



ASBN

Volume 14 Number 5

Update

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**CERTIFIED
NURSE
EDUCATOR
CREDENTIALING**

**NCLEX®
PASS RATES**

**DISASTER
DRILL**

**ASBN
Executive
Director
Receives
National
Award**



**JOIN
NURSES FOR THE GIRLS
AT THE RACE FOR THE CURE
SEE PAGE 5**

PUBLISHED BY

Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, Arkansas 72204
Telephone: 501.686.2700
Fax: 501.686.2714
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 Sue A. Tedford, MNsc, RN
EDITOR LouAnn Walker

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Virginia Robertson, Publisher
vrobertson@pcipublishing.com
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Michele Forinash at mforinash@pcipublishing.com
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On the Cover: Sue Tedford, MNsc, RN, ASBN executive director, received the Exceptional Contribution Award at the annual meeting of the National Council of State Boards of Nursing in Portland, Ore. The award is given for significant contribution by a board of nursing staff member.

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



ARE YOU PAYING ATTENTION?



In August, five of the ASBN Board members and five staff attended the annual meeting of the National Council of State Boards of Nursing (NCSBN) in

Portland, Ore. The membership of NCSBN is comprised of boards of nursing from the United States and its territories. Some of the issues discussed at this meeting were changes in the licensure exam (NCLEX®) for practical nurses, model rules for sexual misconduct, issues related to advanced practice nurses and nurses who have a chemical dependence.

Why am I sharing all of this with you? The answer is easy. All nurses need to know what is happening in the nursing profession. Even though NCSBN doesn't have authority over nurses, it has an influence on nursing practice. For example, the licensure exam, NCLEX, is developed by NCSBN. The use of this exam by every state made it much easier for nurses to obtain licensure in other states. Another wonderful concept that came from NCSBN was the creation of the compact states for nursing licensure. Arkansas was the second state to pass legislation to join the compact. The compact allows nurses whose primary state of residency is Arkansas to work in any other compact state such as Texas, Tennessee and Mississippi. There are 24 states in the compact with Missouri joining just this past June.

When the Board makes big changes, it allows nurses to express their opinions about the proposed changes. For example, changes to Chapter 6 of the ASBN Rules are being proposed. This chapter is on the regulation of nursing education programs. The first step of the change process was to create a committee comprised of stakeholders. In this instance, it is comprised of representatives from various nursing programs in the state. Before a change

occurs, the Board holds a public meeting that is open to everyone. At this meeting, individuals are allowed to speak for and against the proposed changes. These comments are taken very seriously. Each proposed change to the Nurse Practice Act or Rules is posted on our website. Check it often and stay informed. Don't let changes occur without your knowledge and input.

This is an election year and every nurse should know who is running for office and which candidate's views on important issues are congruent with their personal convictions and beliefs. Most importantly, which candidates will be a strong voice for nurses. Health care reform is going to radically change the face of medical care including nursing practice. It is more important now than ever for every nurse to become involved and stand up for our profession. Did you know nurses are the largest group of licensed professionals? Talk about the power we would have if we all got involved and spoke our minds.

There are five steps that will help you become an involved citizen.

STEP 1: Register to vote. Your opinion counts, but it really doesn't matter unless you make it known. Many Americans take the right to vote for granted, but political decisions will be made for you even if you elect not to participate.

STEP 2: Know who is running. Everyone knows who is running for president and other national offices. However, state and local politics probably affect your day-to-day life more than the presidential race, so it is essential you are cognizant of who is running for office in your district and state. There are websites that show who is running in each district of the state.

STEP 3: Get to know them. You need to know who serves in the positions as well as those who are candidates in the upcoming election. Ask questions such as, "What is their political background?", "What did they do before they became a politician?" and "What are their

views on critical issues?" Almost everyone in politics has his or her own website that will give you a wealth of information. As a nurse, we should also be asking questions such as, "Are any of the candidates nurses or married to a nurse?" If they have served in the past, "How did they vote on health care issues?" We want individuals who understand our issues and will stand up for us.

Pay attention to what is being said about each candidate, but remember if it is coming from the candidate's opposition, it could be misrepresented. You need to interact with the candidates – via their website, at their office, rallies and other public appearances.

STEP 4: Speak your mind. Elected officials work for you. They listen to those who will vote in the upcoming election and those who put them in office. You can send e-mails, write letters or call their office. If elected officials get enough calls and letters about a topic, they will listen. They may not always do what you want, but they will listen.

STEP 5: Vote. Our country was founded as a democracy. Make your opinion known, and yes, your one vote does make a difference. The candidates who win will make decisions that affect your life whether you vote or not. Be a part of the democracy in which you live.

The new legislative session will start the first of next year. There will probably be bills introduced that will affect the practice of nursing. Pay attention and let the senators and representatives know your thoughts and opinions. The Board of Nursing watches what is happening, but you are the person who can truly make a difference. All nurses need to speak up and not just sit back and wait to see what happens.

Get involved in politics at some level because it is vital to your future. Remember, our elected officials work for you. You voted them into office and you can just as easily vote them out of office.



PUBLIC PROTECTION AND NURSING REGULATION

I have many emotions as I write my final article as president of the Arkansas State Board of Nursing. I have had the privilege to serve the citizens of Arkansas as a board member for the past eight years and the distinct honor to have been elected to serve as president this past year. Being a member of the Arkansas State Board of Nursing is an honor, but it is also an awesome responsibility. Over these eight years, I've participated in making decisions that have had a direct impact on the lives of nurses and the citizens of Arkansas. As president this past year, I've read our mission statement at the beginning of each meeting to remind us of our responsibility to protect the state's citizens. Our main responsibility is public protection, and we do that through evidence-based regulation of the practice of nursing.

Nursing regulation is not just disciplining nurses who violate the Nurse Practice Act (NPA). Public protection through nursing regulation also extends to protecting students in the various nursing programs. The Board has the responsibility to ensure nursing programs meet the established standards. These standards help to ensure the graduates are properly educated in nursing science and have the knowledge, skill and ability to practice safely at the entry level.

Public protection and nursing regulation also include deciding under which circumstances, if any, a nurse can safely delegate nursing functions to unlicensed personnel. Deciding to put a nurse on suspension, probation or revoking his or her license is by far the hardest decision for me to make as a board member. Equally difficult is voting to suspend admission to a deficient nursing program knowing it could be the beginning of the end of that program. These decisions are not made on emotion, but are made based on evidence and research. Although many nurses who come before the board believe we do not care; to the contrary, we care deeply. I have spent many sleepless nights preceding a board meeting praying for the wisdom to make the right decisions, knowing my vote could directly impact not just the life of the nurse, but also the citizens of Arkansas. Our decisions may not be popular, but they are made on evidence-based regulations and public safety.

