



ASBN

Volume 14 Number 1

Update

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January 2010



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University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
Verifications: 501.682.2200
www.arsbn.org

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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 Faith A. Fields, MSN, RN
EDITOR LouAnn Walker

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Virginia Robertson, Publisher
vrobertson@pcipublishing.com
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The *ASBN Update's* circulation includes over 48,000 licensed nurses and student nurses in Arkansas.





THINGS YOUR MOTHER NEVER TAUGHT YOU...BUT SHOULD HAVE

Spring has sprung! Or it will soon ... but flu season is still here! Speaking of flu season, I had a unique opportunity to work in the

health department's mass flu shot clinics this year. What an experience! I have to tell you that I have a renewed respect for all our public health nurses. I arrived 30 minutes early the first day, expecting to help set up shop. Low and behold, people were scurrying around like Santa's workshop, and the entire building was almost completely set up and ready for the hundreds of people who were already anxiously waiting. These health department ladies and gentlemen had done this before! They had stations set up, papers ready, vaccine out, syringes, alcohol-the whole works prepared for the onslaught of the day. And an onslaught it was indeed. We served thousands of Arkansans in each day's time. The coordination it takes for these angels to do their work is nothing short of amazing. Down to the lunch brought in for the employees and volunteers, it was all arranged. My hat is off to these ladies and gentlemen. If you see a public health nurse or anyone who works for the Arkansas Department of Health this year, thank them for what they do. They certainly deserve it. You will see some pictures of the massive assistance they have provided to Arkansas citizens in this issue of the ASBN Update.

Can you believe that 2010 is here? It's almost hard to say. This will be an important year for the board of nursing. The board will be giving out the first of our nursing student loans this month to "would-be" educators to help them obtain a higher degree in nursing. Congratulations to the first recipients. We hope more people will apply for the fall semester. Look for the link to the application on our Web site. The board will be choosing another executive director. The applications are in and interviews will begin in the coming months. I will take the opportunity in the next two issues of the ASBN Update to reminisce over the last 19 years about the changes we have seen and the accomplishments the board has made during my tenure. I look forward to the next phase of my life. As I told the board, my next job doesn't pay very well but it comes with a lot of perks. I look forward to becoming a full time "Nana" July 1 of this year.

If a tree falls in the woods, and no one is there to hear it, does it make a sound? You've heard that, haven't you? It's a hypothetical question. At the Board of Nursing, we often get questions from individuals with hypothetical situations. If a nurse did this or that, is it considered outside their scope of practice? If someone reported a nurse to the board for doing this or that, what will happen to him/her? Sometimes we can answer the question, and sometimes it is a little more complex than a simple answer. With that in mind, I thought I'd share with you a few tips. I'll call them "Things your mother never taught you ... But should have."

- Don't take other people's medicine. That means, don't steal medicines from your work place. Hello, those medicines don't belong to you. It also means do not self-medicate with prescriptions that are not yours. Just because you are related to a person doesn't mean you can take their prescription drugs!
- Don't chart things you didn't do. Not only is that lying, it is unprofessional conduct.
- Be honest on employment applications regarding your previous work history, even if you know they will not give you a good reference. It is considered unprofessional conduct not to.
- Be nice to nursing students. They may someday relieve you to be home with your family on Christmas!
- When you are tired, don't agree to work overtime. Working under those circumstances may make you as impaired as someone using drugs. Just say no!
- Take care of yourself. You matter too! Get a pedicure, a massage, go play golf, do something just for you! Instead of New Year's resolutions that you won't keep, make one to be better to yourself this year ... then do it!

Until next time, thank you for taking the time to read the magazine, and we hope it is helpful to you in keeping you apprised of the changes in Arkansas law and rules related to your practice.

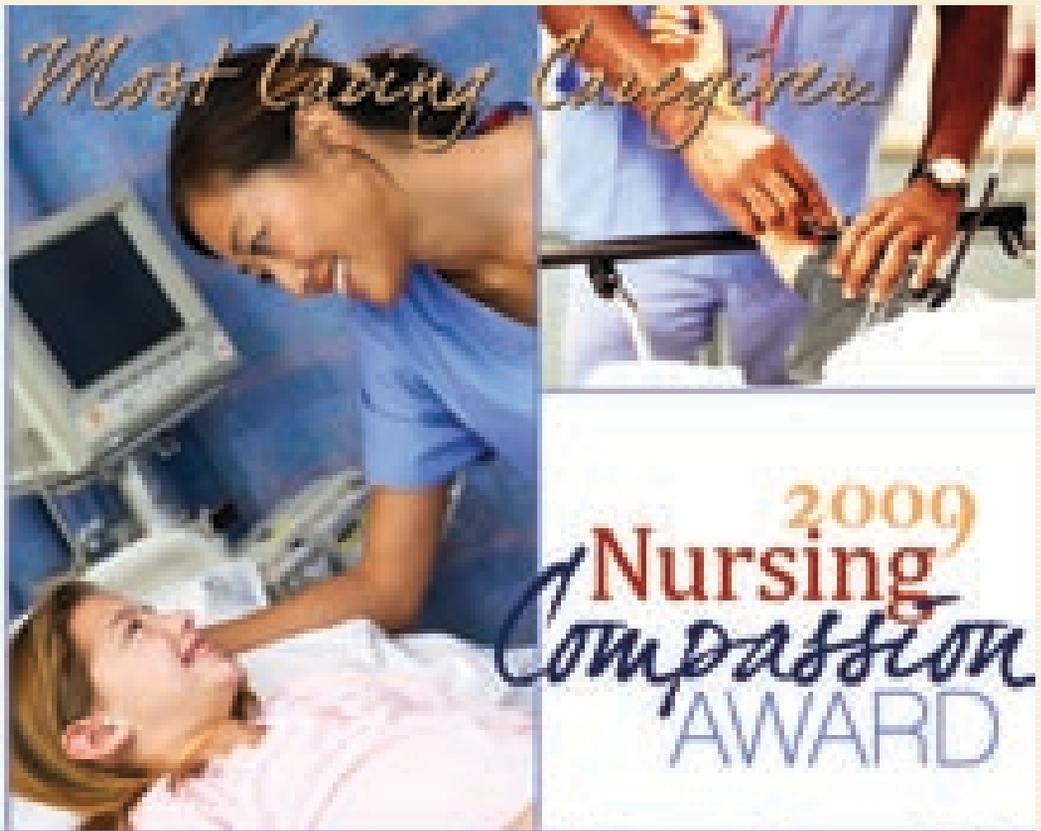
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We're searching Arkansas to find the one nurse you think is the most outstanding in our state. The one nurse that you think is the most compassionate, caring and empathetic caregiver that has ever given comfort or care to you, a family member or friend. Send us their name, where they work and a short message expressing why you think they are the most deserving nurse in Arkansas.

A nurse will be chosen as a finalist from each county or hospital in Arkansas and recognized in *ASBN Update* magazine. From those finalists, one winner will be chosen to receive a prize package and be featured on the cover of *ASBN Update*. Send your nomination soon because submissions will only be accepted through January 31, 2010.

Send your nomination to:
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 Or email: sramsel@pcpublishing.com



2009 Nursing Compassion AWARD

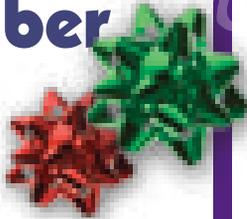


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Nurses – Save the Date

December



- Merry Christmas!

