkansas State Board of Nursing on a cruise in 2015!

The Arkansas State Board of Nursing will not have a cruise in 2014. However, the Ninth Continuing Education Cruise will occur April 12-19, 2015. We will cruise our way to Nursing continuing education credits in the exotic Western Caribbean aboard Carnival's Dream. Participants will board the ship in New Orleans, LA and depart from New Orleans and head for Caribbean ports of call including Cozumel, Mexico, Belize and Mahogany Bay, Isla Roatan.

There will be informative lectures scheduled in a comfortable conference room on two of the days we are at sea. Additional information regarding curriculum subjects will be shared as planning continues. The cruise will not only provide an ingenious way for nurses to earn their continuing education hours, but it will give nurses a much needed respite as well. There are always exciting itineraries at each port of call with fun excursions including scuba diving, swimming with turtles, stingrays and dolphins, learning about local culture and let's not forget my favorite — shopping!

On board, day and evening activities will keep the ship life entertaining. On board activities usually include dance and comedy shows, Karaoke, and my favorite activity — the spa treatments! I cannot forget to mention the array of food that is available, every type of food imaginable, including elegant dining with regional

delicacies, casual fast food favorites and desserts, desserts, desserts.

You will have the opportunity to join us in 2015 to obtain your continuing education hours and make memories that will

last a lifetime as we go to these exciting ports. Keep checking our Facebook page ("like" us while you are there), the ASBN Update and www.arsbn.org for information regarding registration.



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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 NUMBER	ACTION	EFFECTIVE DATE
Addison Mike	R083089	Suspension 2 years, Probation 3 years	February 13, 2014
Almanza Pablo		Licensure Denied	February 5, 2014
Alumbaugh Eric William	R085021	Voluntary Surrender	January 13, 2014
Baker Barry L.	R094378	Reprimand	January 15, 2015
Baxter Aaron Authur	R092943	Probation 1 year	February 12, 2014
Benge Perri Anne		Licensure Denied	February 5, 2014
Bobbitt Katie Lynn Page	A003815, R076957, PAC	Voluntary Surrender	January 24, 2014
Bouscher Kami Rachelle Holbert Franks	R070284	Probationary Status Removed	February 10, 2014
Campbell Rebecca Ann	R092524	Probationary Status Removed	January 13, 2014
Canham Catherine Lucy Stroulger	R039385	Reprimand	January 15, 2014
Carson Amanda Delynne	R077320	Reprimand	January 14, 2014
Chronister Danielle Nicole	L045516	Suspension 1 year, Probation 2 years	February 12, 2014
Clark Cheryl Elizabeth Hussey Baldwin	L040242	Probation 2 years	February 13, 2014
Clark Mandy Lynn Cole	R088143	Reprimand	January 14, 2014
Collins Joshua Lee	L050216	Reprimand	January 15, 2014
Dandridge Stacy Amanda	A003055, R080111	Revocation	February 12, 2014
Dorrough Clifford Nicholas	R078537	Suspension, 2 years, Probation 3 years	February 12, 2014
Eakle Catherine Nicole Boyles	L031646	Suspension 2 years, Probation 3 years	February 13, 2014
Elmore Michele Ann Bennett Sanford Carney	R051357	Reprimand	January 15, 2014
Evans Kenneth Lee	R052389	Revocation	February 13, 2014
Ewell Pamela Ann Brown	R064493	Suspension until terms met	February 12, 2014
Glover Hapsy Denann Broussard	A003199, R063824, L033878	Probation 3 years	February 12, 2014
Graham Amie Leann	L050071	Suspension 2 years, Probation 3 years	February 12, 2014
Grayson Mollie Jefferson	R053648	Revocation	February 13, 2014
Green Rebecca Lynn	L051852	Probation 1 year	February 12, 2014
Gregory Amanda Loraine Rodgers	R080008	Probation 2 years	February 12, 2014
Hargrove Cynthia		Licensure Denied	February 5, 2014

