



ASBN

Volume 13 Number 6

November 2009

Update

www.arsbn.org



FAQs- H1N1

**NEW PROJECT AIMS TO
REDUCE CHILDHOOD
INJURIES**

SEE PAGE 5 FOR DETAILS

A circular logo for the 7th Annual Nursing Expo. The text inside the circle includes "www.thinkaboutitnursing.com", "7th Annual", "NURSING EXPO", "DEC. 5th 2009", and "Clear Channel Metroplex • Little Rock". The word "NURSING" is in large, bold, red letters with a white outline, and "EXPO" is in smaller, bold, white letters below it.

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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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edition 41

C o n t e n t s

Executive Director's Message • 4

7th Annual Nursing Expo • 5

President's Message • 6

Board Business • 7

Letter From the Editor • 11

Nurse Regulators Meet for 2009 NCSBN Annual Meeting • 12

APNs-It's Licensure + National Certification = Practice • 14

FAQs - H1N1 • 15

Arkansas State Board of Nursing Position Statement 00-1 - Administration of Medications and/or Treatments • 21

The Disciplinary Hearing will Go On Without You • 22

New Project Aims to Reduce Childhood Injuries • 26

Disciplinary Actions • 27

Continuing Education Audits • 28

Give Your E-check Payment a Second Glance • 29

Amy Kelley, RN, with five-week old Sawyer Keith Kelley, grandson of Faith Fields, ASBN's executive director, and Lisa Martin, APN, from Conway Children's Clinic.



The *ASBN Update's* circulation includes over 48,000 licensed nurses and student nurses in Arkansas.





NURSES MUST TAKE THE LEAD

We've certainly heard a lot about health care reform in the last few months. Places across the country held town hall meetings to allow legislators to hear from their constituents regarding pros and cons of the various plans proposed to date. I don't know about you, but I've heard a lot of things said that really need to be checked out on snopes.com. In case you are unaware, snopes.com is one of the Internet's most trusted authorities on rumors, hoaxes and other folklore. It has amazed me at what lengths some will take to rally the troops in dissent of something we all know needs to happen. Health care could use a change. Now, I'm not suggesting any particular plan or what should or should not happen. I'll leave that to you and discussions with your senator or congressman! I did like the article someone sent me that was written by Sandy Summers, titled "Reform Won't Work Without Strengthening Nursing." She says, "Nurses could do far more to improve our health if we let them. With more resources, community health nurses and school nurses could prevent or better manage many illnesses, such as diabetes and heart disease, vastly decreasing the burden these illnesses place on hospitals. Nurses would also provide most of the care in responding to an epidemic like the H1N1 flu."

She goes on to say, "We can do better. We should support reform proposals that increase funding for nursing, promote adequate nurse staffing and recognize the central role of nurse practitioners in the future of health care. But lasting change actually starts at a level that is deeper than legislation. Reform requires changing how we think about nursing. Nurses must take the lead, and convey the nature of their work to the public and key decision-makers." Amen sister, preach on! And so should we...

Another event that marked the beginning of fall this year was the birth of my grandson. What an extraordinary miracle birth is! My daughter and I have had the talk about how she can gently let me know that I am grandmothering a little too much! Anyway, Amy gave my son-in-law, Keith the ultimate present on his birthday this year...a son. Congratulations to them both! Weighing in at seven pounds, nine ounces, Sawyer Keith Kelley, whom I have referred to as "the blessed one" for the past nine months, joined us in the flesh at Conway Regional Medical Center on September 14. The 4-D ultrasound did not do justice to the beauty of this small miracle of an angel. Dr. Cole said he was the most beautiful child he had ever delivered. I agreed!

A huge thank you goes out to all the nurses in Labor & Delivery, post-partum and the nursery at Conway Regional. Thank you for being a part of our lives and for taking such good care of some of the most important people in my life. You are angels yourselves! In case you wondered who he looks like, take a look at the cover of this issue of the ASBN Update. I think you might agree that he is simply the cutest baby ever born. Well, except for your children and grandchildren. But you know what "they" say, beauty is in the eye of... Until next year, let us know if we can assist you in any way.

God bless you!



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CONTEMPLATE YOUR NAVEL



Over the past seven years, I have had the opportunity to serve the people of Arkansas on

the Arkansas State Board of Nursing. Entering my eighth and final year on the board, it is a great honor to serve as president. My first assignment as president was to write this column; something that does not come easy for me. However, I'd like to share with you "a past that we cherish, a present that is changing and a future that is challenging." So I thought I would take time to look backward as I prepare to move forward.

When I think of the past and the things I cherish, I can't help but think of the people who crossed my path and influenced me to enter nursing. Nursing was not my first career. I was a high school geometry and algebra teacher before entering nursing. However, I had two wonderful professional nurses that God used to redirect my path. One who showed me options in nursing education and the other modeled the role of the nurse practitioner, which led to my dream to do the same. Through the years, there have been many other nurses who mentored me and helped shape my nursing career and me. Many of the same nurses have directed and shaped nursing here in Arkansas, across the nation and around the world. Arkansas is very fortunate to have the nursing leaders we have. It has been said several times, but I will say it again. Arkansas may be at or near the bottom of the list for several things, but when it comes to nursing, Arkansas is at the top. This is due to the quality

of nursing leadership we have. I am very fortunate to have had the opportunity to work with such talented, professional nurses. So I do have a wonderful past, and it is one that I cherish.

When we think of the present, boy, are things changing. Since I have been on the board of nursing, there have been many changes. Some were easy to adjust to, and I'm still trying to adjust to some. As nurses, you have experienced some of these changes. For example, how you are notified for your license renewal has changed. We are now able to receive criminal background check results electronically. This shortens the time required to issue a license to Arkansas nurses. Technology is helping make the office more efficient and "green." Thanks to the leadership of the board's administration and staff, the board meetings are, for all practical purposes, paperless. One of these days, the entire office will be paperless. Technology will continue to be incorporated to make information available to the public and to help the board of nursing carry out its public protection mission.

The future: What a challenge! Arkansas is no different from any other state as we look to the future of nursing, regulation and health care in general. One of the biggest challenges our nation faces is health care reform. Nursing has the opportunity to make major advances in health care through this reform effort. More than ever, nursing is being invited to the table for the major discussions regarding health care. We need to ensure nurses are at the table here in Arkansas

when changes in health care and regulation are being discussed. To do that, we need more nurses to step forward and offer their expertise. As mentioned earlier, Arkansas is blessed with many nursing leaders; however, they can't do it all. If we want Arkansas to continue to be at the top of nursing, we need more of you to step forward to take up the challenge and move it forward. This can be done through your professional nursing association, through committees with the board of nursing, through working with your local legislators on health care issues or even running for state office. We need all kinds of leaders to advance nursing and regulation in this state.

I have recently started work on my doctorate in nursing practice degree at the University of Tennessee for Health Science Center College of Nursing. I was very pleased to see a number of my colleagues also working on their DNP degree. This is one of the biggest challenges in my life right now. One of our professors advised us to do one thing as we began our course of study. That was to take time to contemplate our navel. At first I had to stop and think what she meant by that. Then I realized I was doing exactly what she advised. Stop and think. So I advise you to contemplate your navel, stop and think about what it is in nursing that you cherish, how it is changing, and what are the challenges you will be facing. The next question would be what you are going to do about it?

I look forward to this next year to serve as the president of the Arkansas State Board of Nursing. Until next time...