January

- Happy New Year!
- January 13 Hearings
- January 14 Business Meeting



February

- Valentines Day
- Arkansas Heart Month
- Women's Heart Health Wk
- Patient Recognition Wk
- February 10 Hearings
- February 11 Hearings



March

- St. Patrick's Day
No Meetings Scheduled



April

- April 14 Board Retreat
- April 15 Hearings



May

- Nurses Week May 6-12
- May 12 Business Meeting
- May 13 Hearings





A NEW CHAPTER

In my last column, I spoke of a past we cherish, a present that is changing and a future that is challenging. At that time, I had no idea just how relevant it was. The present is changing faster than I realized, and the future poses even greater challenges than I could have expected. Now I struggle to put into words the events that transpired at our November board meeting. It was with heavy hearts that the Board of Nursing accepted the resignation of Faith Fields as executive director of ASBN. Faith will be accepting a position any grandmother would envy--that of being a full time "Nana" for her new grandson. Her last day as our executive director will be June 30, 2010.

Faith and her leadership directly attributes to Arkansas' position in nursing and nursing regulation. Faith has been the face of nursing in Arkansas for 20 years. I have had the pleasure, as many of you have, to not only know Faith as a colleague but also as a friend and mentor. I could try to list all of Faith's accomplishments, but there is not enough space in this magazine. It would take several issues to list them all if I could. Just know we will not be able to replace Faith. She is a unique person created in God's image with a strong Christian character and convictions. Her word is her bond, and she always will tell you the truth even if it's not what you want to hear. She has earned the respect and trust of governors and legislators along with

colleagues not only here in Arkansas but from across the nation and around the world. Her legacy will be lived out in the lives of nurses she has encouraged and mentored through the years. But just as important as her legacy is the fact that the public will be protected by the structures she put in place at the Board of Nursing. There will not be someone to replace Faith. Instead, she will be closing out this chapter in nursing and nursing regulation in Arkansas.

So, the Board of Nursing has the awesome responsibility to find the person to begin a new chapter in Arkansas nursing and nursing regulation. It is not something we are taking lightly. We welcome your prayers for wisdom as we begin this process. It is our goal to have someone selected by April or May 2010. However, we will search for the right person to lead Arkansas nursing.

Many of you may want to express your appreciation to Faith. As a gift to Faith, we will be collecting notes of appreciation to present to her at her reception. If you would like to send a note to be part of this gift, feel free to do so. You can send these to P.O. Box 1523, Cabot AR, 72023.

On a personal note, Faith, thank you for being a friend and a mentor. I am the nurse I am today because of your encouragement, your friendship and your mentoring. Sawyer is a very lucky young man.

Until next time...

Board Business

President Darlene Byrd presided over the disciplinary hearings held on November 18-19. In a business item, the board voted to accept the retirement of ASBN Executive Director Faith Fields, MSN, RN, to be effective June 30, 2010.

BOARD MEETING DATES

JANUARY 13	WEDNESDAY	HEARINGS
JANUARY 14	THURSDAY	BUSINESS MEETING
FEBRUARY 10	WEDNESDAY	HEARINGS
FEBRUARY 11	THURSDAY	HEARINGS
APRIL 14	WEDNESDAY	STRATEGIC PLANNING
APRIL 15	THURSDAY	HEARINGS
MAY 12	WEDNESDAY	BUSINESS MEETING
MAY 13	THURSDAY	HEARINGS
JUNE 9	WEDNESDAY	HEARINGS
JUNE 10	THURSDAY	HEARINGS
JULY 14	WEDNESDAY	HEARINGS
JULY 15	THURSDAY	HEARINGS
SEPTEMBER 8	WEDNESDAY	HEARINGS
SEPTEMBER 9	THURSDAY	BUSINESS MEETING
*OCTOBER 13	WEDNESDAY	HEARINGS
*OCTOBER 14	THURSDAY	HEARINGS
NOVEMBER 3	WEDNESDAY	HEARINGS
NOVEMBER 4	THURSDAY	HEARINGS

**Will decide by September if dates are needed*

'Twas the Season...



Board members and staff of the Board of Nursing showed their giving spirit as they collected non-perishable food for the Arkansas Foodbank Network. The Arkansas Foodbank Network has been working since 1984 to eliminate hunger in Arkansas by providing nutritious food to those in need. The Arkansas Foodbank Network distributed, through local and national partnerships, almost 11 million pounds of food in 2008, which is about 55,000 pounds of food per day. We were honored to give to such a worthy cause.

STAFF DIRECTORY

ARKANSAS STATE BOARD OF NURSING

1123 South University Ave., Suite 800
 Little Rock, AR 72204
 Office Hours: Mon - Fri 8:00-12:00; 1:00-4:30
 Phone: 501.686.2700
 Fax: 501.686.2714
 Verifications: 501.682.2200
 www.arsbn.org

All staff members may be reached via e-mail by using first initial and last name@arsbn.org - i.e. ffields@arsbn.org

ADMINISTRATION

Faith A. Fields, MSN, RN
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 Information Systems Coordinator

Robert Horn, Imaging 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	L16658
Jessica Gonzalez	Exam Application
Tonya Humphrey	R55602
Victoria Knighten	R81020
Toni Diane McKeever	R42190
Amber Sanders	R73529
Nathan Shaheed	T01220
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THE PASSING STANDARD FOR THE NCLEX®-RN EXAMINATION TO BE RAISED

The National Council of State Boards of Nursing, Inc. (NCSBN) voted on Dec. 10, 2009, to raise the passing standard for the NCLEX-RN Examination (the National Council Licensure Examination for Registered Nurses). The new passing standard is -0.16 logits on the NCLEX-RN logistic scale, 0.05 logits higher than the previous standard of -0.21. The new passing standard will take effect on April 1, 2010, in conjunction with the 2010 NCLEX-RN Test Plan.

After consideration of all available information, the NCSBN Board of Directors determined that safe and effective entry-level RN practice requires a greater level of knowledge, skills, and abilities than was required in 2007, when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN

convened an expert panel of nine nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

“The Board of Directors used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of nine nurses to perform a criterion-referenced standard setting procedure.”

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN Board of Directors evaluates the passing standard for the NCLEX-RN examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year

cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the 2010 NCLEX-RN Test Plan is available free of charge from the NCSBN Web site https://www.ncsbn.org/2010_NCLEX_RN_TestPlan.pdf.

Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or

nclexinfo@ncsbn.org.

The definition of a logit may be found on NCSBN's Web site at https://www.ncsbn.org/02_18_05_brief.pdf.

—The National Council of State Boards of Nursing

ACTIVE LICENSES

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Certified Registered Nurse Anesthetist (CRNA)	649
Clinical Nurse Specialist (CNS)	127
Licensed Practical Nurse (LPN)	15214
Licensed Psychiatric Technician Nurse (LPTN)	184
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Registered Nurse Practitioner (RNP)	683
Retired Licensed Practical Nurse	90
Retired Licensed Psychiatric Technician Nurse	7
Retired Registered Nurse	207



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LETTER FROM THE EDITOR

Happy New Year! I hope you all had a wonderful holiday season.

In the first issuance of funds from the Nursing Student Loan Program – Nursing Educator Loan, the Arkansas State Board of Nursing awarded nine loan scholarships. The Nursing Student Loan Program - Nursing Educator Loan provides forgivable loans to students pursuing a course of study leading to qualification as a nurse educator. The deadline for

submitting applications for the fall 2010 semester is June 1, and the application is available on the ASBN Web site, www.arsbn.org.

Dates for the Board of Nursing's 2010 continuing education workshops have been set. A flyer with details is on page 23 of this issue of the ASBN Update.

On behalf of the Board of Nursing, thank you for being a nurse. Let us hear from you about what we can

do better to ensure that the public is protected. E-mail me at lwalker@arsbn.org with comments, suggestions and feedback.

Best wishes for a new year full of possibilities!

LouAnn Walker
ASBN Update Editor

NURSING EXPO

Staff members from the Board of Nursing participated in the 7th Annual Nursing Expo. The Expo was December 5 at the Clear Channel Metroplex in Little Rock.