In our June Board of Nursing meeting, the Board took an unprecedented step to honor Faith Fields as she retired as the ASBN executive director. For many years, Faith worked hard to establish and find ways to maintain the ASBN student loan program. During the 2009 Legislative session, HB 1022 was sponsored by Rep. Tracy Pennartz and her colleagues and was passed and signed into law. That law is now known as Act 9, funding the ASBN scholarship loan program with more than \$500,000. Act 9 also expanded the student loan program eligibility to include nurses pursuing nursing degrees to become nursing faculty. In a way to honor Faith for her dedication and service to nursing and the citizens of Arkansas, the Board of Nursing voted to rename the program the "Faith A. Fields Nursing Scholarship Loan." Her legacy will continue to live through the lives of the nurses receiving these scholarships.

It has been an honor to serve the citizens of Arkansas. Since I have been on the board, I have had the opportunity to work with talented staff and board members from across the state. I had the privilege to represent the ASBN at national meetings and the honor to work on the National Council of State Boards of Nursing Advanced Practice Registered Nurse (APRN) Committee, which worked to develop the APRN Consensus Model for future APRN regulation. I had the opportunity to work with and learn from some of the best nursing leaders in the country. I have counted it a distinct privilege to serve the citizens of Arkansas.

Thank you and may God bless.

Board Business

President Darlene Byrd presided over the board meetings held on June 9-10 and July 14-15. Highlights of Board actions are as follows:

- Authorized the scholarship awarded through the ASBN Nursing Student Loan Program be named the Faith A. Fields Nursing Scholarship Loan.
- Placed the University of Arkansas at Pine Bluff's baccalaureate nursing program on Conditional Approval.

BOARD DATES



September 8	Hearings
September 9	Business Meeting
October 13	Hearings
October 14	Hearings
October 20	CE Workshop – Staying On Top Of Nursing Practice In 2010 Baxter Regional Medical Center, Mountain Home
November 3	Hearings
November 4	Hearings
November 10	CE Workshop – Staying On Top Of Nursing Practice In 2010 Baptist Health School of Nursing, Little Rock

All events will be held at the ASBN Boardroom unless noted otherwise.

GETTING TO KNOW NEW ASBN STAFF

Amanda Newton Licensing Coordinator



Family: Two daughters – Sydni (10), Wesleigh (6)
Pets: Miniature Pinscher – Natalee
Education: Currently pursuing nursing degree
Awards or Honors: 2004 First Place

First Responder Competition, AEMTA EMS Conference

Work history: JRM ER Trauma; Registered dental assistant

Hobbies: Swimming, hunting, fishing, scrapbooking, family time

Kim Lynn Harper Administrative Specialist II



Family: Linda (mom), John (dad), Jill Tedford (sister), Paula (sister), Clint (brother), Jay Burgin (fiancé)
Pets: Dachshund – Scooter
Hobbies: Bow fishing, shooting in bow tournaments, shopping,

relaxing, family time.

"I find it fun to work at the ASBN, everyone is so welcoming and nice."

Christopher Donahue Imaging Coordinator



Family: Chelsea (wife), Callie (due September 12)
Pets: Mutt – Riz;
German Shepherd – Ace
Education: Mills High School
Work history: DHS/DAAS, Bartender

Hobbies: Karaoke, coaching, cheerleading, baseball, music, family time

"I am excited for my future with ASBN."

Carla Davis Administrative Specialist II



Education: Pulaski Technical College
Certifications: Office Technology
Awards or Honors: Member of Phi Theta Kappa
Work history: Arthritis Foundation
Hobbies: Traveling, reading

Karen McCumpsey ASBN Assistant Director



Family: Scott (husband), twin daughters Kiaya and Kara (20)
Pets: Shih Tzu – Jazzie; Grand dog – Shih Tzu – Jack
Education: Diploma RN – Baptist Medical System; BSN – University of

St. Francis; MNSc – UAMS

Certifications: Certified Nurse Educator

Awards or Honors: Sigma Theta Tau Honor Society, Pinnacle Honor Society, NLN Ambassador, NLNAC Program Evaluator

Work History: Coordinator, School of Practical Nursing and School of Nursing Accelerated Tract at Baptist Health System, Little Rock; Faculty at Baptist Health System; Baptist Memorial Medical Center staff nurse

Hobbies: Hunting, fishing, gardening, genealogy
Working at the ASBN: "After several years in the nurse educator role, I began participating in NLN & NLNAC and participating at state and national levels. I wanted to continue to impact the nursing profession as a whole and on a different level."

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
 www.arsbn.org

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

ADMINISTRATION

Sue A. Tedford, MNSc, RN
 ASBN Executive Director
 Fred Knight
 ASBN General Counsel
 Mary Trentham, MNSc, MBA, APN-BC - Attorney Specialist
 Leslie Suggs
 Executive Assistant to the Director
 LouAnn Walker
 Public Information Coordinator

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 Gail Bengal
 Fiscal Support Specialist
 Carla Davis
 Administrative Specialist II
 Kim Harper
 Administrative Specialist II

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Phyllis DeClerk, RN, LNCC
 ASBN Assistant Director
 Deborah Jones, RN, MNSc, - ASBN Program Coordinator
 Carmen Sebastino
 Legal Support Specialist
 Patty Smith
 Legal Support Specialist

EDUCATION & LICENSING

Karen McCumpsey, MNSc, RN, CNE
 - ASBN Assistant Director

Jackie Gray, EdD, MNSc,
 RN - ASBN Program Coordinator

Calvina Thomas, Ph.D.,
 RN - ASBN Program Coordinator

Margie Brauer
 Licensing Coordinator

Naomi Bryant
 Licensing Coordinator

Lori Gephardt
 Administrative Specialist III

Ellen Harwell
 Licensing Coordinator

Susan Moore
 Licensing Coordinator

Amanda Newton
 Licensing Coordinator

Mary Stinson
 Licensing Coordinator

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Christopher Donahue
 Imaging Coordinator

Matt Stevens
 Information Systems Coordinator

SPECIAL NOTICE

The Arkansas State Board of Nursing has designated this magazine as an official method to notify nurses residing in the state and licensed by the Board about information and legal developments. Please read this magazine and keep it for future reference as this magazine may be used in hearings as proof of notification of the ASBN Update's contents. Please contact LouAnn Walker at the Board office (501.686.2701) if you have questions about any of the articles in this magazine.