Board Business

President Kathy Hicks presided over the disciplinary hearings held on September 16 and the business meeting held on September 17. Highlights of Board actions are as follows:

- Granted continued full approval to
 - o Jefferson Regional Medical Center School of Nursing, Pine Bluff, Diploma Registered Nurse Program, until the year 2014
 - o Rich Mountain Community College, Mena, Practical Nurse Program, until the year 2014
- Granted prerequisite approval to Southern Arkansas University, Magnolia, Bachelor of Science in Nursing Program
- Denied prerequisite approval to ITT Technical Institute, Little Rock, Associate of Nursing Degree Program
- Modified Position Statement 94-01, IV Conscious Sedation, language on limiting the administration of moderate sedation by registered nurses
- Formed a committee to discuss disciplinary procedures
- Elected officers for 2009-2010:
 - President – Darlene Byrd, APN
 - Vice president – Lori Eakin, LPN
 - Secretary – Brenda Murphree, RN
 - Treasurer – Cynthia Burroughs, Consumer Representative

BOARD MEETING DATES

NOVEMBER 18	WEDNESDAY	HEARINGS
NOVEMBER 19	THURSDAY	HEARINGS
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

The ASBN presented board members whose term expired in October with plaques at the September business meeting.



Cassandra Harvey, RN; Faith Fields, MSN, RN, ASBN Executive Director



Lori Eakin, LPN; Kathy Hicks, RN



Peggy Morgan, LPN; Kathy Hicks, RN

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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
Angela Shupert	L37543
June Elizabeth Sivils	L30290
Della Williams	L28175
Sally F. Williams	L26287



BOARD MEMBERS - Seated, L to R: Peggy Morgan, LPN; Kathy Hicks, RN; Lori Eakin, LPN, Vice President; Darlene Byrd, APN, President. Standing, L to R: Roger Huff, LPN; Cathleen Shultz, RN; Brenda Murphree, RN, Secretary; Doris Scroggin, RN; Cassandra Harvey, RN; Sandra Priebe, RN; Clevesta Flannigan, LPN; Gladwin Connell, Rep. of the Older Population; Cynthia Burroughs, Consumer Rep, Treasurer.



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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:
 NURSING COMPASSION
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 Little Rock, Arkansas 72222
 Or email: sramsel@pcipublishing.com



2009 Nursing Compassion Award Winner: [Name], [Hospital]



Nurses – Save the Date

November



- National Hospice Month
- American Diabetes Month
- Great American Smokeout: 20th

December



- 7th Annual Nursing Expo: Dec. 5th Clear Channel Metroplex, 9a-3p

- Merry Christmas!

January



- Happy New Year!

February



- Valentines Day
- Arkansas Heart Month
- Women's Heart Health Wk
- Patient Recognition Wk



LETTER FROM THE EDITOR

Fall greetings to everyone! This month I'm providing information on a variety of topics.

PAPERLESS OR "CARDLESS" LICENSE SYSTEM

Looking into next year, we will join several other states that have already ceased issuing wallet license cards. While some view the license cards as proof of a licensee's ability to practice, the truth is that wallet license cards are subject to fraud, loss and identity theft. The change will increase public safety by compelling health care employers to verify license status using the Board's online or telephone verification system. Another plus is the reduction of paper costs, postage costs and errors associated with the printed license cards. The renewal process will remain the same, but you will not receive a paper license in the mail after you renew. Licensees who wish to have physical evidence of their licensure will be able to print documentation from the Board's Web site. An exact implementation date has not been set, so stay tuned!

ASBN REGISTRY SEARCH AND STATUS WATCH

Recently put into service by the ASBN is the Status Watch and Notification system. The PUSH technology makes available subscriptions to employers whereby the Board sends electronic notification any time the license status of nurse employees changes, including license renewal or disciplinary action. Our Web site has more information on this easy-to-use-system.

WEB SITE

We will soon be launching a new Web site. It will be at the same Web address, www.arsbn.org, but will have a new style, be more user friendly, have photos and multiple ways to find what you want on the

site, including searching the site with the search bar.

NURSING SHORTAGE

As many of you know, the Board collects information, upon licensure renewal, of workforce data for research regarding the nursing shortage. All 50 states are participating in this survey initiated by the National Council of State Boards of Nursing. We expect this information to be valuable in assessing the magnitude of the shortage in our state. Dr. Peter Buerhaus and coauthors, in the July/August 2009 Health Affairs Journal, found that despite the current easing of the nursing shortage due to the recession, the U.S. nursing shortage is projected to grow to 260,000

registered nurses by 2025.

Encourage high school students, neighbors, friends and relatives to attend the Nursing Expo at the Clear Channel Metroplex in Little Rock on December 5. It's the single largest gathering of healthcare providers, educators and recruiters that you'll ever see in one place at one time in the state of Arkansas!

As always, we would love to hear from you. Call, write or e-mail us with comments, suggestions and feedback.

LouAnn Walker
ASBN Update Editor

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NURSE REGULATORS MEET FOR 2009 NCSBN ANNUAL MEETING

The National Council of State Boards of Nursing (NCSBN) met in Philadelphia, Aug. 12 -14, 2009, to consider pertinent association business with its member boards of nursing. Laura Rhodes, MSN, RN, NCSBN president and executive director of the West Virginia Board of Examiners for Registered Professional Nurses, presided at the meeting. There were 59 member boards represented by delegates.



Highlights of some of the significant actions approved by the member boards of nursing included:

- Election of new directors to the Board of Directors and members of the Leadership Succession Committee;
- Adoption of revisions to the Education Model Rules;
- Approval of the College of Nurses of Ontario, the College of Registered Nurses of Manitoba, and the College & Association of Registered Nurses of Alberta as Associate Members of NCSBN; and
- Adoption of the 2010 NCLEX®-RN Test Plan.

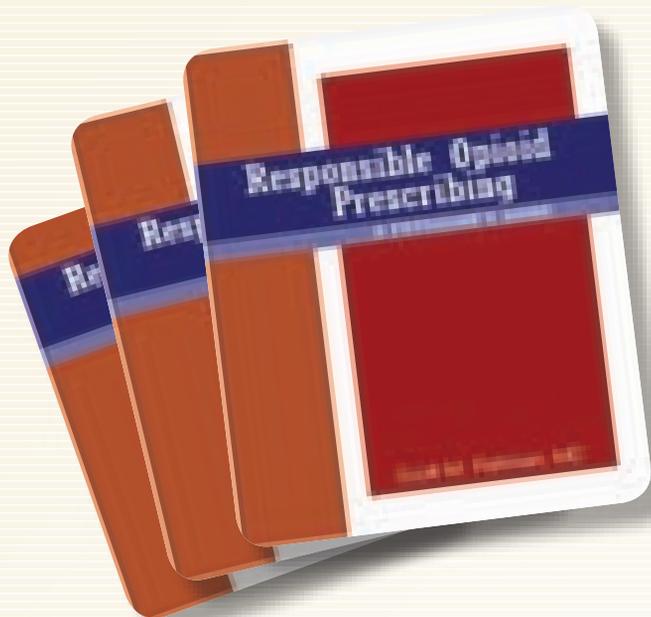
Rhodes remarked, "We are delighted to announce that the NCSBN Annual Meeting had a record attendance this year. I know that the dialoguing and networking opportunities that this meeting provided to all attendees will be invaluable to nursing regulators throughout the coming year."

Rhodes also thanked the participants for a successful meeting and noted that the Board of Directors looks forward to working with member boards and external organizations in the coming year. NCSBN will meet Aug. 10 - 13, 2010, in Portland, Ore., for its next annual Delegate Assembly.