L to R: Gail Bengal, Fiscal Support Specialist; Lori Gephardt, Administrative Specialist III; Faith Fields, MSN, RN, ASBN Executive Director and Sue Tedford, MNSc, APN, ASBN Assistant Director



Back – L to R: Staff members Matt Stevens; Information Systems Coordinator; Faith Fields, MSN, RN, ASBN Executive Director; Sue Tedford, MNSc, APN, ASBN Assistant Director; Susan Moore, Licensing Coordinator; Gail Bengal, Fiscal Support Specialist. Front – L to R: Lauren Belt, Licensing Coordinator and Lori Gephardt, Administrative Specialist III



ASBN Assistant Director Phyllis DeClerk, RN, LNCC, and Melanie Crnic, RN



Staff members ASBN Program Coordinator Calvina Thomas, Ph.D., RN, and Leslie Suggs, Legal Support Specialist

ANOREXIANT MEDICATION GUIDELINES FROM THE ARKANSAS STATE BOARD OF PHARMACY

DECEMBER 2009 NEWSLETTER

Anorexiant Medication Guidelines

Recently, the Board of Pharmacy requested clarification from the Arkansas State Medical Board on regulations for physicians regarding anorexiant drug guidelines. Below is an excerpt of Medical Board Regulation 21 – Anorexiant Drug Guidelines, as well as the body of our request to the Medical Board. Our questions to the Medical Board are numbered A through D, and the answers are in bold.

Medical Board Regulation 21 – Anorexiant Drug Guidelines

4. The treating physician shall prescribe a daily dosage that does not exceed the dosage recommended in the manufacturer’s prescribing information for the drug prescribed or dispensed.

5. The treating physician shall not dispense or prescribe more than a 30-day supply for a patient on the first visit. Thereafter, not more than a 30-day supply shall be dispensed or prescribed at the time of each visit. The patient shall be weighed at each visit prior to dispensing or prescribing an additional supply of the drug and the weight shall be entered in the patient’s record.

Arkansas State Board of Pharmacy Request to Medical Board

When our inspectors and investigators reviewed Medical Board Regulation 21 – Anorexiant Drug Guidelines, the regulations seemed clear but we had a number of pharmacists being asked to compound a phentermine 45 mg extended release dosage form for weight loss or being asked for twice daily dosing of phentermine 37.5 mg. Since the manufacturer’s Food and Drug Administration (FDA)-approved labeling

only indicates 37.5 mg of phentermine to be given no more than once daily, the Pharmacy Board is requesting guidance to give pharmacists in filling these prescriptions. Numerous pharmacists have also called asking about physicians calling in refills for these prescriptions when the patient has not been seen by the physician. By reading the [Medical Board’s] regulation, it would seem that all three of these situations would cause the prescriptions to not be valid and could therefore be a DEA issue for the prescribing physician and the pharmacist if filled. Please see the Medical Board’s interpretation for the following:

A. Can a physician prescribe a dosage of 45 mg of phentermine for weight loss even though it exceeds the FDA-approved recommended dosage? **No.**

B. Can a physician prescribe more than 30 days of phentermine therapy for a patient? **No.**

C. Can a physician prescribe more than once daily dosing of phentermine? **No.**

D. Do you have any guidance for pharmacists when given a prescription over the phone to fill or refill these medications when the patient has not been seen or weighed? **No.**

The response received from the Medical Board for all four of these questions was **No.** It is important to note that while these questions were specific to one anorexiant medication, the regulation would apply to all medications in this classification.

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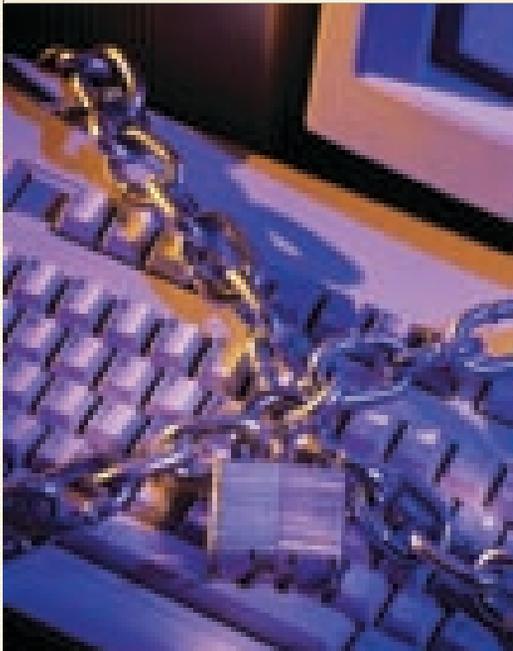
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MY COMPUTER IS IT SAFE?



Matt Stevens, ASBN INFORMATION SYSTEMS COORDINATOR



You know, working in information technology, I get asked a lot about Internet security and virus protection. I have found through my experience that the old saying, "Locks only keep out the honest people," has a lot of meaning in IT as well. I read in the news the other day that an 18-year-old male from China hacked the Department of Defense and NASA. This doesn't surprise me, because anything can be accomplished if you put your mind to it. After all, we did put a man on the moon! I'm not trying to scare you. I just think it is important you realize that dire consequences can result if your computer is not secure. Does that mean you should never buy anything online and stay completely away from computers? Of course not; however, there are tons of things you can do to make yourself a hard target,

which will be discussed in this and upcoming articles.

I will start with virus protection, because the first part of making sure you are a safe Internet shopper is making sure your computer is clean of any spyware or viruses. Most of us can't hire a full-time IT guy for their home computers, but there are plenty of other options you have. You can buy many name-brand virus protection programs, such as Norton Anti-virus. With the economy being what it is, it's understandable that many people would rather use free programs than pay for virus protection. I use free programs too, but just remember you get what you pay for. Below are the Web addresses to some free anti-virus programs that I have personally used:

- AVG (free edition) - <http://free.avg.com/download?prd=afe> - This program offers two versions, Free Edition and Premium.
- Avast! - <http://www.avast.com/> - This program offers a Free Home Edition and a Professional Edition.
- Avira AntiVir - <http://www.free-av.com/>

You might also need to consider malware and spyware protection. One of the best spyware protection software in my opinion is "Spy-Bot" - <http://www.safer-networking.org/en/index.html>. This program will search your hard drive for so-called spy- or ad-bots (little modules that are responsible for the ads many programs display).

You might also benefit from running a malware protection program. (<http://www.malwarebytes.org/>)

Here are a few more tips that can help you protect your computer in the long run:

- Do a Windows update. To begin the updates, click the start menu and then click the "all programs." At the very top, you should see "Windows update." Click that button and follow the steps. This will provide your computer with the latest updates from Microsoft for protection from Internet-based attacks.
- Be aware of fake anti-virus programs. A few of them claim your computer has a virus, and advise you to click this button to check for more and remove them. Never do this because it is always a virus you just installed!
- Never install a program or download anything you don't know something about or a window that just popped up.
- Also, be careful of the Web sites you visit. Many Web sites will let you watch a video or something you want and will then install a virus. So, because you clicked "yes" to watch that video, you also gave the Web site permission to download something to your computer. So be smart, and don't go to sites that offer free stuff like TVs, movies or gaming consoles. You will not get anything but a virus I assure you.

I hope you have benefited from this crash course in PC security. In the next issue, we will talk about e-mail security.



ANA MARIA V. ALANO, BSN, RN, REMT,
NURSE DEVELOPMENT SPECIALIST, MEDICALL PHILIPPINES, INC.

MEDICALL ON A MISSION



MediCall on a Mission

Any disaster, man-made, or natural, can always bring a community closer. My name is Ana, and I work for MediCall, a health care outsourcing organization here in the Philippines.

healthcare organization, responded to the call of our countrymen by providing the best resources that we have--healthcare professionals. The relief operation became a medical mission, and the volunteer company of the day concept became a multi-sectoral operation.