ASBN NOTICE OF INSUFFICIENT FUNDS

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

- | | |
|-----------------------|------------------|
| Rosa Marie Bradley | 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: Brenda Murphree, RN, Secretary; Darlene Byrd, APN, President; Gladwin Connell, Rep. of the Older Population, Vice President; Cynthia Burroughs, Consumer Rep., Treasurer
 Standing, L to R: Doris Scroggin, RN; Clevesta Flannigan, LPN; Cassandra Harvey, RN; Peggy Baggenstoss, LPN; Sandra Priebe, RN; Karen Holcomb, RN; Roger Huff, LPN Not pictured: Cathleen Shultz, RN; Richard Spivey, LPN

LETTER FROM THE EDITOR

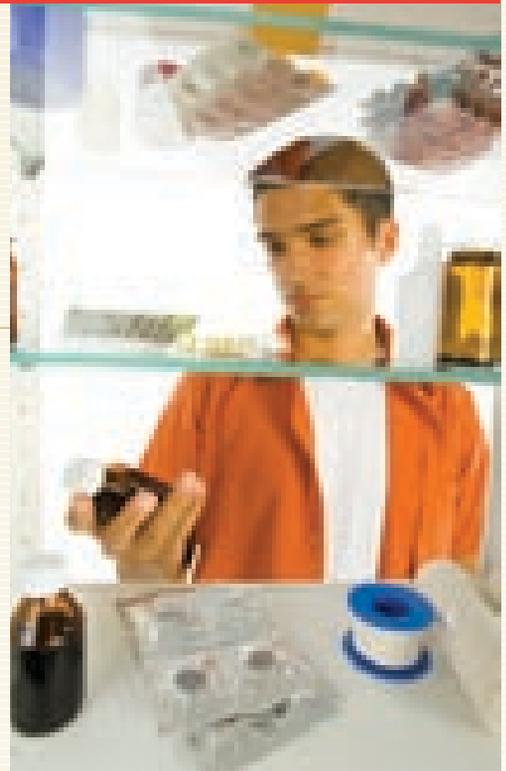


The Arkansas State Board of Nursing recently revised its website, www.arsbn.org. Informational videos, photos and an online complaint form are just a few highlights the updated website offers. You will find it to be a source of valuable information. We will continue to update and expand the site to enable you to stay current with the *Nurse Practice Act* and *Rules* and to fully utilize the services of the Board of Nursing. I am very interested in your opinion and suggestions, so please don't hesitate to contact me at lwalker@arsbn.org.

A handwritten signature in black ink, appearing to read "L Walker".

Lock the medicine cabinets, parents.

The kids are after your prescription drugs



One in eight Arkansas adolescents has taken a prescription pain reliever medication illegally. One in 20 has done so in the past 30 days. And nearly seven percent admit to using an over the counter medication to get high, half of them within the past month.

Surveys also show that teenagers are more likely to have abused prescription and over the counter drugs than street drugs like ecstasy, cocaine, crack and methamphetamines.

Why is this important to know and deal with? Because prescription drugs can kill, maim and fuel other drug abuse.

The abuse of these potent drugs can damage evolving young brains, and they are sometimes deadly. From 2003 to 2007, fifteen Arkansas children aged 12 to 17 died as a result of overdose involving prescription drugs, seven of them from the pain relievers oxycodone and hydrocodone.

So where are these adolescents getting their prescription drugs? Mostly, as it turns out, from their parent's or grandparent's medicine cabinets. It's easy (60 percent of the teens say so), and it doesn't cost them a dime.

In response to the growing problem, Fran Flener, state drug director, has launched a statewide campaign, basically on a shoestring, to increase public awareness of the problem and announced the initiative in Little Rock at the Capitol rotunda on March 12

The thrust of the campaign is that parents, grandparents, guardians, and trusted adults have a key role to play helping the children in their care avoid the dangers caused by prescription drug abuse. The majority of teens report that their parents, not their peers or the media, have the biggest impact on their decision to stay drug free.

Just talking with your kids about the dangers of using prescription drugs is a good beginning, studies show. It can cut the risk in half. Parents should also learn the signs and symptoms of prescription drug abuse—like indications of depression or suspicions of missing drugs—and seek professional help.

Here are some of the things parents can do to reduce the risks of drug abuse in the home:

- Have family dinners. Eating dinner together 5 to 7 nights a week as opposed to 0 to 2 nights.
- Set and enforce a curfew, and monitor your teens' late night activities.
- Lead by example – be a good role model. Don't use illegal drugs. Don't get drunk. Don't smoke.
- Don't assume your teenager or his/her friends have not, do not, or will not use prescription drugs because they are "good kids". Plenty of good kids make bad choices.

- Never give your prescription medications to anyone else, for any reason. It's illegal and potentially could cause the start of someone else's addiction.

These actions coupled with keeping prescription drugs in the home away from children can make a big difference. The keys to success are condensed into three words: "monitor, secure and dispose."

As to monitoring, parents should take note of how many pills are in each prescription bottle or packet, keep track of refills, and if your teen has been prescribed a drug, control the medication and monitor the dosages and refills.

Concerning the securing of drugs, parents should keep all medicines, both prescription and over-the-counter, in a safe place, such as a locked cabinet. Also, tell relatives, especially grandparents, to lock up or hide their medications. Finally, talk to the parents of your teenager's friends. Encourage

them to secure their prescriptions.

Finally, discard expired or unused prescription drugs. First mix the drug with an undesirable substance such as used coffee grounds, kitty litter, or dirt to discourage use, put it in an empty can or bag and then into the trash.

Do not, authorities say, return unused portions of prescriptions to pharmacists. By law, they cannot accept them. Many drugs should not be flushed down or toilet where they may contaminate the water supply, but the list of 30 which can be flushed (accessible on the internet) does include powerful drugs like Demerol, Oxycontin, Percocet, morphine sulfate, methadone and Fentora.

Gaining an understanding of why teenagers want to use prescription drugs is helpful, and here are the top reasons they gave in a recent survey:

- To deal with the pressures and stress of school (73%).
- To feel better about themselves (65%)
- To look cool (65%)
- To deal with problems at home (55%)
- Being high feels good (40%)

Kids exposed to a high level of risk factors (such as availability of drugs, family conflict, parental attitude favorable towards drug use, poor performance in school and depression, for example) are more apt to abuse drugs.

By the same token, kids with a high level of "protective factors" (such as positive peers, religious involvement, academic accomplishment, involvement in pro-social activities, and strong family environment) are less apt to abuse.

Still, prescription drugs, mainly due to their widespread availability, should be considered a threat to all teens. Access is the issue. While all teens should be considered to be "at risk" for prescription drug abuse, a soon-to-be-released report by DHS, Division of Behavioral Health Services shows demographic variations. In Arkansas:

- Girls abuse and are significantly more

likely to abuse prescription drugs than boys. Typically, with alcohol and drug abuse, it is the reverse.

- Depressed students report significantly more over-the-counter and prescription drug abuse.

- Children in foster care abuse prescription drugs more than children in any other type living situation. This does not hold true for alcohol and the majority of other drugs.

In addition to the Office of the Drug Director, there are other state offices working on the teen abuse of drugs Arkansas. They include: the Attorney General's Office, the Department of Human Services, the Office on Alcohol and Substance Abuse Prevention and the U.S. Attorney's Office.

Reprinted from One Day at a Time, March 2010 edition with publisher's permission.