—National Council of State Boards of Nursing

Board Disciplinary Actions						
July 1, 2008 through June 30, 2009						
ACTION	RN	APN	RNP	LPN	LPTN	TOTAL
Licenses Suspended	28	1	0	30	1	60
Licenses Revoked	4	0	0	0	3	7
Placed on Probation	72	0	2	42	2	118
Licenses Reinstated	14	0	0	9	1	24
Probation Removed	37	1	0	13	0	51
Written Reprimands	36	1	0	43	0	80
Voluntary Surrenders	43	1	3	23	1	71
Imposters Investigated	0	0	0	0	0	0
Prescriptive Authority Terminated	0	0	0	0	0	0
TOTAL	234	4	5	160	8	411
Administrative Hearings	32	0	0	30	1	63
Consent Agreements	75	0	3	45	2	125
Licenses Fined	76	1	3	53	1	134
Total Fines Assessed						\$195,725
Total Fines Collected						\$113,148
In addition, the Board sent non-disciplinary letters of warning as follows:						
Letters of Warning	30	4	1	39	0	74

APNS WITH PRESCRIPTIVE AUTHORITY



A new book out is receiving much hype from the medical community. *Responsible Opioid Prescribing* by Scott M. Fishman, M.D., is recommended for physicians, physician assistants, and advanced practice nurses. Dr. Fishman is an expert in pain medicine management and has written other books about this subject. The book outlines "strategies for reducing the risk of addiction, abuse and diversion of opioids being prescribed for patients in pain." You can order this book through the Federation of State Medical Boards for \$12.95 plus shipping. You can also order it from Amazon.com.

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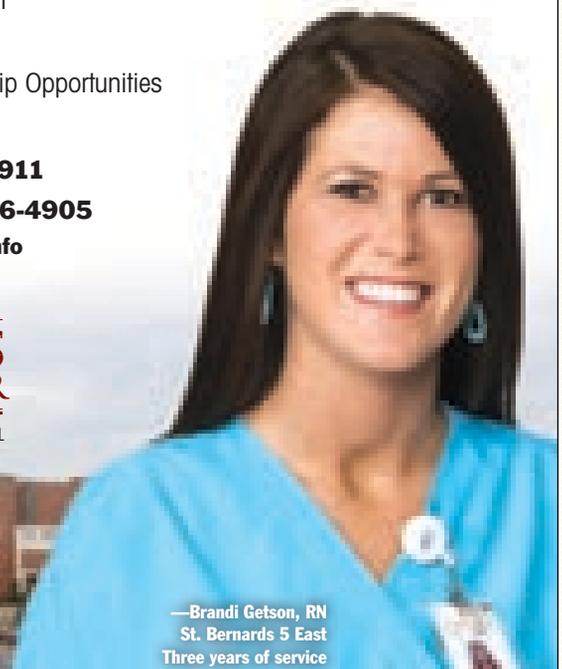
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APNS: IT'S LICENSURE + NATIONAL CERTIFICATION = *Practice*

Jackie Gray, EdD, MNSc, RN, ASBN PROGRAM COORDINATOR

The Arkansas Nurse Practice Act, ACA §17-87-302, states, "In order to be licensed as an advanced practice nurse, an applicant must show evidence

licenses because the clinic pays for renewal. That is okay, but the non-nurse doing this task did not realize there are two licenses to be renewed

It is the nurse's responsibility to know when his or her certification and RN and APN licenses expire and to meet the requirements for renewal so there is no lapse in licensure.

of education approved by the Arkansas State Board of Nursing, and national certification approved by the board..."

Chapter 4, Advanced Practice Nursing, Section III, F. Lapsed License, F. 2., says, "The license is lapsed when the national certification upon which licensure is granted expires." APNs must also have a current registered nurse license in Arkansas or a compact state to practice as an APN.

The Board's assumption is that all nurses are honest and will notify the Board and their employer if their national certification or RN or APN license lapses and not work as an APN during this timeframe until they renew certification or appropriate licenses. It is the nurse's responsibility to know when his or her certification and RN and APN licenses expire and to meet the requirements for renewal so there is no lapse in licensure.

There have been instances of licensure or certification expiration in recent months:

- Several nurses have allowed the clinic manager to renew their

and only renewed the APN license. Whose responsibility is it to see that the licenses are appropriately renewed?

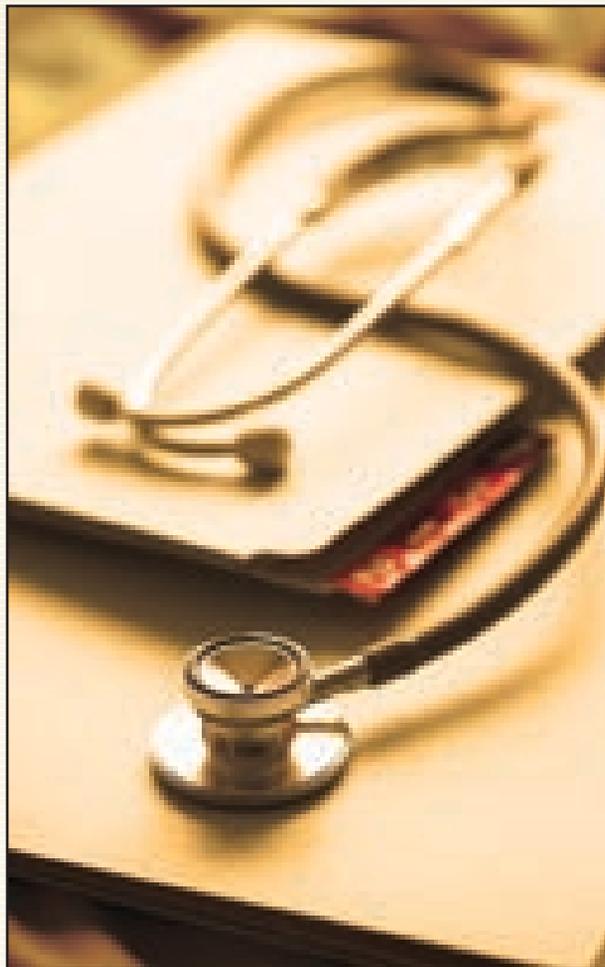
• Two nurses renewing national certification for the first time waited until a few weeks prior to expiration of their certification to send in their documents. The certifying bodies require nurses to send in documents for renewal of certification at least three months prior to expiration of certification. Whose responsibility is it to know the requirements and timeframe for certification renewal?

• Staff recently discovered that an APN had come to Arkansas from a compact state and declared that state as the primary state of residence. The APN then decided to make Arkansas the primary state of residence but did not obtain an RN license in Arkansas.

• An APN allowed the certification to expire two years prior to expiration of the APN license and knowingly continued to work as an APN in the facility even after the APN license had expired. The employer discovered it on a license verification check.

What are the consequences of allowing certification or your license to expire? You cannot work as an APN until certification and/or the license is renewed. It means loss of income, and in a couple of these cases, the employer terminated the nurse. If the nurse works under these circumstances, it will result in at least a Letter of Warning and possible discipline including

fines and other stipulations. The bottom line is: **Check and know your renewal dates on your license/s and your certification.**



H1N1 FAQ

influenza.

Treatment with oseltamivir (Tamiflu®) or zanamivir (Relenza®) is recommended for pregnant women with suspected or confirmed influenza and can be taken during any trimester of pregnancy. The duration of antiviral treatment is five days.

For additional information, see the Updated Interim Recommendations for Obstetric Health Care Providers Related to Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season, http://www.cdc.gov/H1N1flu/pregnancy/antiviral_messages.htm

Q Is H1N1 the same as influenza A? If not what is the difference?

A Novel H1N1 flu is a respiratory (breathing tract) disease caused by type A influenza (flu) virus.

There are three types of influenza viruses: A, B and C. Influenza A and B viruses cause seasonal epidemics of disease almost every winter in the United States. Influenza type C infections cause a mild respiratory illness and are not thought to cause epidemics.