With just a week to plan the entire operation, our group, composed of medical and non-medical volunteers from other call centers, the VCD gave our group the privilege to serve the people of Lupang Arenda, (a community of 50,000-80,000 residents). We went as one, and we were able to setup three medical

the mission served more than 800 patients in a Gawad-Kalinga site. The group gave residents medical, dental and ophthalmological treatment provided by more than 100 volunteers from different sectors, which included the military this time.

I am grateful and forever glad to know that in times of need, there are men and women who can rise to the occasion. I was very proud to work alongside doctors and nurses who provided quality care to the residents regardless of the location and the weather condition. I was also proud to work with the non-medical volunteers who provided assistance to both

“ I am grateful and forever glad to know that in times of need, there are men and women who can rise to the occasion. I was very proud to work alongside doctors and nurses who provided quality care to the residents regardless of the location and the weather condition. ”



Arkansas' licensed registered nurses. From left is Jeska Alnajes. Beside her (at the back) is Gerard Santos. Beside Gerard (4th from left) is Chrishna Garcia.

Three weeks after the typhoon Ondoy (Ketsana) devastated our country, the Business Processing Association of the Philippines (BPAP) and the Philippine National Red Cross (PNRC) launched a project called the Volunteer Company of the Day (VCD) Program. It is a series of volunteer work sponsored by the VCD, with an aim of providing relief operations to victims utilizing the existing resources of the company such as employee volunteers or donation. MediCall, being a

units and one surgical station. We served more than 900 patients with nearly 200 volunteers. For the most part, the patients served were not only treated but comforted to some degree. I saw the genuine gratitude of the people from Lupang Arenda as we were the first and only group to give them a medical mission as of this writing. The overwhelming need for medical assistance prompted us to launch another medical mission a month after this mission. This time,

residents and health care volunteers in the best way that they could. I am particularly happy more and more volunteers are signing up, and that our company made a commitment to fulfill its social responsibility through MediCall on a Mission.

Arkansas' licensed registered nurses that participated were Chrishna Garcia, Jeska Alnajes and Gerard Santos.

Again, my name is Ana, I'm a Nurse, and I'm a volunteer.

POSITION STATEMENT 95-1:

Arkansas State Board of Nursing *Scopes of Practice*

The purpose of this position paper is to identify basic guidelines which may help nurses define and evaluate responsibilities and functions in relation to various types and scopes of nursing practice. The Board of Nursing does not intend to limit developing potentials of nursing practice by listing specific tasks, functions or responsibilities associated with all types and scopes of practice. When legal questions are raised, the

Such courses of study extend and expand the knowledge base of practice and provide for supervised practice in applying new knowledge in new ways.

The parameters of the practice scopes are defined by basic licensure preparation and advanced education. Within this scope of practice, all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service

practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the ASBN Rules and Regulations. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained.

3. The delivery of healthcare services which require assessment, diagnosis, intervention, and evaluation fall within the professional nurse scope of practice.

4. The delivery of healthcare services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention, and evaluation, fall within the LPN/LPTN scope of practice.

5. The nursing decision to carry out a health care act should always include consideration of:

- A.** Degree of immediate risk to the client if the action is not carried out when appropriate professional personnel are absent.
- B.** The overall complexity of the client's healthcare problem.
- C.** The degree of invasiveness of the act. The more invasive into the anatomical or physiological integrity of a client a task or activity is, the greater the liability of the nurse and the greater the risk to the public.
- D.** The reversibility of the action.
- E.** Prompt access to medical support.
- F.** The nurse's ability to prove by documentation and appropriate knowledge and skill base that the nurse is competent to perform the act

Attachment to Position Statement 95-1

Adopted November 9, 1995

Revised May 15, 1998

“The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge.”

Board will evaluate documentation that relates to the intent of the formal program of study and acceptance of practices by the nursing profession for that program.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities.

Advanced licensure scopes of practice within nursing are also diverse. The profession of nursing generally recognizes that development of advanced practice occurs following the basic professional nursing education. Formal programs of study are designed to extend and expand upon basic registered nurse preparation.

education, and continuing education. Practice responsibility, accountability, and relative levels of independence are also expanded in this way.

It is the professional responsibility of each nurse to define their own career goals. Consistent with professional standards and regulations, each nurse has a responsibility to define and document an appropriate scope of nursing practice.

GUIDELINES

1. Educational programs that prepare nurses for basic licensure define the educational intent for the scope of basic practice. Changing curricula may expand the scope of practice of new graduates over time. Practicing nurses are expected to keep current with these changes through formal, continuing or inservice educational experiences. These experiences should be designed to evaluate and provide documentation of appropriate extensions of knowledge and practice.

2. The advanced practice nurse shall

Pressure Ulcer Prevention: WHO'S RESPONSIBLE?

Carol Compas, BSN, RN, CPHQ,
PATIENT SAFETY QUALITY MANAGER, AFMC
Dana Hill, BSN, RN,
HOSPITAL QUALITY MANAGER, AFMC

Pressure ulcers are a common and costly problem in the United States. According to the Association for Healthcare Research and Quality (AHRQ), an estimated 503,000 people were hospitalized for treatment of pressure ulcers in 2006. The related costs are enormous, both in terms of patients' health and quality of life and financially (\$11 billion in 2006).

Evidence-based research supports the finding that the majority of pressure ulcers can be prevented with a multidisciplinary approach to ensure prevention practices are in place.

In pursuit of that goal, the Centers for Medicare & Medicaid Services (CMS) launched a national effort in fall 2008 to demonstrate the importance of clinical measurement of pressure ulcers. The National Patient Safety Initiative (NPSI), which is contracted through the Arkansas Foundation for Medical Care (AFMC) and other Quality Improvement Organizations around the country, emphasizes cross-setting collaboration to improve overall patient safety.

Medicare beneficiaries' health care needs are often complex, as they are provided services from hospitals, nursing homes and other community agencies. This complexity of care leads

to the question, "Who is responsible for preventing pressure ulcers?" The answer is to create a culture of safety where everyone assumes responsibility, understands his or her role and returns to the basics of prevention.

The basics of prevention begin with standards of practice to prevent pressure ulcers and with the use of a validated risk assessment tool that measures primary risk factors for acquiring a pressure ulcer. The AHRQ guidelines recognize two tools as validated: the Braden Scale and the Norton Scale. These scales should be completed upon admission and at appointed intervals thereafter. Once completed, the results should be shared immediately with the appropriate disciplines and physician to ensure a prevention plan of care is implemented.

You must align prevention practices with each patient's primary risk factors. For example, if a patient is identified to be "at risk" for a pressure ulcer due to immobility, a culture of safety is missing if the physician's order simply includes "turn every two hours." In order to meet the needs of a patient who has a risk factor due to immobility, the minimal basics of prevention include:

- An individualized turning schedule (every two hours is a starting guide)

- Pressure redistribution mattress/cushion while in and out of bed
- Complete pressure relief on the heels
- Devices to keep bony prominences from direct contact
- Appropriate positioning off the trochanter

Past endeavors that have shown success include interdisciplinary "prevention teams" that target at-risk patients. For example, caregivers can organize a "turn team" that can be responsible for preventative care. The "turn team" can function as an extension of the physician to guide care. The goal is a culture of safety to reduce pressure ulcers, not imply that a pressure ulcer developed under another institution's care.

CMS reports Arkansas pressure ulcer quality measures on the Nursing Home Compare Web site at www.medicare.gov/NHcompare. AFMC works closely with long-term care stakeholders to emphasize the basics of prevention, pressure ulcer treatment and care coordination among all settings. AFMC has successfully recruited 100 nursing homes and 16 hospitals to be part of the NPSI workgroup. AFMC works closely with all providers, stakeholders and consumers to reach greater heights in health care quality.