DISASTER DRILL

Nestled near the foothills of the Ozark Mountains in north central Arkansas lies Baxter and Marion counties. The area is most noted for breathtaking views, pristine lakes on which to boat or fish, cool clean air to breathe in deeply, and a sense of tranquility and peace. The disturbing events that seemed so common throughout the United States were not our events. We always felt like we were safe and immune.

But our "perfect world," like many other communities, has been significantly changed since the events following 9/11-- anthrax attack, Hurricane Katrina, the Super Tuesday tornado, flooding, an unparalleled ice storm, and the H1N1 pandemic

September 11, 2001

Before 9/11, Baxter and Marion

Our lakes are still pristine. Our views are still breathtaking. But instead of feeling trepidation about events beyond our control, we feel empowered and ready to handle whatever comes our way. We have a plan, and it is always growing and evolving to meet future events.

to rethink our plans, remove ourselves from the silos of isolation, and engage our community partners to rethink and rewrite more organized plans based upon common terminologies so everyone involved would have a clear understanding of what tasks to perform.

From this need, the Baxter Regional Medical Center Emergency Preparedness Team was restructured using the National Incident Management System (NIMS) protocols. New plans were written, and community support

were written with the guidance of the Arkansas Department of Health and the Arkansas Hospital Association that ultimately became the Regionalized Plan for Response. This plan now includes more counties, hospitals and community support agencies. Also, our laboratory became a charter member of the National Laboratory Network, which conducts training for identifying potential biological weapons.

One of the first steps taken by BRMC was mandatory NIMS training of all employees. From there, bed surge capacity, alternative care sites, decon, mass vaccinations, Memorandums of Understanding (MOU's), quarantine and cohorting became part of our everyday language and focus. We learned our emergency room must be protected like the queen in a game of chess, and workable plans are now in place following the Center for Disease Control (CDC) guidelines. Every nursing station and clinical ancillary departments have well equipped emergency kits containing battery operated radios and flashlights.

Ice storm disaster

The ice storm that blanketed north central Arkansas left people without electricity for days, and some had no water or food. Emergency shelters were formed wherever a generator could be found, and BRMC's Home Health nurses went into action, leaving their own families to tend to the greater need of others. While plans were being set into motion externally, the hospital was given a new challenge--homebound folks on oxygen were beginning to call the emergency room wanting to know how they were going to get their oxygen tanks filled. We did not have the resources to send bottle refills, so an O2 hotel was set up in the Endoscopy Unit.



"Victims" of Operation BOOM relax at the end of the day.

counties had some semblance of a disaster response plan in place, and it seemed to be adequate at the time. After the horrendous events of that day in September, we have all been challenged

agencies were involved. Once written, the plans needed to be exercised, so we would know where our strengths and challenges lie and what changes needed to be made to our base. Plans

When people arrived by ambulance or private vehicles, each person was assigned a cubicle where he or she could receive oxygen from the internal wall units. Each cubicle had a cart for sleeping, a chair and a television. This was not an ideal setting, but under the circumstances people were more than grateful. Since most had been on home care prior to coming to the hospital, nurses from the Endoscopy Unit took turns providing 24-hour care and comfort. They turned hurt into hope and alleviated fears.

Tornado disaster

When a tornado forced the evacuation of a neighboring hospital, we were galvanized into action. We reworked our own evacuation plan and purchased “sleds” and chairs used to transport patients down stairs.

Real world events

From these real world events, we developed a scenario with other hospitals and community partners to extend the capabilities of all agencies involved.

In a scenario, early in the morning of May 5, 2010, both Baxter and Marion counties were rocked by reports of explosions in local courthouses. A second “explosion” was inserted into the scenario, further restricting access. Over the next four hours, all the community partners worked together to exercise all aspects of the disaster plan.

We learned we are ready should a need arise because of our community-wide exercise drills. Area agencies know we can count on each other to do the right thing in the right way. We will continue to work together to be prepared and respond to any disaster.

Baxter Regional Medical Center became the first hospital in the state to implement a Pandemic Plan, and the plan forced us to face an ethical question of prioritization: Who will get the vaccine when there is not enough



for everyone? As nurses at a hospital, we are trusted with the health and well being of many people from the surrounding communities. After much research, thought and care, we now have plans that make sense.

Our plans cover: department specific roles, Infection Control, Transmission Precautions, Emergency Plan, Fire

Plan Evacuation Plan, Pandemic Plan, Hazmat Plan (Decon), Codes, and Leadership Action Plans.

Our lakes are still pristine. Our views are still breathtaking. But instead of feeling trepidation about events beyond our control, we feel empowered and ready to handle whatever comes our way. We have a plan, and it is always growing and evolving to meet future events.

Authored by:

Sherry McGoldrick, Infection Control Coordinator, BRMC

Gerald Cantrell, Director of Ambulance and Safety Coordinator, BRMC

Janie Pugsley, Director of Home Health, BRMC

Barbara Mazzuchi, Director of Endoscopy, BRMC

Pam Mason, Director of Food Services, BRMC

Donna McMullen, Director of Marketing and Public Relations, BRMC

Deborah Williams, Director of Laboratory, BRMC



PLEASE WRITE US



We sometimes receive payments by mail with no forms or explanations attached. This most often happens when a person is sending a payment for a fine. It also occurs when a person has already spoken with someone on the board staff and knows we are expecting this payment. Or, the person has already sent the appropriate form, but forgot to send the payment with it, so the payment is mailed in a separate envelope.

Even if your payment is expected in a certain department, the staff that processes the payments must know what type of payment you are making and which department needs to know it has been received. Also, paying a certain dollar

amount does not necessarily mean that we know where you intend for the payment to be applied. For example, if we receive \$100 in the mail it could be payment for an endorsement, an APN application, an examination fee with a temporary permit request, a RN renewal with a returned check fee or a payment on a fine.

Another potential difficulty occurs when the payment document has a different name on it than the person intended to receive credit. For example, when a parent pays for his or her child's license renewal, or when the name on your check is different from your legal name registered with the Board (i.e. you "go by" your nickname) it can be more difficult to match the payment to the correct person.

Here are some helpful hints to avoid confusion, and make sure your payment is applied where you intended.

1. If possible, complete your transaction online. This way we can completely avoid the "where do we apply this payment" problem.
2. If submitting a paper application, include the payment with the appropriate form.
3. Always write your license number on your check, cashiers check or money order.
4. If you are making a payment for someone else, write for whom the payment is made and his or her license number on the check, cashiers check or money order.
5. If there is not a form required with the payment, include a written note with your name, address, contact phone number, your license number and why you are sending the payment.
6. You might want to send the note to the attention of a particular staff member if you have already spoken with that member and he or she gave you specific instructions regarding your payment. However, if you include in the note the reason for your payment, we will be able to direct it to the correct person.

If we are unable to determine how the payment should be applied, or the proper attachments are not enclosed, the payment will be returned to you requesting more information. Following the suggestions above can help us process your requests more quickly.