Influenza A viruses are divided into subtypes based on two proteins on the surface of the virus: the hemagglutinin (H) and the neuraminidase (N). There are 16 different hemagglutinin subtypes and 9 different neuraminidase subtypes, Influenza A viruses can be further broken down into different strains. The current subtypes of influenza A viruses found in people are A (H1N1) and A (H3N2).

Influenza B viruses are not divided into subtypes. Influenza B viruses also can be further broken down into different strains.

Influenza A (H1N1), A (H3N2), and influenza B strains are included in each year's influenza vaccine. Getting a flu vaccine can protect against influenza A and B viruses. The flu vaccine does not protect against influenza C viruses.

Q How will you treat pregnant women if they have the flu?

A Pregnant women are at higher risk for severe complications and death from influenza, including both 2009 H1N1 influenza and seasonal

Q How long (one season or more) will immunity be effective from the H1N1 vaccine? Will this be an annual vaccine like the seasonal flu?

A Influenza (flu) viruses change from year to year. You are unlikely to get infected with the same exact strain of influenza (flu) more than once. Most people with flu-like illness since spring 2009 don't know whether they were infected with 2009 H1N1 or another flu virus strain. If you think you had 2009 H1N1 infection, ask your doctor if you should be vaccinated. The only sure way to diagnose 2009 H1N1 infection is with real-time reverse transcription-polymerase chain reaction (RT-PCR).

Even if you had a confirmed case of 2009 H1N1 flu, you can still get infected with other flu strains. You should make sure you get the seasonal flu vaccine. If you had a flu-like illness since spring 2009 that wasn't diagnosed as 2009 H1N1 flu by RT-PCR, get the H1N1 and seasonal flu vaccines.

Also, a vaccine made against flu viruses circulating last year may not protect against the newer viruses. That is why the influenza vaccine is updated every year to include current viruses.

Q We have a patient who was diagnosed earlier this year with the H1N1 Flu. What would the protocol be for giving him the vaccine?

A All persons in a recommended vaccination target group who had a flu-like illness that was not confirmed as 2009 H1N1 virus infection by real-time reverse transcription-polymerase chain reaction (RT-PCR) should get the 2009 H1N1 vaccine. RT-PCR is the only test that can confirm infection specifically with the 2009 H1N1 virus. Most people ill with a flu-like illness since this spring have not been tested with RT-PCR. Tests such as rapid antigen detection assays and diagnoses based on symptoms alone without RT-PCR testing cannot specifically determine if a person has 2009 H1N1 flu. Persons who were not tested, but who became ill after being exposed to a person with lab-confirmed 2009 H1N1 flu, should not assume that they also had 2009 H1N1 as many pathogens can cause a flu-like illness. These people should get the vaccine if they are in a recommended vaccination target group.

A patient who had 2009 H1N1 infection diagnosed by RT-PCR may also want to get vaccinated. If the person is not severely immune compromised, he or she will likely have some immunity to subsequent infection with 2009 H1N1 virus. But, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful.

Q How do you diagnose an H1N1 flu infection?

A To diagnose novel H1N1 flu infection, your doctor may decide to collect a respiratory specimen, and send it to a CDC lab for testing. This specimen is a sample of the fluid from your nose or throat.

The specimen generally needs to be collected within the first four to five days of illness. This is when the infected person is most likely to be shedding virus. But some people, especially children, may shed virus for 10 days or longer.

Q At what age is one considered to be in the "senior" or "elderly" category among the H1N1 high risk groups?

A Current studies show that the risk for novel H1N1 infection

among people age 65 or older is less than the risk for younger age groups. Overall, seniors have been spared from the novel H1N1 virus.

However, even though people age 65 and older are not at high risk of infection with H1N1, they are at high risk for seasonal influenza (flu). So, you should get the seasonal flu vaccine as soon as it becomes available in your area.

Q What is the incubation period of the H1N1 (swine) flu?

A The estimated incubation period is unknown and could range from one to seven days, and more likely one to four days.

Persons with novel H1N1 flu virus infection should be considered potentially contagious (able to spread disease) for up to seven days after illness onset. Persons who continue to be ill longer than seven days should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might be contagious for longer periods. People with influenza-like illness should stay home for at least 24 hours after their fever is gone (without the use of fever-reducing medicine). A fever is defined as having a temperature of 100 degrees Fahrenheit or 37.8 degrees Celsius or greater.

It's important to remember that we are still in flu and allergy season and it's not uncommon to have cold or flu-like symptoms. If you are sick, stay home from work or school to monitor your health. If you do have symptoms where you think you need urgent care, contact your doctor right away.

Q Can LYSOL brand disinfectant protect against the flu virus?

A Influenza virus, or the flu virus, is destroyed by exposure to heat of 167 to 212 degrees Fahrenheit (75 to 100 degrees Centigrade).

There are also several chemical germicides (substances that kill disease-causing germs) that are effective against flu viruses, such as:

- chlorine,
- hydrogen peroxide,

- detergents or soaps,
- iodine-based antiseptics (substances that stop the growth of germs), and
- alcohols.

These products are effective if the right amount is used, for the right period of time. For example, wipes or gels with alcohol in them can be used to clean hands. The gels should be rubbed in until they are dry.

Q What are the initial symptoms of swine flu? How do we get it cured on immediate basis?

A The symptoms of novel H1N1 flu in people are expected to be similar to the symptoms of regular human seasonal flu infection. They include:

- fever,
- lethargy (lack of energy),
- lack of appetite, and
- coughing.

Some people with novel H1N1 flu have also reported:

- runny nose,
- sore throat,
- nausea,
- vomiting, and
- diarrhea.

Like seasonal flu, novel H1N1 flu in people can vary in severity from mild to severe. Severe disease with pneumonia (a lung infection), respiratory failure, and even death is possible with novel H1N1 flu infection. Certain groups might be more likely to develop a severe illness from novel H1N1 flu infection, such as persons with chronic medical conditions. Sometimes bacterial infections may occur at the same time as or after infection with flu viruses and lead to pneumonia, ear infections, or sinus infections.

All people should also check with their healthcare provider about whether they should take antiviral medications (drugs that fight viruses).

Flu can lead to, or occur with, bacterial infections. Therefore, some people will also need to take antibiotics (drugs that kill bacteria) if they have:

- More severe or prolonged illness; or
- An illness that seems to get better but then gets worse again.

People with novel H1N1 flu who are

cared for at home should check with their healthcare provider about any special care they might need, especially if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.

Also, persons with novel H1N1 flu virus infection should be considered potentially contagious (able to spread disease) for up to 7 days after illness onset. Persons who continue to be ill longer than 7 days should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might be contagious for longer periods.

If you are sick with H1N1 flu,

- Stay home until at least 24 hours after you no longer have a fever (100°F or 37.8°C) or signs of a fever (without the use of a fever-reducing medicine, such as Tylenol®).
- Get plenty of rest;
- Drink clear fluids (such as water, broth, sports drinks, electrolyte beverages for infants) to keep from getting dehydrated (loosing too much fluid);
- Cover coughs and sneezes;
- Clean hands with soap and water or an alcohol-based hand rub often, especially after using tissues and after coughing or sneezing into hands;
- Avoid close contact with others, including staying home from work or school; and
- Be watchful for emergency warning signs that might indicate you need to seek medical attention

Q Should persons responsible for hospital supplies management increase stocks of isolation masks, and/or isolation gowns?

A If you have not already done so, please contact your state health department for guidance on healthcare facility planning in your area. A directory of state health departments is available online at: <http://www.statepublichealth.org/index.php?template=directory.php>

The CDC's Division of the Strategic National Stockpile (SNS) is distributing:

- antiviral drugs (drugs that fight viruses),
- personal protective equipment (gowns, gloves, and face shields), and
- respiratory (breathing tract) protection devices (N95 respirators and face masks) to all 50 states and U.S. territories.