On The Cover

Bottom left – L to R: Sue Tedford, MNsc, APN; Ann Lyp, APN; Jan Asbury, APN

L to R: Clayton Bergeron, UAMS nursing student; Rosa Hignight, RN ; Linda Gladden, RN; Amber Oates, UAMS nursing student

L to R: Margaret Stranel, UAMS nursing student; Cheryl K. Schmidt, PhD, RN, UAMS nursing faculty; Aurian Zoldessy, RN; Rose Lipscomb, RN; Gene Anders, LPN; Debra Davis, RN

L to R: Dusti Murphy, RN; Rebecca A. Miller, RN; Zenobia Harris, RN; Gail Bengal, ASBN
Fiscal Support Specialist





Andrea McCuien, ADMINISTRATIVE SPECIALIST II

FOLLOWING INSTRUCTIONS

CAN SAVE YOU TIME

Remember the first day of school? The teacher went over the classroom rules, and the first rule was “follow instructions.” Why? The most

Directions or instructions are modified periodically to meet the changing needs of the Arkansas State Board of Nursing.

fundamental aspect of any successful career plan is a clear understanding of the rules and procedures. When the instructions are explicitly given, the likelihood for success is greatly increased.

Directions or instructions are modified periodically to meet the changing needs of the Arkansas State Board of Nursing.

The importance of following instructions has not changed since elementary school.

For the month of October, the board returned 73 applications for various reasons. Some of the reasons are as follows.

- No signature on money orders, cashier checks, checks or credit card forms
- Incomplete applications--no notary, no declaration of primary state of residence, questions not answered
- Incorrect fee amounts –when you do not have the updated forms, then you may end up paying an incorrect amount or the money orders or checks are made out to the wrong entity

These mistakes may cause us to send the documents back to you, which may result in late charges or delays in the application process.

Please check to make sure you have done the following when submitting information to the Arkansas State Board of Nursing.

- Have you filled out the application completely?
- Are the checks, money orders, or cashier checks, made out to the correct entity?
- Are the applications or form of

payment signed by the purchaser?

- Is your mailing address and contact number current?
- Are the forms current? Current forms are on our Web site, www.arsbn.org, under the Forms link
- Did you keep the receipt portion of your money order or cashiers check?
- If applicable, has the form been notarized?

It is very important that you read and follow instructions. However busy we may be, taking a minute to read the instructions can actually save you time.

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Friday, Apr 23 – Cabo San Lucas, Mexico
Saturday, Apr 24 – Fun Day At Sea
Sunday, Apr 25 – Los Angeles (Long Beach), CA

Presented by thinkaboutitnursing in association with the Arkansas State Board of Nursing

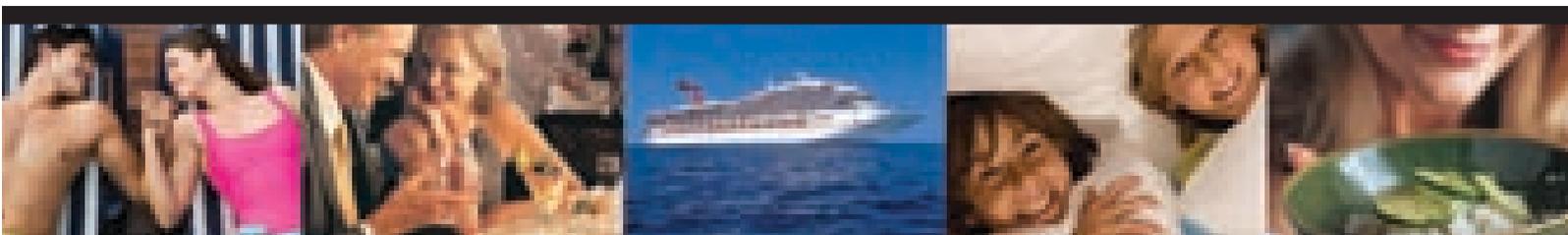
Who said Continuing Education can't be fun? We are changing that forever. Join ThinkAboutItNursing and Poe Travel for a CE Cruise that will cure your overworked blues with some salsa and sun on Carnival's newest, biggest ship- Splendor. While you're touring the Mexican Riviera, you can earn your annual CE credits AND possibly write the trip off on your taxes. How is that for paradise?

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#1

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Center for Regulatory Excellence Research Program Announces Application Deadline of March 1, 2010

The National Council of State Boards of Nursing (NCSBN) Center for Regulatory Excellence Grant Program announces a deadline of March 1, 2010, for application submissions for its third funding cycle. To be eligible for funding grants, applicants must either be a member board of NCSBN, or a professional organization, state agency or individual interested in the advancement of nursing regulation.

The Center for Regulatory Excellence Grant Program funds innovative projects that can have

measurable impact on nursing regulation and can create meaningful change. Research priorities include: patient safety; practice (licensed practical/vocational nurses [LPN/VN], registered nurses [RN] and advanced practice registered nurses [APRN]); nursing education; continued competence; discipline and alternatives to discipline; and national and international portability.

Grant awards have a \$300,000 per project limit. The deadline for the 2010 Center for Regulatory Excellence Grant Program submissions is March 1, 2010.

Since the Center for Regulatory Excellence Grant Program began in 2007, it has awarded nearly \$5 million in grants.

For additional information, contact the NCSBN at 312.525.3600

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories - American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also four associate members.

Little Rock GRECC presents GERIATRIC MEDICINE Update

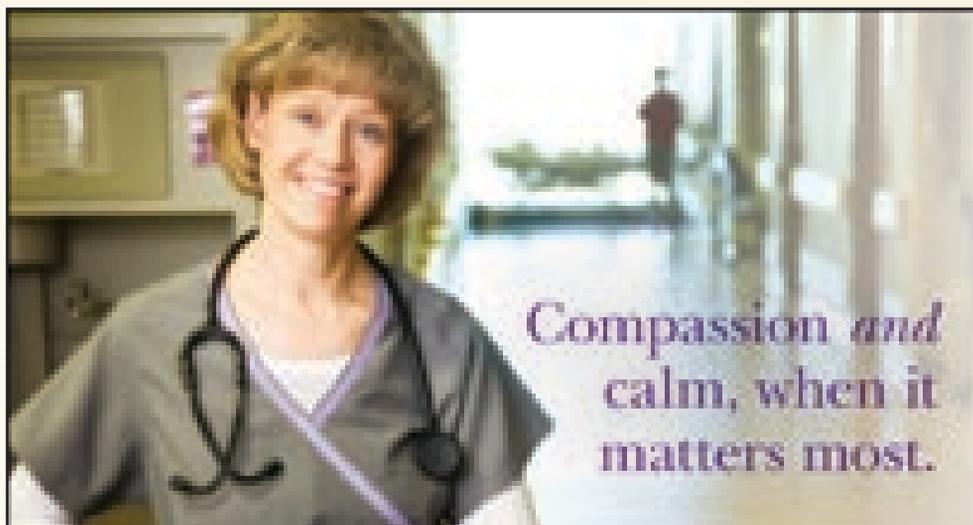
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To register call: 501-661-7962 or register online at <http://cmetracker.net/UAMS/doPostCatalog.htm>.

Program details will soon be at
www.littlerockgrecc.org



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MISSOURI JOINS THE COMPACT

On June 1, 2010, Missouri will be the 24th state to join the Nurse Licensure Compact (NLC). Arkansas has been a member of the compact since 2000 and was the fourth state to enact the compact agreement.

The NLC is an agreement between participating states to mutually recognize each other's RN and LPN/LVN licenses. It allows nurses to hold a license in the compact state in which they reside and practice in that state as well as any other compact state. For example, a nurse with a compact (multi-state) Arkansas license

can work in any compact state such as Texas, Tennessee or Mississippi but cannot use the Arkansas license to work in a non-compact state such as Oklahoma, Louisiana or Florida. In order to work in a non-compact state, the respective Board of Nursing must issue the nurse a license. Nurses changing their primary state of residence from one compact state to another, i.e. moving from Texas to Arkansas, may work on their Texas license in Arkansas for 30 days. If 30 days pass and the Board of Nursing has not issued an Arkansas license, then the nurse must

cease to practice as the original compact state license becomes invalid.