ATTENTION: ADVANCED PRACTICE NURSES

Later this month you will receive a letter from Arkansas Medicaid regarding statutory requirements on provider disclosure. This letter only applies to those providers who were actively enrolled in the Arkansas Medicaid program prior to September 01, 2008. This letter requires immediate action on your part in order to comply with requirements set forth by 42 C.F. R. § 455, Subpart B: Disclosure of Information by Providers and Fiscal Agents. Medicaid providers are required to complete additional disclosure forms within thirty (30) days of the date of the letter. Providers who fail to follow through with the required action will have their provider numbers canceled and will no longer be authorized to provide Medicaid services. Your prompt attention to this matter is greatly appreciated.

ACTIVE AND RETIRED LICENSES



Advanced Nurse Practitioner (ANP)	1116
Certified Nurse Midwife (CNM)	24
Certified Registered Nurse Anesthetist (CRNA)	682
Clinical Nurse Specialist (CNS)	126
Licensed Practical Nurse (LPN)	15,259
Licensed Psychiatric Technician Nurse (LPTN)	175
Registered Nurse (RN)	32,262
Registered Nurse Practitioner (RNP)	682
Retired Licensed Practical Nurse	80
Retired Licensed Psychiatric Technician Nurse	6
Retired Registered Nurse	192



Karen McCumpsey, MNSc, RN, CNE

ASBN Assistant Director

CERTIFIED NURSE EDUCATOR CREDENTIALING

Movement toward excellence and innovation is achieved and sustained when there are people who strive to be the very best they can be – and to do the very best they can – because they cannot imagine functioning in any other way. Ironside & Valiga (2006)

I began my career in the nursing profession as a diploma nurse more than 20 years ago. I initially worked in an acute care setting as I continued attending classes for pursuit and attainment of higher academic credentials. Early in my career, I was extremely impressed with a particular professor's passion for teaching, and I developed a desire to merge my enthusiasm for nursing with a newfound interest in teaching. I set a goal of becoming a nurse educator.

Transitioning from clinician to an academic educator was challenging, and several of my peers questioned my choice to work in a "less specialized" area of nursing. This question was often asked because at the time, national recognition of a nurse educator's expertise via certification was nonexistent.

Advanced credentialing in any discipline represents specialized training, professionalism, and a commitment to continued personal and professional growth. The National League for Nursing (NLN) introduced the Certified Nurse Educator (CNE) program, which provides a means of recognition of a nurse educator's clinical expertise as well as advanced educational training. A nurse educator who achieves certification as a CNE is a nurse who has successfully passed a certification examination developed by the NLN. The CNE examination is based on the eight core competencies for the Nurse Educator developed by the NLN in 2005 (2007).

The first cohort of educators was tested in September 2005 at the annual NLN Education Summit. The group represented 206 faculties from 45 states. In the first year of its initial inception, only a handful of Arkansas nurse educators attempted and earned the CNE credential. Nationwide as of March 31, 2010, a total of 2,078 nurse educators have earned CNE credentialing, including 38 Arkansas nurse educators.

Additional recognition transpired in April 2009 when the National Commission for Certifying Agencies (NCCA) awarded accreditation to the CNE program for compliance with NCCA Standards for the Accreditation of Certification Programs.

I encourage nurse educators to prepare and attempt attainment of CNE credentialing and further serve as leaders and role models in the profession. There are two options for meeting eligibility testing for the examination, and each include specific credentialing and experiential requirements. These requirements are located on the NLN website at www.nln.org.

I prepared for the examination by attending a formal NLN certification prep workshop, purchasing the Internet-based examination and completing a broad review of the theoretical content as recommended from the NLN reference list. There is a variety of additional resources available to assist faculty in preparing for the examination, and the full listing is located on the NLN website.

Recently, a television reporter asked a public school teacher a question related to a need for increased recognition. The teacher responded by saying, "A teacher teaches everyone...lawyers, doctors, cashiers...everyone. Of course there is a greater need for recognition." This year, both of my daughters began the journey toward obtaining nursing degrees; one expressed a desire to become a nurse educator. I was excited to discuss the distinction of a specialty practice now afforded to a nurse educator. My words to her closely mirrored those of the public school teacher, "A nurse educator teaches every type of nurse... traveling nurses, acute care nurses, advanced practice nurses. CNE certification now allows acknowledgment of this type of nursing expertise."

"We teach nursing; we touch the future." *Gail Baumlein*

References

Ironside, P.M. & Valiga, T. M. (2006). Creating a vision for the future of nursing education: Moving toward excellence through innovation. Nursing Education Perspectives, 27 (3), 120 – 121.

National League for Nursing (2007). The scope and practice for academic nurse educators. NLN: New York.

Listing of Arkansas Certified Nurse Educators

Deborah Bass	Juli Lane
Carey Ann Bosold	Cheryl Jean Lee
Barbara Burt	Alice Martin- Watson
Geraldine Campbell	Karen McCumpsey
Tammy Marie Claussen	Carolyn Sue McLarry
Shelly K. Daily	Julie B. Meaux
Melissa M. Darnell	Charles P. Molsbee
Karen L. Davis	Nelda New
Lisa Engel	Shelly Randall
Larry Eustace	Cheryl Schmidt
Elaine Gardner	Cathleen Shultz
Susan Gatto	Elizabeth Stokes
Cynthia Gilbert	Sheila Cox Sullivan
Julia Gist	Kimberly Tinsley
Laura Hamilton	Shelby Wheeler
Lisa M. Harless	Diann W. Williams
Joy Jennings	Paige Wimberley
Johnnetta P. Kelly	Brenda A. Womack
Barbara J. Landrum	Joann Wortham

Receptions for retiring ASBN Executive Director Faith A. Fields, MSN, RN

ASBN Boardroom – June 10, 2010



Governor's Mansion – June 29, 2010



Staying on Top of Nursing Practice in 2010



A continuing education workshop sponsored by the Arkansas State Board of Nursing

REGISTRATION FEE: \$45.00 (includes lunch) Pre-registration required. Fees are non-refundable.

Schedule

8:00 a.m.	Registration
8:30 a.m.	ASBN 101
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 **Completed** Baptist Health School of Nursing
11900 Colonel Glenn Road, Little Rock

March 3 **Completed** 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. E-mail info@arsbn.org if you have questions.

This continuing nursing education activity was approved by Arkansas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider Code 09-31-EA

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: October 20 November 10

NAME _____ LICENSE NUMBER _____

CITY _____ ZIP _____ PHONE _____

NCLEX® Pass Rates

Karen McCumpsey, MNSc, RN, CNE

ASBN Assistant Director



The annual National Council Licensure Examination (NCLEX) pass rate is calculated based on a fiscal year (July 1 – June 30) for each Arkansas nursing program. The Arkansas State Board of Nursing (ASBN) Rules requires that each program shall maintain a minimum pass rate of 75 percent. Any program that does not achieve this standard must submit documentation to ASBN that identifies the measures they will use to identify, analyze and implement a plan intended to improve the pass rate.