Q Will the new H1N1 vaccine be safe, even for children? Are you testing it?

A CDC's Advisory Committee on Immunization Practices (ACIP) recommends that all children between 6 months and 18 years of age get the novel H1N1 vaccine. This is because there have been many cases of novel H1N1 influenza (flu) in children. They are also in close contact with each other in school and day care settings, which increases the likelihood of spreading the disease.

Vaccine trials for the novel H1N1 flu are currently being conducted. You can contact the National Institute of Allergy and Infectious Diseases (NIAID), which is conducting the trials for the vaccines. For more information, please visit the following Web sites:

Questions and Answers: Clinical Trials of 2009 H1N1 Influenza Vaccines Conducted by the NIAID-Supported Vaccine and Treatment Evaluation Units <http://www3.niaid.nih.gov/news/QA/vteuH1N1qa.htm>

NIAID Set to Launch Clinical Trials to Test 2009 H1N1 Influenza Vaccine Candidates http://www3.niaid.nih.gov/news/newsreleases/2009/VTEU_H1N1.htm

Once the trials have been completed and more information is known about the vaccine, more information will be available through the CDC. Please continue to check the Flu.gov Web site for the latest information on vaccines.

Please note: The H1N1 vaccine is not a replacement for the seasonal flu vaccine. It's important that your child also gets the seasonal flu vaccine as soon as it becomes available in your community. The H1N1 vaccine is to be used with the seasonal flu vaccine.

Vaccines, like any medication, can have side effects. But, in general, it's more

dangerous to get sick with the virus than it is to get the vaccine. If you have any questions or concerns about whether you, or someone you know, should get the novel H1N1 vaccine, you should talk to a doctor.

Q What are the implications of H1N1 for the elderly?

A Current studies show that the risk for novel H1N1 infection among people age 65 or older is less than the risk for younger age groups. Overall, seniors have been spared from the novel H1N1 virus!

However, even though people age 65 and older are not at high risk of infection with H1N1, they are at high risk for seasonal influenza (flu).

So, they should get the seasonal flu vaccine as soon as it becomes available in their area.

Q Can I use an N95 mask for more than one day?

A N95 respirators should be worn only once and then thrown away in the trash.

When using facemasks or N95 respirators, please remember:

- Used facemasks and N95 respirators should be taken off and thrown away in the regular trash so they don't touch anything else.
- Avoid reusing disposable facemasks and N95 respirators if possible.
- After you take off a facemask or N95 respirator, clean your hands with soap and water or an alcohol-based hand rub.

Very little is known about the benefits of wearing facemasks or respirators to help control the spread of influenza in community settings.

In areas with confirmed influenza virus infections, the risk for infection can be reduced through a combination of actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These actions include frequent handwashing, covering coughs, and having ill persons stay home, except to seek medical care, and minimize contact with others in the household.

People should consider wearing a facemask during a severe influenza (flu)

outbreak if:

- They are sick with the flu and think they might have close contact with other people (within about 3 feet);
- They live with someone who has flu symptoms (and therefore might be in the early stages of infection);
- They will be spending time in a crowded public place and thus may be in close contact with infected people; or
- They are well and do not expect to be in close contact with a sick person but need to be in a crowded place.

During a severe flu outbreak, people should limit the amount of time they spend in crowded places. They should also consider wearing a facemask while in crowded areas.

People should consider wearing a respirator during a flu pandemic if:

- They are well, but expect to be in close contact with people who are known (or believed) to be sick with flu; or
- They are taking care of a sick person at home.

In these situations, people should limit the amount of time they are in close contact with those who are ill, and should consider wearing a respirator. If a respirator is unavailable, the use of a mask should be considered.

Respirator use should be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) regulations. Information on respiratory protection programs and fit test procedures can be accessed at <http://www.osha.gov/SLTC/etools/respiratory>. Staff should be medically cleared, fit-tested, and trained for respirator use, including: proper fit-testing and use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Q When should I get my seasonal flu shot?

A Yearly flu vaccination should begin in September or as soon as the flu vaccine is available. Vaccination should continue throughout the flu season, into December, January, and beyond. This is because the timing and duration

(length) of the flu season varies. While flu outbreaks can happen as early as October, most of the time, influenza activity peaks in January or later.

Children under 9 years of age will need 2 doses of the vaccine the first year they are vaccinated. The first dose would ideally be given in September or as soon as the vaccine is available. The second dose should be given at least 28 days (4 weeks) after the first dose. If a child needs 2 doses, it is best to begin the process early so that the child is protected before flu season starts circulating in his or her community.

Certain groups of people may benefit from vaccination as late as April or May. This is true even if flu viruses are no longer circulating in the U.S. These groups include:

- People who will travel to the Southern Hemisphere where flu viruses may be circulating before the following year's vaccine is available; and
- Children younger than 9 who were vaccinated for the first time and still have not received their second dose.

The vaccine should continue to be offered to unvaccinated people throughout the flu season, as long as it is available.

Please note the flu is contagious and can spread to your family and those you love. Protect yourself and your loved ones. Get the flu vaccine.

Q How long can a virus like novel H1N1 live on a surface outside its host?

A The H1N1 virus is new. Research is being conducted to better understand its characteristics. Studies have shown that flu viruses can survive on hard surfaces and can infect a person for up to 2 to 8 hours after being left on items like cafeteria tables, doorknobs, and desks. Frequent handwashing will help you reduce the chance of getting contamination from these common surfaces.

Flu viruses may be spread when a person touches droplets left by coughs and sneezes on hard surfaces (such as desks or door knobs) or objects (such as keyboards or pens) and then touches his or her mouth or nose. But, routine cleaning will kill these germs.

Until a vaccine is available, the

best way to help fight novel H1N1 influenza (flu) is to cover your nose and mouth with a tissue when you cough or sneeze, then throw the tissue away. Wash your hands often with soap and water, especially after coughing or sneezing. Stay home if you're sick, and limit contact with others to keep from infecting them.

Q If I've already had the H1N1 flu this year, can I get it again?

A Please remember that the H1N1 virus is new and research is being conducted to better understand its characteristics.

In addition, although data on H1N1 are scarce and this illness is still being studied, it is also important to know that flu viruses undergo frequent changes during an outbreak.

In general, exposure to a particular strain of flu virus will protect you against that strain in the future. However, it will not protect you from infection by other flu virus strains.

Please also note that it is possible for a person to be infected with the seasonal influenza (flu) virus more than one time in a season, because several strains of flu virus circulate each year.

Q I am allergic to eggs. Can I receive a flu shot even though I am allergic to eggs?

A Talk to your doctor before getting a flu shot if you:

- Have ever had a severe allergic reaction to eggs;
- Have ever had a severe allergic reaction to a previous flu shot; or
- Have a history of Guillain-Barr Syndrome (GBS).

If you are sick with a fever when you go to get your flu shot, talk to your doctor or nurse about getting your shot at a later date. However, you can get a flu shot if you have a respiratory (breathing) illness without a fever; or if you have another mild illness.

If you have questions about whether you should get a flu shot, talk to your doctor or healthcare provider.

Q Why are people over 64 who have chronic ailments not eligible for the H1N1 flu vaccine?

A First, everyone is eligible for the H1N1 flu vaccine, although

some people may have health issues that would be affected by a vaccine and therefore should not take it. The goal of the pandemic influenza vaccination program is to vaccinate all persons in the United States who choose to be vaccinated. More than \$8 billion is being invested in developing enough vaccine for everyone who needs it.