Nurses who live in Missouri and work in Arkansas have always held an Arkansas license. With the implementation of the Missouri compact on June 1, these nurses will be required to obtain a Missouri license and place their Arkansas license on inactive status.

You can find a current map of participating compact states at <https://www.ncsbn.org/158.htm>. As additional states pass legislation and implement the NCL, the map is updated.

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8:00 a.m.	Registration
8:30 a.m.	Introduction
9:00 a.m.	Infection Control
10:00 a.m.	Break
10:15 a.m.	Scope of Practice
11:00 a.m.	Going Green
12:00 p.m.	Lunch
12:45 p.m.	Professionalism
1:30 p.m.	Recognizing Unprofessional Conduct
2:30 p.m.	Break
2:45 p.m.	NCLEX®

Dates and Locations

February 17	Baptist Health School of Nursing 11900 Colonel Glenn Road, Little Rock
March 3	East Arkansas Community College - Lecture Hall 1700 Newcastle Road, Forrest City
October 20	Baxter Regional Medical Center 624 Hospital Drive, Mountain Home
November 10	Baptist Health School of Nursing 11900 Colonel Glenn Road, Little Rock

Continuing education awarded is 6.0 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.0 contact hours. Application for CE Approval has been submitted to Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. E-mail info@arsbn.org if you have questions.

REGISTER ONLINE AT WWW.ARSBN.ORG

REGISTRATION FORM

Mail completed registration form and \$45.00 registration fee (in-state check or money order) to ASBN, 1123 South University, Suite 800, Little Rock, AR 72204. Registration must be received one week prior to workshop.

Check date you plan to attend: [] February 17 [] March 3 [] October 20 [] November 10

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CREATING A CULTURE OF SAFETY: That's the goal of the Centers for Medicare & Medicaid Services' (CMS) National Patient Safety Initiative (NPSI).

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THIS MATERIAL WAS PREPARED BY THE ARKANSAS FOUNDATION FOR MEDICAL CARE INC. (AFMC), THE MEDICARE QUALITY IMPROVEMENT ORGANIZATION FOR ARKANSAS, UNDER CONTRACT WITH THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), AN AGENCY OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE CONTENTS PRESENTED DO NOT NECESSARILY REFLECT CMS POLICY.

PROFESSIONAL BOUNDARIES

*A Guide To the Importance of Appropriate Professional Boundaries
Courtesy of the National Council of State Boards of Nursing*

As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally, and promote the clients' independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client's expense and refrains from inappropriate involvement in the client's personal relationships.

Professional boundaries are the spaces between the nurse's power and the client's vulnerability. The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.

Boundary violations can result when there is confusion between the needs of the nurse and those of the client. Such violations are characterized by excessive personal disclosure by the nurse, secrecy



or felt by the client until harmful consequences occur.

Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless, or even purposeful if done to meet a special therapeutic need. The nurse can return to established boundaries after a boundary crossing, but he or she should evaluate the crossing for potential client consequences and implications. Repeated boundary crossings should be avoided.

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing, or reasonably interpreted as sexual by the

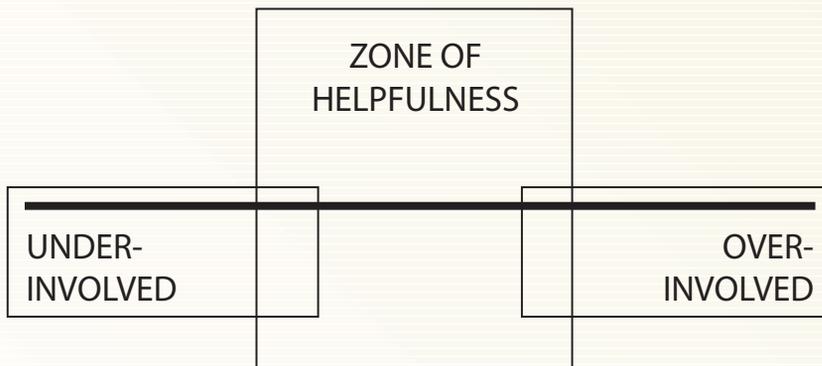
client. It is a breach of trust.
A Continuum of Professional Behavior

A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum; this includes boundary crossings, boundary violations, and professional sexual misconduct.

Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and it can be detrimental to the client and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating professional-client interactions. For each situation, the facts should be reviewed to determine whether the nurse was aware that a boundary crossing occurred and why. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the client's best interest? Did it optimize or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented? Some Guiding Principles for Determining Professional Boundaries and the Continuum of Professional Behavior

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of helpfulness.
- The nurse should examine any



or even a reversal of roles. Boundary violations can cause distress for the client, which may not be recognized

client. Professional sexual misconduct is an extremely serious violation of the nurse's professional responsibility to the

boundary crossing, be aware of potential implications, and avoid repeated crossings.

- Variables such as the care setting, community influences, client needs, and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where the nurse has a personal or business relationship, as well as a professional one.
- Post-termination relationships are complex because the client may need additional services and it may be difficult to determine when the nurse-client relationship is truly terminated.

Questions & Answers

What if a nurse wants to date or even marry a former patient? Is that considered sexual misconduct?

The key word here is former, and the important factors to consider when making this determination are:

- What is the length of time between the nurse-client relationship and the dating?
- What kind of therapy did the client receive? Assisting a client with a short-term problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to, and how will that affect the future relationship?
- Will the client need therapy in the future?
- Is there risk to the client?

Do boundary violations always precede sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. Extreme sexual misconduct, such as assault or rape, is not only a boundary violation, it is criminal

behavior.

Does client consent make a sexual relationship acceptable?

Regardless of whether the client consents or initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship that puts the nurse's needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

How can I identify a potential boundary violation?

Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their client relationships for possible boundary crossings or violations:

- Excessive self-disclosure - The nurse discusses personal problems, feelings of sexual attraction, or aspects of his or her intimate life with the client.
- Secretive behavior - The nurse keeps secrets with the client and/or becomes guarded or defensive when someone questions their interaction.
- "Super nurse" behavior - The nurse believes that he or she is immune from fostering a non therapeutic relationship and that only he or she understands and can meet the client's needs.
- Singled-out client treatment or attention to the nurse -

The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty, or trades assignments to be with the client. This form of treatment may also be reversed, with the client paying special attention to the nurse, e.g. giving gifts to the nurse.

- Selective communication - The nurse fails to explain actions and aspects of care, reports only some aspects of the client's behavior, or gives "double

messages." In the reverse, the client returns repeatedly to the nurse because other staff members are "too busy."

- Flirtations - The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes, or offensive language.
- "You and me against the world" behavior - The nurse views the client in a protective manner, tends not to accept the client as merely a client, or sides with the client's position regardless of the situation.
- Failure to protect the client - The nurse fails to recognize feelings of sexual attraction to the client, consult with a supervisor or colleague, or transfer care of the client when needed to support boundaries.

What should a nurse do if confronted with possible boundary violations or sexual misconduct?

The nurse needs to be prepared to deal with violations by any member of the health care team. Client safety must be the first priority. If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements, as well as the grounds for discipline, and they are expected to comply with these legal and ethical mandates for reporting.

What are some of the nursing practice implications of professional boundaries?

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries, and establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur.

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 ACA §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 impaired-nurse contract with an employer 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 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.