REGISTERED NURSE PROGRAMS

July 1, 2009 – June 30, 2010

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Rural Nursing Education Consortium (ARNEC)	115	109	94.8
Arkansas State University, ADN	93	72	77.4
Arkansas State University, BSN	119	103	86.5
Arkansas Northeastern College – Blytheville	74	60	81.1
Arkansas Tech University	54	50	92.6
Baptist Health School of Nursing	158	134	84.8
East Arkansas Community College	31	27	87.1
Harding University	38	33	86.4
Henderson State University	60	44	73.3
JRMC School of Nursing	42	39	92.8
National Park Community College	50	46	92.0
North Arkansas College	60	55	91.7
Northwest Arkansas Community College	57	54	94.7
Ouachita Technical College	25	24	96.0
Phillips County Community College/U of A	16	16	100
Southeast Arkansas College	13	12	92.3
Southern Arkansas University	45	41	91.1
U of A Community College – Batesville	38	33	86.4
University of Arkansas at Fayetteville	56	52	92.8
University of Arkansas at Fort Smith	88	73	82.9
University of Arkansas at Little Rock	102	88	86.3
University of Arkansas at Monticello – BSN	28	27	96.4
University of Arkansas at Monticello – ADN	11	11	100
University of Arkansas at Pine Bluff	21	13	61.9
University of Arkansas for Medical Sciences	126	112	88.9
University of Central Arkansas	90	81	90.0

PRACTICAL NURSE PROGRAMS

July 1, 2009 – June 30, 2010

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Arkansas Northeastern College – Burdette	32	29	90.6
Arkansas State University – Mountain Home	21	18	85.7
Arkansas State University – Newport	21	20	95.2
Arkansas State University Beebe – Searcy	62	61	98.4
Arkansas State University Technical Center	43	40	93.0
Arkansas Tech University – Ozark	34	32	94.1
Baptist Health School of Practical Nursing	114	104	91.2

PRACTICAL NURSE PROGRAMS

July 1, 2009 – June 30, 2010

PROGRAM	NUMBER TAKING	NUMBER PASSING	PERCENT PASSING
Black River Technical College	38	36	94.7
Cossatot Technical College	24	21	87.5
Crowley's Ridge Technical Institute	19	14	73.7
National Park Community College	25	22	88.0
North Arkansas College	32	31	96.9
Northwest Technical Institute	43	43	100
Ouachita Technical College	58	50	86.2
Ozarka Technical College	66	59	89.4
Phillips Community College/ U of AR – DeWitt	No graduating class this year		
Pulaski Technical College	24	23	95.8
Rich Mountain Community College	24	22	91.7
Southern Arkansas University – Technical	19	19	100
Southeast Arkansas College	44	40	90.9
SouthArk Community College	85	74	87.1
St. Vincent's School of Practical Nursing	20	20	100
Univ. of AR Community College – Batesville	61	57	93.4
Univ. of AR Community College – Hope	32	29	90.1
Univ. of AR Community College – Morrilton	52	50	96.1
Univ. of AR at Fort Smith	8	8	100
Univ. of AR Monticello College of Technology – Crossett	13	13	100
Univ. of AR Monticello College of Technology – McGehee	14	12	85.7

F A Q S

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

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

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

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

Q How long is my prescriptive authority valid?

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

Q What happens if I do not renew my nursing license by the expiration date?

A If you do not renew your license by midnight on the expiration date, your license is considered expired and any nursing practice after that time will be considered unlicensed practice and will be subject to disciplinary action and civil penalty. A late fee and additional continuing education hours will be required for future renewal. Remember, there is no grace period for renewal and extensions of expiration dates are not permitted.

Q Who may give and accept verbal or telephone orders?

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

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

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

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

POSITION STATEMENT 98-1

Administration of Analgesia by Specialized Catheter (*Epidural, Intrathecal, Intrapleural*)

The Arkansas State Board of Nursing has determined that, under the following conditions, it is within the scope of practice of the registered nurse, licensed practical nurse, and licensed psychiatric technician nurse to provide care to patients receiving analgesia by a specialized catheter.

A. Catheter Placement, Initial Test Dosing, and Establishment of Analgesic Dosage Parameters.

Placement of a catheter or infusion device, administration of the test-dose or initial dose of medication to determine correct catheter or infusion device placement, and establishment of analgesic dosage parameters by written order for patients who need acute or chronic pain relief or for the woman during labor is to be done only by professionals who are educated and licensed in the specialty of anesthesia and physicians in other specialties who have been granted clinical privileges by the institution.

B. Management and Monitoring

1. In order for the nurse to manage the woman in labor who is receiving epidural analgesia, a qualified anesthesia provider must be within the facility. Only those RNs with education beyond licensure that is specific to obstetric analgesia may administer subsequent bolus doses and adjust the drug infusion rates according to the anesthesia provider's or physician's patient specific written orders.

2. A registered nurse (RN) may manage the care of patients with catheters or devices for analgesia to alleviate obstetrical labor pain, acute post surgical, pathological or chronic pain.

Management may include:

- a. Administration of a bolus dose through bolus feature of a continuous infusion pump, following establishment of appropriate therapeutic range;
- b. Adjustment of drug infusion rate in compliance with the anesthesia provider's or physician's patient-specific



written orders;

- c. Replacement of empty infusion containers with new pre-prepared solutions;
- d. Stopping infusions;
- e. Initiating emergency therapeutic measures under protocol if complications arise;
- f. Removing the catheter upon written order;
- g. Accessing implanted ports with percutaneous access;

and

h. Monitoring the effectiveness of therapy and identification of complications.

3. A licensed practical nurse (LPN) or licensed psychiatric technician nurse (LPTN) may provide the care to patients with catheters or devices for analgesia to alleviate acute post surgical, pathological or chronic pain. Care may include:

- a. Replacement of empty infusion containers with new pre-prepared solutions
- b. Monitoring the effectiveness of therapy and identification of complications
- c. Stopping infusion

C. Protocols, Education and Competency

It is within the scope of practice of the registered nurse, licensed practical nurse, or licensed psychiatric technician nurse to manage and/or provide the care of patients receiving analgesia by catheter as defined above only when the following criteria are met.

1. Management and monitoring of analgesia by catheter technique is allowed by institutional policy, procedure, or protocol.
2. The attending physician or the qualified anesthesia provider placing the catheter or infusion device selects and orders the medications, doses and concentrations of opioids, local anesthetics, steroids, alpha-agonists, or other documented safe medications or combinations thereof.
3. Guidelines for patient monitoring, medication administration and protocols for dealing with potential complications or emergency situations are available and have been developed in conjunction with the anesthesia or physician provider.
4. The registered nurse providing care for patients receiving analgesia by catheter or infusion device for acute or chronic pain relief or for the woman during labor is able to:
 - a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique (catheter and site specific) and medication.
 - b. Assess the patient's total care needs during analgesia.
 - c. Utilize monitoring modalities, interpret physiological responses and initiate nursing interventions to ensure optimal patient care.
 - d. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion

device and medication being utilized.