NAME		LICENSE NUMBER	ACTION	EFFECTIVE DATE
Harrison	Richard Brent	L039987	Suspension	February 5, 2014
Havel	Susanne Michelle	A003419, R086072, PAC	Reprimand	January 15, 2014
Herring	Kimberly Leann Herring Baxter Bagwell	R052262, L032407	Probationary Status Removed	January 13, 2014
Holladay	Edith Ray Garrison Castleberry	L039152	Reprimand	January 15, 2014
Hunt	Leslie Ann Branson Tucker	R066674	Voluntary Surrender	January 28, 2014
Hunter	Jacqueline Kay Miller Clark	L042655	Reprimand	January 15, 2014
Johnson	Teresa Dianne	R040103	Voluntary Surrender	January 28, 2014
Junyor	Ronnie Wayne, Jr.	R054285	Reprimand	January 15, 2014
Lamb	Kimberly Jo	R085018, L047592	Probation 4 years	February 12, 2014
Lanning	Brandi D.	L050959	Reprimand	January 14, 2014
Logan	Mary Katherine	R051199	Reinstated to Probation, 3 years	January 29, 2014
Mallonee	Charles R.	R080829	Probationary Status Removed	January 13, 2014
Malone-Johnson	Carrie	R085490	Probationary Status Removed	January 13, 2014
McCreary	Tami Lynette Moore Hunt Jones	L028957	Revocation	February 12, 2014
Metcalf	Karen Margaret Light	R080830	Voluntary Surrender	January 10, 2014
Milam	Richard Lewis	R079724	Probation 1 year	February 13, 2014
Navratilova	Andrea		Licensure Denied	February 5, 2014
Owens	Vickie Lynn Brotherton, Adams	R094752, L043344	Reprimand	January 15, 2014
Petrie	Odetta Rice		Licensure Denied	February 5, 2014
Phillips	Kathy Gail Smith Edwards Rowland Mays	L032805	Suspension 6 months Probation 2 years	February 12, 2014
Plumlee	Desiree Plumlee Smith	R071715	Voluntary Surrender	January 13, 2014
Richardson	Terri Diane Bailey	R033103, L018415	Probationary Status Removed	January 13, 2014
Rogers	Noel Vandala Parrish	L047854	Probation 1.5 years	February 12, 2014
Scorfina	Jacalyn Michelle	L046766	Suspension	February 5, 2014
Shelton	Barbara Kay	L042768	Reprimand	January 15, 2014
Shinall	Misty Nichole McCullar	L040037	Reprimand	January 14, 2014
Smith	Benjamin Alan	RN Applicant	Probation 1 year	February 12, 2014
Smith	Melissa Lea Stone	L040028	Suspension until terms met	February 13, 2014
Smith	Robyn Miranda	R074232	Voluntary Surrender	February 6, 2014
Southern	Krystal Lee	L054890	Reprimand	January 15, 2014
Stephens	Melody Ann Jaeger	L032151	Reprimand	January 14, 2014
Stewart	Constance E. Dangela Hill	R051784	Revocation	February 13, 2014
Thorne	Serena Joy		Licensure Denied	February 5, 2014
Tomlin	Nina Lee	R044706	Revocation	February 13, 2014
Townsend	Christine Lacia Pearson	L053692	Probationary Status Removed	January 13, 2014
Velazquez	Paige Delynn Howard	L033668	Voluntary Surrender	January 13, 2014
Vincent	Matthew Paul		Licensure Denied	February 5, 2014
Wallace	Jonathan Kyle	R077371	Voluntary Surrender	January 13, 2014
Wallace	Sarah Elizabeth	R084879	Voluntary Surrender	January 13, 2014
West	Debra Charlene Moss Taylor	A001288, R038144, P001155	Reinstated to Probation, 3 years	January 13, 2014
Williams	Ashley Alona	L049360	Suspension 2 years, Probation 3 years	February 12, 2014
Williamson	Taja D.	R089122	Probation 2 years	February 13, 2014
Winter	Jimmie Louise Atkinson	R065720	Reprimand	January 15, 2014



Frequently Asked Questions

Q: What can a nurse with a temporary license do? Does the RN have to sign behind the nurse with a temporary license?