Because the vaccines may be released gradually beginning in October, a priority list is developed to focus on immediate immunization for:

- Those most vulnerable to this specific flu strain,
- Those most likely to spread the flu, and
- Sustaining health care workers so they can assist the sick in a pandemic.

In past pandemics, groups at increased risk for serious illness and death have differed by age and health status. Specifically, during the 1918 pandemic previously healthy, young adults were a high-risk group. As we have studied the current outbreak, we now know which groups are most vulnerable — younger people, pregnant women, health care personnel, and people who have underlying health conditions. Immunizing these groups first will help contain the spread of the flu during the vaccination roll-out which may take a few months.

Here are the statistics on who is most vulnerable to the novel H1N1 flu:

- The infection rate was progressively lower in adults as their age increased.
- The infection rate for people 5-24 years of age is 26.7 per 100,000.
- The infection rate for people 25-49 years of age is 6.9/100,000.
- The infection rate for people 50-64 years of age is 3.9/100,000.
- The infection rate for people 65 years and older is 1.3/100,000 (or twenty times lower than in those 5-24 years age group).

The following resources are available:
H1N1 Flu Vaccination Resources: <http://www.cdc.gov/h1n1flu/vaccination/>

Novel H1N1 Influenza: Resources for Clinicians <http://www.cdc.gov/h1n1flu/clinicians/>
Key Facts about H1N1 Flu (Swine Flu) http://www.cdc.gov/h1n1flu/key_facts.htm

For more information about novel H1N1 influenza virus, please visit the CDC website: H1N1 Flu (Swine Flu) <http://www.cdc.gov/h1n1flu/>
Information obtained from www.flu.gov, a federal government Web site managed by the U.S. Department of Health & Human Services

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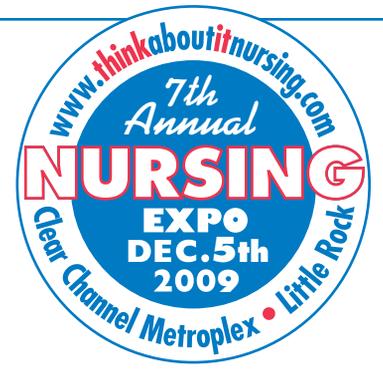
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ARKANSAS STATE BOARD OF NURSING POSITION STATEMENT 00-1

ADMINISTRATION OF MEDICATIONS AND/OR TREATMENTS

The Arkansas State Board of Nursing has determined that decisions regarding the administration of medications and/or treatments by the licensed nurse are governed by the Arkansas State Board of Nursing Scopes of Practice and Decision Making Model Position Statements.

Arkansas State Board of Nursing Rules:
The term "unprofessional conduct" is defined as conduct which, in the opinion of the Board, is likely to deceive, defraud, or injure patients or the public, means any act, practice, or omission that fails to conform to the accepted standards of the nursing profession and which results from conscious disregard for the health and welfare of the public and of the patient under the nurse's care; and includes, but is not limited to, the conduct listed below:

- Failing to administer medications and/or treatments in a responsible manner
- Performing or attempting to perform nursing techniques and/or procedures in which the nurse is untrained by experience or education, and practicing without the required professional supervision

If the Board received a complaint regarding the administration of a medication and/or treatment, evidence would be collected regarding the nurse's actions. The nurse who administered the medication and/or treatment, may be required to show that his/her actions were consistent with current acceptable practice and that they had had the appropriate training, experience and/or education. Evidence may include, but is not limited to, manufacturer's literature, nursing journals, research articles, national organization position statements and standards of care and documentation of competency.

Adopted: April 20, 2000



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THE DISCIPLINARY HEARING WILL GO ON WITHOUT YOU



by **Fred Knight**, ASBN General Counsel

During most months of the year, the Arkansas State Board of Nursing (ASBN) conducts scheduled disciplinary hearings to determine if a nurse has violated the Nurse

Practice Act. Prior to the hearing, a written Order and Notice of Hearing is prepared and mailed to each nurse who is scheduled to appear before the Board. The Order and Notice informs the nurse of the alleged charges against him or her, the provisions of the law allegedly violated, and the time, date and place of the hearing. The Order and Notice also advises the nurse that counsel can represent him or her, that the nurse can call witnesses to testify on his or her behalf, and that he or she can introduce documentary evidence in support of his or her position. The Board then mails

the Order and Notice to the last address the nurse has provided the Board.

At most Board disciplinary hearings, at least one or more nurses fail to appear for his or her hearing. When this occurs, the Board is left with no choice but to hear the case without the nurse. Generally, after hearing the state's evidence, the Board finds the nurse has violated the Nurse Practice Act and takes the appropriate action. When the defending nurse does not appear for his or her hearing, the Board is denied the opportunity to hear the nurse's defense or review the nurse's evidence. This is unfortunate for both the Board and the nurse.

Is this procedure fair? Absolutely! Any other procedure would fail to protect the public, and that is the ultimate purpose and responsibility of the Board. If a nurse could circumvent the disciplinary process simply by not



Continued on next page

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eoe m/f/h

appearing for his or her hearing, then it would be impossible for the Board to discipline those nurses who violate the law. As a result, those nurses would be able to continue practicing indefinitely without impunity and the public would not have been protected. Obviously, the Board cannot allow this.

ASBN Rules, Chapter 2, XI, B, states, "A licensee whose address changes from the address appearing on the current license shall immediately notify the Board in writing of the change." ASBN Rules, Chapter 7, XI, B, 3(a) states in part that when the Board contemplates taking any action against a license it shall give written notice to the licensee at the last address of record provided by the licensee. Clearly, the Board's Rules mandate that all licensees keep the Board apprised of their current address.

This is another example of something simple that nurses can do to help protect their license. By keeping the Board informed of their current address, nurses are assured the Board will not take action against a licensee without the nurse's knowledge and the opportunity to present a defense.

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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.



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A signed employment agreement is required. For further details, contact Debbie Robinson, Nurse Recruiter: 870-541-7774 phone robinsond@jrmc.org

NEW PROJECT AIMS TO REDUCE CHILDHOOD INJURIES



KIMBERLY HAYMAN, RN, MEDICAID PROJECT MANAGER AND SENIOR PROGRAM COORDINATOR, ARKANSAS FOUNDATION FOR MEDICAL CARE

Few children manage to get through childhood without at least one injury. Maybe your daughter grabs the handle of your coffee mug without warning and scalds herself with the hot liquid, or your son falls from a tree limb and breaks an arm or a leg.

Unintentional injuries, many of which are preventable, account for billions of dollars in health care spending nationwide—and according to the Centers for Disease Control and Prevention, Arkansas has one of the highest child and adolescent injury rates in the nation.¹

In an effort to reduce deaths caused by unintentional injuries, the Arkansas Foundation for Medical Care, Arkansas Children's Hospital and the Arkansas Department of Human Services have joined forces in a partnership designed to raise public awareness about unintentional childhood injuries and deaths. Together, we aim to help families

learn how to prevent injuries, which leads to longer, healthier lives and, subsequently, lower medical costs.

For AFMC, prevention has always been, and continues to be, our focus. Prevention is also emerging as one of the most cost-effective uses of provider effort. Health care provider outreach and communication are among our primary responsibilities, and providing safety education to families through primary care physicians statewide is our major role. Our clinical quality specialists, a team of highly skilled and diversely talented nurses, are working with providers statewide to provide information, support, training and quality improvement assistance on initiatives that relate to accident prevention.

Nursing professionals have a key role to play in the effort to reduce the number of unintentional injuries to children. Prevention education can be conducted

in a wide range of settings, so whatever their specialty, nurses can take an active part in incorporating injury prevention into their practice setting. When we multiply the prevention message by many voices, it carries great strength.