- e. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders.
- f. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.
- g. Demonstrate knowledge and skills required for catheter removal.
- h. Demonstrate knowledge of the legal ramifications of managing and monitoring analgesia by catheter techniques, including the RNs responsibility and liability in the event of untoward reaction or life-threatening complication.

5. The licensed practical nurse/licensed psychiatric technician nurse providing care for patients receiving analgesia by catheter or infusion device for acute or chronic pain relief or during labor is able to:

- a. Demonstrate the acquired knowledge of anatomy, physiology, pharmacology and complications related to the analgesia technique medication.
- b. Anticipate and recognize potential complications of the analgesia in relationship to the type of catheter/infusion device and medication being utilized.
- c. Recognize emergency situations and institute nursing interventions in compliance with the anesthesia provider's or attending physician's guidelines and orders.
- d. Demonstrate the cognitive and psychomotor skills necessary for use of the analgesic catheter or mechanical infusion devices.

6. An educational/competency validation mechanism is developed, and documentation of the successful demonstration of knowledge, skills, and abilities related to the management of the care of persons receiving analgesia by catheters and pain control infusion devices for all nurses who will be providing such care is maintained by the institution. Education/competency validation is specific to type catheter, device and site being used. Evaluation and documentation of competence occurs on a periodic basis.

Adapted from the American Nurses Association's "Position Statement on the Role of the Registered Nurse (RN) In the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural, or Peripheral Nerve Catheters)" 1991.

Adopted March 14, 1998

Thank You

Thank you for all the cards, emails, letters, gifts and well wishes for my retirement. As nurses we have a unique opportunity to touch the lives of others and it is evident from the responses to my retirement that I've touched several of you. In the words of Henry Drummond, "I shall pass through this world but once. Any good therefore, that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer or neglect it for I shall not pass this way again." It has, indeed, been an honor and a pleasure and I thank you from the bottom of my heart.

Faith Fields



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 penal-

ties (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 use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

PROBATION

Alumbaugh, Eric William
R85021, Benton
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years

Choate, Tiffany Leann Choate Lewis
L42412(exp), Russellville
A.C.A. §17-87-309(a)(4)&(6)
Probation – 1 year

Decker, Patricia Naoma Vandenbergelaar Barnett
R64958, Hot Springs
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$2,000

Esau, Nathaniel Robert
L43424, Cabot
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Gaston, Lance Gregory
LPN Applicant, Oden
A.C.A. §17-87-309(a)(2)
Probation – 1 year

Kuyper, Pamela Lynn Simmons
R31743, Arkadelphia
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$1,800

Logan, Mary Katherine
R51199, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$913

Nicholson, Billie Dianna Higdon
PN Applicant, Trumann
A.C.A. §17-87-309(a)(2)
Probation – 1

Swope, Norman Russell
RN Applicant, Sherwood
A.C.A. §17-87-309(a)(1)&(2)
Probation – 1 year

SUSPENSION

Anderson, Adrienne Nicole Lee Sairls
L36320, Jonesboro
Probation Non-Compliance
Suspension – 3 years, followed by Probation – 4 years
Civil Penalty – \$2,500 + bal.

Brown, Albert Lamont
L45687, Trumann
A.C.A. §9-14-239
June 1, 2010

Eddy, Joyce Lynn Baer
L22368, Arkadelphia
Probation Non-Compliance
Suspension – 1 year, followed by Probation – 2 years

Eppinette, Charles Leaman
R24442, Benton
Probation Non-Compliance
Suspension – 6 months, followed by
Probation – 2 years
Civil Penalty – \$1,250

Jones, Shiela Coyann Norris
R62635, L30201(exp), NLR
Probation Non-Compliance
Suspension – 3 years, followed by Probation – 3 years
Civil Penalty – \$3,000+prev.

McNatt, John Christopher
A03064, R80237,
PAC2964(exp), Linden, TN
Probation Non-Compliance
Suspension – 2 years, followed by Probation – 3 years
Civil Penalty – \$2,500+prev.

Stafford, David L.
R39265, Russellville
Letter of Reprimand Non-Compliance
Suspension until terms are met

Thacker, Cynthia Marie Rollings Edwards
L41207, Paragould
Letter of Reprimand Non-Compliance
Suspension until terms are met

VOLUNTARY SURRENDER

Antwine, Sharon Diann Butler Sims
L35759, Texarkana
June 2, 2010

Dennis, Jana Elizabeth Shook
R66261, Van Buren
May 25, 2010

Farris, Casey Morgan Rainey
R82518, L45815(exp),
Magnolia
May 20, 2010

Garloch, Melissa Sue Stromley Burch
R72474, Greenwood
May 20, 2010

Huff, Matthew Stephen
L46401, Malvern
June 3, 2010

McGill, Nick R.
L44231, Mountain Home
May 25, 2010

REINSTATEMENTS WITH PROBATION

McCauley, Tabitha Ba'Trese
L47279, Malvern
Reinstate to Probation – 2 years
Civil Penalty – prev.bal.

REPRIMAND

Coleman, Rodney Andre
L45715, Little Rock
A.C.A. §17-87-309(a)(6)
April 20, 2010

Kennamer, Cynthia Ann
L50143, Van Buren
A.C.A. §17-87-309(a)(1)&(2)
May 26, 2010

Moore, Deborah Sue Funk Bottoms
L38743, Fayetteville
A.C.A. §17-87-309(a)(6)
April 21, 2010

REVOCACTION

Bennett, Donna Sue
L39783, Van Buren
Probation Non-Compliance
June 9, 2010

Hall, Joyce Lynne Trammell Vadney Gibson Glover
R33771, Bryant
A.C.A. §17-87-309(a)(1),(2),(6)&(7) and §17-87-312(e)(18), (g)(1) & (2)
June 9, 2010

Ivy, Michelle Renee Simmons
R70953, Pocahontas
A.C.A. §17-87-309(a)(2)&(6) and A.C.A. §17-87-312(e)(25)
June 9, 2010

WAIVER DENIED

Hall, Joyce Lynne Trammell Vadney Gibson Glover
R33771, Bryant
A.C.A. §17-87-309(a)(1),(2),(6)&(7) and §17-87-312(e)(18), (g)(1) & (2)
June 9, 2010

Ivy, Michelle Renee Simmons
R70953, Pocahontas
A.C.A. §17-87-309(a)(2)&(6) and A.C.A. §17-87-312(e)(25)
June 9, 2010

PROBATION

Andrews, Terry Lynn
R42870, Huntsville
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,000