PROBATION		SUSPENSION	
<i>Anglin, Leta Ann Bennett</i> L24732, Little Rock A.C.A. §17-87-309(a)(2),(4)&(6) Probation – 2 years Civil Penalty – \$1,000	<i>Dodson, Monica Christine Reyes</i> L33273, Russellville A.C.A. §17-87-309(a)(4)&(6) Probation – 1 year Civil Penalty – \$500	<i>Ingram, Linda Marie Wade</i> L31296, Crossett A.C.A. §17-87-309(a)(6) Probation – 2 years Civil Penalty – \$2,000	<i>Partridge, Vickie Kathleen Linam</i> R52509, Little Rock A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$500
<i>Bell, Cheryl Rae</i> R15159, Elkins A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$500	<i>Donigan, Marilyn Michelle</i> L47905, Dumas A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$800	<i>Jackson, Belinda Kay Gardner Beach</i> L41880, Stuttgart A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$1,200	<i>Young, Heather Louise Moore</i> R56614, Bryant A.C.A. §17-87-309(a)(2),(4),(6)&(9) Probation – 1 year
<i>Bowen, Benjamin Price</i> R84652, Little Rock A.C.A. §17-87-309(a)(1),(2)&(4) Probation – 1 year	<i>Eidt, William Daniel</i> R76887, White Hall A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years	<i>Jones, Gary Rae</i> A03024, R79505, PAC02932, Oronogo A.C.A. §17-87-309(a)(6) Probation – 1 year	<i>Sanchez, Donna Sue</i> L49579, Paragould A.C.A. §17-87-309(a)(2) Probation – 1 year
<i>Boyette, Chris Nichols Lands Nichols</i> R49766(exp), Perryville A.C.A. §17-87-309(a)(4)&(6) Probation – 4 years Civil Penalty – \$2,500	<i>Farris, Casey Morgan Rainey</i> R82518, L45815, Magnolia A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$500	<i>Kinney, Kathern Lee Storms Cagle</i> L29437(exp), Coal Hill A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty – \$1,000	<i>Schalchlin, Annette L. Weisner</i> L42582, Alexander A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$1,000
<i>Branson, April Rena</i> LPN Endorsement Applicant, Rogers A.C.A. §17-87-309(a)(1),(2),(4),(6)&(7) Probation – 3 years Civil Penalty – \$1,500	<i>Free, Jonathan Porter</i> R76842, Alexander A.C.A. §17-87-309(a)(4)&(6) Probation – 1 year Civil Penalty – \$500	<i>Lawson, Holly Aleece</i> L48705, Harrisburg A.C.A. §17-87-309(a)(2),(4)&(6) Probation – 1 year	<i>Sessler, Charlotte Lee Robertson Betz Renard Cook Robertson</i> L38169, Mena A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty – \$1,000
<i>Brockwell, Sarah Catherine Lucas</i> L40098, Crossett A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$1,500	<i>Green, Jamie Denise</i> R77827, Cabot A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty – \$2,100	<i>Lindler, Krystal Jamie</i> L49551, Jacksonville A.C.A. §17-87-309(a)(1)&(4) Probation – 1 year	<i>Smith, Alpha Sun Smith Wilkinson</i> R69752(exp), Fort Smith A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty – \$1,000
<i>Brown, April Lynn Montgomery</i> R44901, Hot Springs A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$500	<i>Gully, Crystal Ann Patterson</i> L42553, Fayetteville A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years Civil Penalty – prev.bal.	<i>McAuliffe, Kristi Dean McCurry</i> R56043, L34557(exp) A.C.A. §17-87-309(a)(4)&(6) Probation – 2 years Civil Penalty – \$1,000	<i>Smith, Nicole Lynn</i> L48170, North Little Rock A.C.A. §17-87-309(a)(6) Probation – 2 years Civil Penalty – \$1,700
<i>Carter, Vickie Lynn McCarley Setzler</i> R56180, L31439, Tuckerman Probation Non-Compliance Probation – 18 months	<i>Hice, Diane Michelle Lawrence Freeman</i> R67082, Springdale A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years Civil Penalty – \$1,500	<i>Miller, Julie France</i> R18444, Little Rock A.C.A. §17-87-309(a)(4),(6)&(9) Probation – 3 years	<i>Stephens, Carla Sue</i> L47682, Fort Smith Probation Non-Compliance Probation - add'l 6 months Civil Penalty – \$250
<i>Conway, Robert Earl</i> R63649, L18341(exp), Eureka Springs A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$500	<i>Honour, Charlayne Brooks Jones Walls</i> R40303, Crossett A.C.A. §17-87-309(a)(6) Probation – 3 years Civil Penalty – \$2,500	<i>Neal, Emily Kay Knoll</i> R55350, Stuttgart A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$950	<i>VanTassel, Pamela Kay VanTassel Edgar</i> R51611, Sherwood A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$500
<i>Daniel, Angela Christine Ward</i> R69605, Texarkana A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years Civil Penalty – \$1,500	<i>Huey, Mary Jane Teed Ramsay</i> R23896, Little Rock A.C.A. §17-87-309(a)(4)&(6) Probation – 3 years Civil Penalty – \$3,500	<i>Nix, Angela Kay Johnson</i> L38042, Crossett A.C.A. §17-87-309(a)(6) Probation – 1 year Civil Penalty – \$1,300	<i>Woods, Alice Lee Wright</i> L24639, Crossett A.C.A. §17-87-309(a)(6) Probation – 2 years Civil Penalty – \$2,000
			<i>Robinson, Kenneth Bernard</i> R54385, L26538(Inactive), North Little Rock Letter of Reprimand Non-Compliance Suspension – until terms are met
			<i>Reed, Sunny Leigh Crow</i> R55891, Pearcy Probation Non-Compliance Suspension – 3 years, followed by Probation – 2 years Civil Penalty – \$3,475
			<i>Taylor, Traci Michelle</i> L48194, Crossett A.C.A. §17-87-309(a)(2),(4)&(6) Suspension – 3 years Civil Penalty – \$2,870
			<i>Vail, Tracey Elizabeth</i> R43531, Fayetteville Probation Non-Compliance Suspension – 2 years, followed by Probation – 2 years Civil Penalty – \$2,000
			<i>Vogelpohl, Angela Marie Anderson Francis</i> R69207, L39508(exp), Benton Probation Non-Compliance Suspension – 1 year, followed by Probation – 3 years Civil Penalty – \$2,000
			<i>Warren, Rhonda Leigh Runnells</i> L44637, North Little Rock Probation Non-Compliance Suspension – 2 years, followed by Probation – 2 years Civil Penalty – \$2,625

Continued on next page

VOLUNTARY SURRENDER

Barron, Vera Virginia Foster
L21734, Jonesboro
October 27, 2009

Brashier, Lonny Owen
R81077, Fort Smith
October 19, 2009

Caillouet, Terri Linn Larsen
R56461, Fayetteville
November 21, 2009

Davis, Dianna Lynn Grimmett
L31652, Colcord, OK
November 3, 2009

Green, Misty Don Stevens Darr
R64701, L38016 (expired),
North Little Rock
September 21, 2009

Hannaman, Jennifer Ann Block
R68495, L36559, Mena
October 15, 2009

Keen, Brenda Kay Lee
L31315, Crossett
October 23, 2009

Lensing, Michelle R.
R4490, Fort Smith
November 9, 2009

McGee, Kristi
L46687, Batesville
September 25, 2009

McManus, Susan Lorene Jackson
R68769, Walnut Ridge
October 23, 2009

Marsh, Michael Richards
L37948, Fort Smith
October 5, 2009

Moore, William Scott
R49296, Maumelle
September 25, 2009

Peavey, Carolyn Ruth Honeycutt
L23164, Alexander
October 23, 2009

Simmons, Darlene Ruth
R80813, Eureka Springs
November 12, 2009

Smith, Steven Rodney
L35599, Pine Bluff
October 5, 2009

Tubbs, Shonna Leandra
L46853, Cash
October 14, 2009

Vinson, Sharon Kay McCarty
L30346, Quitman
October 14, 2009

Zaubrecher, Bridgett Mechille
L44404, Centerton
November 9, 2009

REINSTATEMENTS WITH PROBATION
Goodnight, Stacie Lynn Kelnhofer
L33798, Star City
Reinstate to Probation - 1½
years
September 28, 2009