A: Nurses who hold temporary licenses may perform all functions within the scope of practice for which they are educationally prepared. Nurses perform their duties based on licensure. Another nurse does not need to validate the signature of a nurse holding a temporary license. As always, the nurse's experience and competency should be taken into consideration when making assignments. New graduates would not function at the same level as a nurse with years of experience.

Q: I have been told that I can lose my license if two physicians file a complaint against me with the Board of Nursing.

A: The Arkansas *Nurse Practice Act* ACA §17-87-309(a) gives the Arkansas State Board of Nursing sole authority to deny, suspend, revoke, or limit any license to practice nursing or certificate of prescriptive authority issued by the board. The ASBN will investigate any written complaint that is submitted. Disciplinary action is taken based on the facts of the case and not the number of complaints received.

Q: I finished renewing online and the screen came up with a confirmation number, should I save this?

A: Definitely. Always print and save your confirmation number until you receive your new license. This serves as your receipt or proof that you made the transaction online and what date and time it occurred in case of a problem. It is very rare, however in the case something goes wrong with processing the transaction and the data is not received or lost this will keep you from having to pay a late fee and face possible disciplinary action. If a transaction does not show up on the computer system and you do not have the confirmation number it will be treated as if the transaction was never made.

Q. According to the requirements for continuing education, it must be practice-focused. What does that mean?

A: Practice-focused means that the content of the continuing education must be related to the field in which you practice. For example, a nurse working the pediatric area can only count continuing education related to the pediatric population.

Q. How long is my prescriptive authority valid?

A: You are not required to renew prescriptive authority in Arkansas. The authority to prescribe is valid as long as the individual maintains her/his advanced practice license and collaborative practice agreement.

Q. Who may give and accept verbal or telephone orders?

A: The Arkansas State Board of Nursing acknowledges that the best interests of all members of the health care team are served by having the licensed physician, licensed dentist, or advanced practice registered nurse holding a certificate of prescriptive authority write all orders on the patient's medical record. Although a licensed nurse relating verbal and telephonic orders may have become accepted practice, neither the ASBN *Nurse Practice Act* nor the *Rules* specifically address this issue.

Verbal orders transmitted over the phone place the licensed nurse at greater risk. Employing facilities should have policies and procedures to guide the licensed nurse.

However, the *Rules* of the Arkansas State Board of Nursing do prohibit a licensed nurse from receiving or transmitting verbal orders from or to unlicensed personnel.

Other professional disciplines' practice acts may provide that their licensees can accept orders within their scope of practice. The governing board of the discipline should be contacted for specifics.

Q. Why do you publish disciplinary actions taken?

A. This information is published for several reasons, including to:

- Identify and report public data to which the public is entitled regarding licensees who have violated the statutes.
- Put employers on notice of the initial actions taken by the Board and subsequent status changes of the licensee.
- Inform nurses of the consequences of violation of the *Nurse Practice Act*, increase awareness and reduce the likelihood of violations.
- Provide a picture of the scope of the problem and demonstrate that the Board has a mechanism in place to address the problem.
- Assure other nurses and the public that corrective steps have been taken or the individual is removed from practice until such time as the nurse is deemed able to practice safely.

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Education: Graduate from an accredited program of professional nursing required; Bachelor's Degree preferred.

Experience: A minimum of three (3) years experience in a psychiatric health-care facility preferred.

POSITION: LPN SHIFT: Full-time 7a-3p, WEO

Education: Graduate from an accredited vocational school of nursing.

Experience: Minimum one (1) year as an LPN/LVN/LPTN in psychiatric nursing preferred. Must pass a medication administration exam before administering medications. CPR certification and successful completion of HWC including restraint and seclusion policies, within 30 days of employment and prior to assisting in restraining procedures.

POSITION: Intake Clinician SHIFT: PT (WEO), PRN

This position will provide administrative support for the assessment team and will be responsible for scheduling assessments and documenting inquiries. This position works closely with the Nursing Services Department and external clinicians to facilitate the admission process for clinically appropriate patients.

Education: Registered Nurse.

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ASBN
Update

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JRMC congratulates our most recent DAISY Award recipient

Connie Douda, RN



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