AFMC can help you provide better care for your patients with injury prevention guidelines and tools. The tools include fact sheets that address five areas of injury that disproportionately affect Arkansas' children: ATV safety, child passenger safety, home safety, teen driving, and burn prevention. These tools are available through a free download at http://www.afmc.org/HTML/programs/qi_tools/inprevent_tool.aspx.

1. Borse N, Gilchrist J, Dellinger A, Rudd R, Ballesteros M, Sleet D. CDC Childhood Injury Report: Patterns of Unintentional Injuries among 0-19 Year Olds in the United States, 2000-2006. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008. Available online at <http://www.cdc.gov/SafeChild/images/CDC-ChildhoodInjury.pdf>.

NURSE EDUCATOR FROM ARKANSAS ASSUMES PRESIDENCY OF THE NATIONAL LEAGUE FOR NURSING

Elaine Tagliareni, Ed, RN, President, National League for Nursing, pins President-Elect Cathleen Shultz, PhD, RN, CNE, FAAN, during the swearing in ceremony at the NLN's Annual Business Meeting, held in Philadelphia, Pa., on Saturday, September 26.

Dr. Shultz has been appointed twice to the Arkansas State Board of Nursing, most recently to a four-year term by Gov. Mike Beebe. Since 1980, she has been dean of the College of Nursing at Harding University.



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>Ballard, Jimmy Eldridge</i> A02954, R71545, PAC No. 2977 (Inactive), Osceola A.C.A. § 17-87-309(a)(6) Probation - 1 year	<i>Della, Bobby Eugene</i> L47211, Knoxville A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500	<i>Johnson, Linda Marie Mossburgh</i> R18506, Crossett A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,000	<i>Pierce, Shawn Dalrymple</i> L35430, Hot Springs A.C.A. § 17-87-309(a)(2),(4)&(6) Probation - 3 years Civil Penalty - \$1,500
<i>Belue, Mary Denise Berry</i> L29901, Fort Smith A.C.A. § 17-87-309(a)(2),(4)&(6) Probation - 2 years Civil Penalty - \$1,000	<i>Dillard, Victor Bruce</i> R34399, Fort Smith A.C.A. § 17-87-309(a)(6) Probation - 1 year	<i>Marks, Catricia Elaine</i> L44219, North Little Rock A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,500	<i>Powell, Diedra Deanne Jones</i> L28447, Heber Springs A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500
<i>Bird, Joni Elizabeth Fox</i> L40907, Hamburg A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,000	<i>Dixon, Tasha Elaine</i> L41900, Crossett A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,800	<i>Marter, David Andrew</i> L45611, Crossett A.C.A. § 17-87-309(a)(6) Probation - 1 ½ years Civil Penalty - \$1,500	<i>Putman, Shannon Lynne Hooten Conley Hooten</i> R54603, Searcy A.C.A. § 17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$3,000
<i>Boone, Valerie Felecia Mills</i> L43477, El Dorado A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,000	<i>Drewry, Stacey Renee Kennedy</i> L43231, Russellville A.C.A. § 17-87-309(a)(1),(4)&(6) Probation - 1 year Civil Penalty - \$500	<i>Martin, Patricia Diane Craig</i> L25287, Hamburg A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$1,000	<i>Ruff, Kenneth Eugene</i> R67942, L33744 (expired), White Hall A.C.A. § 17-87-309(a)(4),(6)&(9) Probation - 4 years Civil Penalty - \$1,000
<i>Braithwaite, Roxanne Cumbie Rankin</i> R35248, Little Rock A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500	<i>Dugger-Cox, Teresa L.</i> R31062, Benton A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500	<i>May, Amy Marie Russell</i> L42424, New Edinburg A.C.A. § 17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,300	<i>Sharum, Kevin Arthur</i> R27984, Alma A.C.A. § 17-87-309(a)(2),(4)&(6) Probation - 3 years Civil Penalty - \$1,500
<i>Cates, Rachelle Dawn Blankenship</i> L40930, Hot Springs A.C.A. § 17-87-309(a)(6)&(7) Probation - 1 year Civil Penalty - \$500	<i>Eppinette, Charles Leaman</i> R24442, Benton A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500	<i>McManus, Susan Lorene Jackson</i> R68769, Walnut Ridge A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500	<i>Siccardi, Donita Renee Strickland</i> R42310, Van Buren A.C.A. § 17-87-309(a)(2),(4)&(6) Probation - 2 years Civil Penalty - \$1,000
<i>Daniels, Redaunda Carrie Treadway</i> L35291, Friendship A.C.A. § 17-87-309(a)(4)&(6) Probation - 4 years Civil Penalty - \$4,000	<i>Faul, Cherry Caroline Cox</i> L41704, Rogers A.C.A. § 17-87-309(a)(6) Probation - 2 years	<i>Morin, Erin Rae Jameson</i> R67700, Hindsville A.C.A. § 17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,000	<i>Smith, Leigh Anne</i> L36014, Mulberry A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500
<i>Darden, Janda Bere Ezell Walton Traylor</i> L39644, El Dorado A.C.A. § 17-87-309(a)(4)&(6) Probation - 3 years Civil Penalty - \$2,000	<i>Furr, Daniel Glenn</i> R71351, Cabot A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$1,000	<i>Muirhead, Carrie Lynn Ray</i> L43842, Crossett A.C.A. § 17-87-309(a)(1),(4)&(6) Probation - 2 ½ years Civil Penalty - \$2,300	<i>Snow, James Wasson Tobias</i> L48270, Mountain Home A.C.A. § 17-87-309(a)(4)&(6) Probation - 2 years
<i>Davis, Michelle Ruth Thomas Holden</i> R66067, L36410 (exp), Perry A.C.A. § 17-87-309(a)(4)&(6) Probation - 2 ½ years Civil Penalty - \$1,000	<i>Hickman, Shelley Elaine</i> L47582, Picaune, MS A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$2,300	<i>Myers, Constance Laverne Ellison</i> L29043, Crossett A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,000	<i>Thompson, Shaneria Jean</i> L46749, Crossett A.C.A. § 17-87-309(a)(6) Probation - 2 years Civil Penalty - \$2,000
	<i>Higginbotham, Kristy Michelle Reed</i> L37967, Hamburg A.C.A. § 17-87-309(a)(6)&(9) Probation - 2 years Civil Penalty - \$2,800	<i>Osborne, Jessica Golden</i> L46979, Mountain Home A.C.A. § 17-87-309(a)(4)&(6) Probation - 2 years Civil Penalty - \$1,000	<i>Williams, Calvin Lynn</i> L33067, Jonesboro A.C.A. § 17-87-309(a)(6) Probation - 1 year Civil Penalty - \$500
	<i>Hill, Elizabeth Ann Buckwalter</i> R26424, Cabot A.C.A. § 17-87-309(a)(4)&(6) Probation - 1 year Civil Penalty - \$500		<i>Braswell, Frederick</i> A03067, R44116, PAC 2968 North Little Rock September 15, 2009
			<i>Brown, Michael Marston</i> C00697, R35640 (PS-Inactive) Hooks, TX September 1, 2009
			<i>Deless, Mandy Michelle</i> L40781, Crossett September 15, 2009

Continued on next page

Dockins, Lori Ann Cox Folkerts Calvert
L29968, Stuttgart
August 24, 2009

Finney, Timi Jean
L42545, Altus
August 24, 2009

Malone, Penny Sue Davis Coffin
R31787, Wynne
September 9, 2009

McCullough, Justin Aaron
L44802, Little Rock
September 2, 2009

Zachary, Jessica Anne Trusty Taylor
R53109, L34209(exp),
Russellville
July 28, 2009