REINSTATEMENTS

Webb, Lakeela Shanell
L39348, Sherwood
October 19, 2009

REVOCAION

Wall, Jordan Henderson
R40301, Lonoke
A.C.A. § 17-87-309(a)(2)&(6)
September 16, 2009

REPRIMAND

Bajorek, Margaret Teresa
L37599, Jacksonville
A.C.A. §17-87-309(a)(1),(6),
§17-87-207(c)(2) and Rules
Civil Penalty - \$250
August 21, 2009

Bigelow, Lesley Ann Yingling
Rowland Yingling
R63576(exp), Searcy
A.C.A. §17-87-309(a)(6)
July 2, 2009

Holt, Judy Jeanette
R56681(exp), L30081(exp),
T01664(exp), Benton
A.C.A. §17-87-309(a)(6)
June 30, 2009

Ingerson, Polly Anne Smith
Emmons Watson Emmons
R28900, Elkins
A.C.A. §17-87-309(a)(6)
September 9, 2009

Jackson, Cynthia Elaine Turner
R25892, Batesville
A.C.A. §17-87-309(a)(6)
September 16, 2009

Johnson, Phyllis Lanora Smith
Fountain
L40715, Hope
A.C.A. §17-87-309(a)(1)&(6),
§17-87-207(c)(2) and Rules
Civil Penalty - \$750
August 21, 2009

Lancaster, Stephanie Ruth Dicus
Cox
L26860, Hot Springs
A.C.A. §17-87-309(a)(1)&(6),
§17-87-207(c)(2) and Rules
Civil Penalty - \$1,000
July 30, 2009

McAdoo, Lakesha Deone
R83760, Benton
A.C.A. §17-87-309(a)(1)&(2)
July 30, 2009

Morgan, Stephanie Carol Earnest
Dixon
R83983, L39965, Sherwood
A.C.A. §17-87-309(a)
(1),(2)&(6)
July 8, 2009

O'Neal, Berenda Kay
L46962, Oakland
A.C.A. §17-87-309(a)(6)
August 6, 2009

Pierce, Julie Carol Shores
R67125, Edgemont
A.C.A. §17-87-309(a)(6)
August 3, 2009

Spellman, Meoshi Meon
L49018, Hope
A.C.A. §17-87-309(a)(1)&(2)
July 30, 2009

Taylor, Teresa Michelle
R80961, England
A.C.A. §17-87-309(a)(6)&(9)
July 20, 2009

Vasser, Rosie Mae
L49202, North Little Rock
A.C.A. §17-87-309(a)(1)&(2)
August 21, 2009

PROBATIONARY STATUS REMOVED

Broach, Stacy Lynn Wagner
Hulse
L32568, Pine Bluff
November 14, 2009

Burns, Lisa A. Ruth
R52744, Hope
November 14, 2009

Evans, Angela Carol Britt Hooks
L33904, Prescott
September 25, 2009

Hewitt, Stacy Lee Bartram
Morris Krueger Short Hewitt
L35306, Carlisle
October 27, 2009

Kline, Gabrielle Dawn
R80670, Fayetteville
October 29, 2009

Kunath, Katherine Ilene
Davidson
L44225, Flippin
November 14, 2009

Melton, Susan Leann Davis
Nichols
R41200, Benton
November 14, 2009

Mooney, Maegan Leigh Bowden
Wood
R69923, Sheridan
November 14, 2009

Moore, Linda Faye Miller
R13512, Little Rock
November 14, 2009

Morgan, Donna Rene Blackwood
R43339, Magnolia
November 16, 2009

Rodriquez, Jo Ann Elizabeth
Miller
L35659, Magazine
September 25, 2009

Russell, Stephanie Paige Sturch
Winston
L38176, Jonesboro
November 14, 2009

Smith, Cynthia Gayle Smith
Brown
L38054, Fordyce
November 14, 2009

Snyder, Penny Jo Mullen
R26647, Cave City
November 14, 2009

Spencer, Joy Elise Bales
R52743, Hot Springs
November 14, 2009

White Carrie Joy
R54497, Little Rock
November 14, 2009

LICENSURE GRANTED

Evans, Constance Renee
NCLEX-RN Applicant, Benton
November 19, 2009

BEST PRACTICES SOUGHT

The Arkansas State Board of Nursing is seeking examples of best practices in patient care to share with the readers of the ASBN Update. Best practices may involve nursing in any practice setting. For more information contact LouAnn Walker at 501.686.2700 or lwalker@arsbn.org



PUBLIC HEALTH NURSES

Public health nurses devote themselves to the health and well-being of the communities they serve by educating them in beneficial health practices and disease prevention. This has been



especially true this year, as these nurses have given an unprecedented number of immunizations. For the first time in history, the Arkansas Department of Health offers two flu vaccines, seasonal and H1N1.

Public health nurses often work as a team with other public health professionals and volunteers, and the organized teamwork was evident as I took photographs at one of the mass flu clinics in Little Rock. The ADH is holding clinics throughout the state, with at least one held in every county between now and Jan. 9.

Aurian Zoldessy, BSN, RN, Arkansas Department of Health CLPH Patient

Care Director, provides the following information and statistics as of December 10:

- ADH has held two rounds of mass flu clinics in 2009; the first on Oct. 29, 30 and 31 (94 sites); and the second Dec. 7 through Jan. 9 (88 sites). Clinics were held in all 75 counties, some counties holding clinics at two sites.
- See the chart below for the first round of 2009 mass flu clinics. The seasonal flu vaccine was available to anyone who wanted it. However, because of the scarcity of H1N1 flu vaccine at the time, it



was limited to pregnant women, children 6 months to 4 years and 5 years to 18 years with underlying medical conditions.

- At the 2008 mass flu clinics, 123,172 doses of seasonal flu vaccine were administered, and the first round of mass flu clinics this year surpassed that number by more than 26,000.

- See the chart below for the second round of 2009 mass flu clinic numbers. During the second round of clinics, the H1N1 flu vaccine is available to anyone who requests it.



- As of Dec. 10, 2009, there have been 22 deaths in Arkansas from H1N1 flu. There is no way to state how many cases of H1N1 flu have occurred in Arkansas because many people are not very ill and do not go to their health care provider. Even if they do go, the health care provider does not usually perform a culture. However, there have been 1,107 lab confirmed tests reported by the ADH lab, though other labs also perform H1N1 testing.

Thank you public health nurses for helping to keep Arkansas citizens healthy by being one of our first lines of defense in responding to disease prevention and outbreaks.

2009 SCHOOL CLINICS AND MASS FLU CLINICS AS OF DECEMBER 10, 2009

	Seasonal	H1N1	Total Seasonal & H1N1
Total School Doses	160,613	124,728	285,341
Total 1st round of Mass Flu Doses	150,356	22,891	173,247
Total 2nd round of Mass Flu Doses	13,511	33,481	46,992
Grand total at schools and mass clinics	324,480	181,100	505,580

Targeted Networking The "NEW" Classifieds

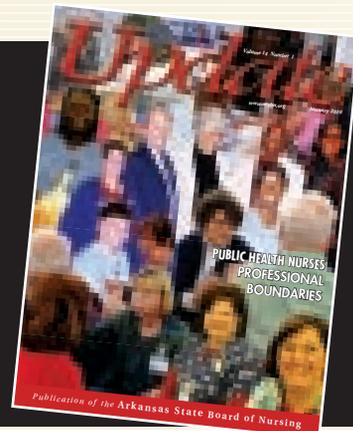
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- Previous ICU or burn experience preferred for Burn Center position



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