Bowen, Benjamin
R84652, Little Rock
Probation Non-Compliance
Probation – 1½ years

Boyster, Michelle LaJean
R71767, Bryant
A.C.A. §17-87-309(a)(4)
Probation- 2 years

Bugg, William John
R34847, North Judson, IN
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation – 3 years
Civil Penalty – \$1,500

Butler, Margaret Marie Murphy
R44998, Benton
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$800

Delong, Cheryl Lynn Long Medford
R36160, Van Buren
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Fouse, Benjamin Edward
R83003, Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$500

Huddleston, Jaclyn Rebecca
PN Applicant, Mountain Home
A.C.A. §17-87-309(a)(2)
Probation – 1 year

Metcalf, Karen Margaret Light
R80830, L25243(exp),
Jonesboro
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$800

Morgan, Traci D. Booth
R66968, El Dorado
A.C.A. §17-87-309(a)(4),(6)&(9)
Probation – 1 year

Shanahan, Danny George
R80083, Bella Vista
A.C.A. §17-87-309(a)(6)&(9)
Probation – 1 year

Smith, Timothy Scott
L35681, Jacksonville
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$1,600

Speed, Pamela Ruth Long
A01068, P01164(exp), R40612,
PAC0176
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$2,700

Stanley, Mike Vernon
PN Applicant, Pearcy
A.C.A. §17-87-309(a)(2)&(4)
Probation – 1 year

SUSPENSION

Brooksher, Joslyn Huffstutler
R82288, Fayetteville
Probation Non-Compliance
Suspended- 1 year, followed by Probation- 2 years
Civil Penalty- \$1,500+Bal

Disciplinary Actions- July 2010 continued from page 27

Bruno, Penny J. Clark
R67899, Springdale
A.C.A. §17-87-309(a)(6)
and Probation Non-
Compliance
Suspension- until the terms of
Probation are met

Daniel, Angela Christine Ward
R69605, Texarkana
Probation Non-Compliance
Suspended- 1 year, followed by
Probation- 2 years
Civil Penalty- Pre-Bal

Dudley, Donna Lynne Vano
R22701, Little Rock
Probation Non-Compliance
Suspended- 1 year, followed by
Probation- 2 years
Civil Penalty- \$1,500+Bal

Green, Jamie Denise
R77827 (Exp), Cabot
Probation Non-Compliance
Suspended- 2 year, followed by
Probation- 2 years
Civil Penalty- Pre-Bal

Hamilton, Holly Brooke
Underwood
L45775, Little Rock
Probation Non-Compliance
Suspended- 6 months, fol-
lowed by
Probation- 1 year

Haywood, Deborah Eloise
R70411, Hot Springs
Probation Non-Compliance
Suspended- 2 years, followed
by Probation- 2 years
Civil Penalty- \$2,000

Heird, Lori Ann
R62770, Little Rock
Probation Non-Compliance
Suspended- 3 years, followed
by Probation- 3 years
Civil Penalty- \$3,000+Bal

Ingram, Linda Marie Wade
L31296, Crossett
Probation Non-Compliance
Suspended- 2 years, followed
by Probation- 2 years
Civil Penalty- \$2,000+Bal

Jones, Gary Rae
A03024, R79505, Oronogo,
MO
Probation Non-Compliance
Suspended- 2 years, followed
by Probation- 2 years
Civil Penalty- \$2,000

Ragan, Heidi Nalee Hebert
R64806, Rison
A.C.A. §17-87-309(a)(2)
and Probation Non-
Compliance
Suspended- 5 years, followed
by Probation- 4 years
Civil Penalty- \$4,500

Rose, Donald Lee
R45458, Little Rock
Probation Non-Compliance
Suspended- 2 years, followed
by Probation- 3 years
Civil Penalty- \$2,500+Bal

Schalchlin, Annette Weisner
L42582, Alexander
Probation Non-Compliance
Suspended- 6 months,
followed by
Probation- 1 year
Civil Penalty- Pre-Bal

Tosch, Amanda Jill Odom
R68166, Surfside Beach, SC
Probation Non-Compliance
Suspended- 2 years, followed
by Probation- 2 years
Civil Penalty- \$2,000+ Bal.

Walker, Robert Charles
L30847, Little Rock
A.C.A. §17-87-309(a)(6)
Suspension- 2 years, followed
by Probation - 2 years
Civil Penalty- \$2,000

Wangler, Lisa Michelle McEntire
Mitts McEntire Self Wharton
McEntire
R71892, Waldron
Probation Non-Compliance
Suspension - 6 months,
followed by
Probation - 1½ years
Civil Penalty - \$1,000

VOLUNTARY SURRENDER
Garrison, Soni Gail
L44515, Russellville
July 7, 2010

Gore, Robbin Lynn Carr
L35507, Malvern
June 9, 2010

McMaster, Sherri Lyn Tate
Johnson
R42319, Van Buren
June 9, 2010

REINSTATEMENTS WITH PROBATION
Pruitt, Scotty J.
R72459, Walnut Ridge
Reinstate to Probation - 1 year
July 7, 2010

REINSTATEMENTS
Brown, Albert Lamont
L45687, Trumann
June 16, 2010

REPRIMAND
Colter, Donna Marie Brooks
L40142, Hatfield
A.C.A. §17-87-309(a)(6)
June 2nd, 2010

Cunningham, Lakresha Doretha
L38261, Sherwood
A.C.A. §17-87-309(a)(6)
May 27th, 2010

Thomas, Sandy Kay
L38977, Texarkana
A.C.A. §17-87-309(a)(6)
June 3rd, 2010

Williams, Jamie Lynne Stillwell
L42893, Manila
A.C.A. §17-87-309(a)(1) &(6),
§17-87-207(c)(2) & Rules
Civil Penalty- \$1,000.00
May 26th, 2010

Woodyard, James Michael
R29388, Little Rock
A.C.A. §17-87-309(a)(1) &(6),
§17-87-207(c)(2) & Rules
Civil Penalty- \$750.00
May 26th, 2010

REVOCAION
Greenway, Randall Todd
R56848, Rogers
A.C.A. §17-87-309(a)(2) &(6),
§17-87-312(e)(28)
July 15th, 2010

PROBATIONARY STATUS REMOVED
Calaway, Rhonda Carol
R51511, Paragould
June 17, 2010

Matz, Edward Thomas
R64522, North Little Rock
June 17, 2010

Pierce, Mandy Kayd
L41338, Okolona
June 17, 2010

Pinkley, Jennifer Gayle Spurlock
McGilton
R50385, Springdale
June 17, 2010

Vincent, Ann Kathryn Alexander
R37761, Fort Smith
June 17, 2010

Wyrick, Patricia Renae
R67996, Texarkana, AR
June 17, 2010

Arkansas State Board of Nursing
University Tower Building
1123 S. University, Suite 800
Little Rock, AR 72204

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