REINSTATEMENTS WITH PROBATION

Funston, Anna Kristina
L33235, Little Rock
September 16, 2009

REINSTATEMENTS
Brixey, Jason Christopher
R74304, Little Rock
August 27, 2009

Diddle, Stephen R.
L40384, West Fork
August 11, 2009

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

PROBATIONARY STATUS REMOVED

Burris, Lori Lynn Chastain Drummond
R42956, Little Rock
July 28, 2009

Cosey, Maryland L. Ingram
T01686, Little Rock
August 13, 2009

Finn, Morgan Elizabeth
R78139, Hot Springs
August 13, 2009

Griggs, Shirley Ann Griggs Dearing
R73024, Benton
August 13, 2009

Holeman, Christina D. Binz
R63816, Little Rock
September 16, 2009

Hudspeth, Teresa Ann Snider
R65013, L23570(exp), Dover
September 16, 2009

Lamb, David Keith
R54051, Delight
September 14, 2009

Morrow, Mary Ellen
L46681, Cherokee Village
August 13, 2009

Nelson, Deidre Deane
L43648, DeQueen
September 16, 2009

Prochazka, Joanne Teresa
R43400, Russellville
August 13, 2009

Self, Ashley JoeAnn Dykes
L47444, Texarkana, AR
August 24, 2009

Stewart, Dana Leann Standridge
R80154, Holly Grove
July 28, 2009

Tuohey, Kelly Renee Freeman
Birmingham
R54454, Benton
August 13, 2009

Williams, Renisa R.
R54268, Little Rock
September 16, 2009

WAIVER DENIED

Henning, Eunah Kim
L42158(exp), RN Applicant,
Searcy
September 16, 2009

WAIVER GRANTED

Godby, Becky Louise Whittinghill
A03102, R80900, Mountain
Home
September 17, 2009

Lamb, Nathan Michael
RN Applicant, Forrest City
September 16, 2009

Lindler, Krystal Jamie Johnelle
LPN Applicant, Jacksonville
September 16, 2009

Reeves, Kelly Marie
LPN Applicant, Fort Smith
September 16, 2009

CEASE AND DESIST

Casey, John Allen
TN License No. RN 115193
Osceola, AR
March 4, 2009

Simpson, Janny Marie
MS License No. P318516
Hartman, AR
July 19, 2009



BY SUE TEDFORD, MNSc, APN, RN
ASBN ASSISTANT DIRECTOR



CONTINUING EDUCATION AUDITS

unintentional or intentional, is grounds for disciplinary action against the licensee.

Each month, licensees are randomly selected for audit. The licensee is asked to submit proof of compliance within 30 days. If the licensee is unable to submit proof of compliance (loss of certificates, failure to complete all the requirements, etc), a 90-day extension is given in order to allow time for the licensee to become compliant with the continuing education requirements and submit the required documents. Licensees who complete the requirements after license renewal are considered compliant, but they are issued a Letter of Warning.

Arkansas nurses can boast that they have a great compliance rate. Nevada reported that the nurses only had a 64 percent compliance rate. The lowest compliance rate in Arkansas was during

the first year of implementation with only an 89.2 percent rate of compliance. For the fiscal year of 2008-2009, Arkansas had an overall compliance rate of 96.8 percent. As good as the compliance rate is, there is no reason that it should not be 100 percent. If a nurse fails to demonstrate compliance, the Board issues a Letter of Reprimand and assesses a fine of up to \$1,000. The Board considers a Letter of Reprimand as disciplinary action against the licensee. Failure to pay the fine and/or complete the continuing education requirements will result in further disciplinary action such as suspension of the nursing license.

It is too easy to obtain continuing education. I have never understood why a nurse would ever let this requirement progress to the point of suspension of a license and therefore, loss of income.



by Darla Erickson, CPA, Director of Accounting

GIVE YOUR E-CHECK PAYMENT A SECOND GLANCE

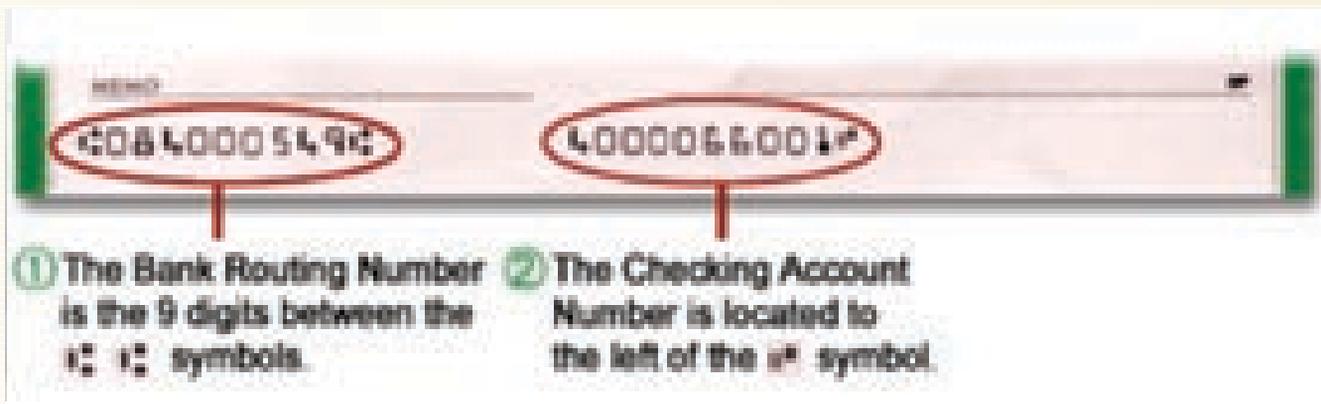
You can do these simple things to avoid receiving the unpleasant letter that follows when we do not receive payment because of an invalid account number, closed account, stopped payment, or insufficient funds.

The Arkansas State Board of Nursing offers online payment by e-check and has for some time now. Although most people use credit cards for the online transactions, a growing number of people are paying by e-check. If you choose to use this option, we have suggestions to make your renewal experience easier.

your bank. When you enter your account number, be sure you do not include the check number. Below please find an example which you will also see online when completing your payment information.
3. Have Money in the Bank – Your e-check payment is processed from your checking account, so please make

Arkansas State Board of Nursing. After you have completed your transaction, and you get your bank statement, you will see a deduction from "ARKANSAS GOVERNMENT SERVICES." If you see a charge from Arkansas Government Services for your renewal or other payment to the Arkansas State Board of Nursing on the date you are expecting to see a charge from us, it is from the Board of Nursing.

You can do these simple things to avoid receiving the unpleasant letter that follows when we do not receive payment because of an invalid account number, closed account,



1. Double Check the Numbers – Make sure there are no typing errors when keying your payment information.
2. Do Not Include the Check Number – Make sure you key the correct numbers from your check in the correct places. The routing number is the first nine-digit number at the bottom of your check. Please note the location of your check number may be between the routing number and your checking account number, or it may be after your checking account number depending upon

sure you have sufficient funds to cover your payment before you complete your transaction.
4. Not the best time to change banks – If you are in the process of changing banks or opening a new account, be sure your payment has cleared your account before closing the account from which you paid.
5. Do not dispute charges because your bank statement does not say Arkansas State Board of Nursing – There is a separate company that collects the online payments for the

stopped payment, or insufficient funds. These occurrences are rather infrequent when you compare how many people renew online versus how many returned e-check notices we receive. Although we realize these errors will probably not be completely eliminated, a second glance can go a long way in preventing this problem from landing at your doorstep. So, thank you in advance for giving your payment information an extra "once over" before completing your online transaction.

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Pursuits of thrift that bring us wealth,
For schools and churches, peace and health,
For commerce, yielding up her stores,
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For countless gifts, O Lord, we raise
Our hymns of gratitude and praise.*

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