

ASBN UPDATE

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CHANGES IN RULES & REGULATIONS

New legislation on federal criminal background checks necessitated changes in Chapters Two, Four and Seven of the *ASBN Rules and Regulations*. Other proposed changes are in Chapter Four for advanced practice nursing and in Chapter Two for the retired nurse license. Highlights of the proposed changes follow:

Nurse Emeritus License

A retired nurse license may be issued to any licensee in good standing who desires to retire from the practice of nursing in this state. After payment of the lower, retired nurse fee, the current license shall be placed on inactive status and a retired license issued.

While retired, the licensee shall not practice nursing; however, the appropriate titles of Registered Nurse, RN, Licensed Practical Nurse, LPN, Licensed Psychiatric Technician Nurse or LPTN may be used. To resume practice, the licensee shall complete a renewal application and pay a reinstatement and active renewal fee.

Federal Criminal Background Checks And Renewals

Proposed changes in Chapter Two would require federal (in addition to state) criminal background checks by the Federal Bureau of Investigation prior to issuance of a permanent license. Section VI. A. 2. stipulates that the temporary permit shall become invalid immediately upon information obtained from the federal criminal background check indicating an offense or upon notification to the applicant or the ASBN of results of the first licensure examination. Section VII. B. 3. states that a nurse whose license has lapsed shall file a renewal application and pay the current renewal fee and the reinstatement fee.

Advanced Practice

The proposed changes in Chapter Four. Section II stipulate graduate level advanced practice nursing education as a requirement for advanced practice licensure after January 1, 2003. Section III includes a provision that foreign educated applicants shall have completed a graduate level educational program with accreditation equivalent to that of a U.S. national accrediting body.

Other changes in this section stipulate state and federal criminal background checks consistent with RN and LPN requirements for licensure and recognize compact state RN licensure for APN license renewal.

Imposter Legislation

Chapter Seven. Section XI. A. defines *engaging in the practice of nursing without a valid license* as "fraud and deceit" and deems it grounds for discipline.

NEW TEMPORARY PERMITS

Graduates from Arkansas nursing education programs are now eligible for temporary permits to practice nursing while waiting to take the licensure examination. Permits are valid for 90 days or until examination results are available. Graduates must be registered to sit for the licensure exam and must have a clear state criminal background check. The temporary permit fee is \$20.00.

New graduates working on temporary permits are considered practicing nurses and as such should use LPN or RN as appropriate insignia. The temporary permit is not valid in other compact states.

THREE STATES JOIN INTERSTATE COMPACT

Arizona, Idaho and North Dakota have recently signed on to the Interstate Nurse Licensure Compact. These states join Arkansas, Delaware, Iowa, Maine, Maryland, Mississippi, Nebraska, North Carolina, South Dakota, Texas, Utah and Wisconsin in the compact. Bills for the compact have been introduced for Georgia-RN, Illinois and New Jersey.

The National Council of State Boards of Nursing's website, www.ncsbn.org, has more information on state compact bill status and the Mutual Recognition model.

ACTIVE LICENSEES JUNE 1, 2001

	Non-Res	Residents	Total
RN	3656	24035	27691
LPN	1367	14750	16117
LPTN	20	487	507
CRNA	298	294	592
CNM	4	20	24
ANP	61	439	500
CNS	5	78	83
RNP	103	1009	1112
RX	26	374	400

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The *ASBN UPDATE* is now being sent by email to those individuals and institutions subscribing to the newsletter listserve.

For a free subscription, send an email to asbn-update-request@list.state.ar.us with the word "subscribe" in the subject line, leaving the message area blank.

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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.*



Message from the President, Shirlene Harris, PhD, RN

The Arkansas State Board of Nursing is moving forward with accelerating speed to keep pace with the dynamic changes in our profession. In keeping with the mission of public protection, the Board played a significant role in promoting and supporting House and Senate Bills that the Arkansas Legislature passed this 2001 session.

The Board is responding to the deepening shortage of nurses and nursing faculty in its role of public protection. The Board President and Executive Director have presented at statewide panels and forums. Faith Fields, Executive Director, gave testimony regarding the nursing shortage before the U.S. Senate Subcommittee on Health, Education, Labor and Pensions. A three-year moratorium on new schools of nursing was approved at the May Board meeting to promote the best utilization of existing faculty and clinical resources.

The Interstate Nurse Licensure Compact has been adopted by fifteen states, and three more have introduced bills in their legislatures. Arkansas and Texas were the first two border states to enact the compact. Intense preparation by both states resulted in a smooth transition for employers and licensees. For now, the compact only applies to registered nurses and licensed practical nurses. Advanced practice nurses must still obtain a license in the compact state where they wish to work. As the first step toward an advanced practice interstate compact, the Board has adopted selected parts of the National Council's Uniform Core Requirements for Advanced Practice Licensure. Requirement of a master's level advanced practice program by 2003 is part of the proposed rules and regulations.

An Advanced Practice Ad Hoc Committee, newly established earlier this year, addresses such issues as the interstate compact for advanced practice nurses. The committee, which includes practicing APNs, also approved two new certifying exams. (See page 5.)

Proposed rules and regulations addressing a new retired nurse license category, federal criminal background checks, master's requirement for advanced practice, and discipline of imposters will soon go to legislative committees for approval as a final step in the adoption process.

The Board has begun exploring the national trend of regulating unlicensed assistive personnel in all employment settings. Currently, only the unlicensed assistive personnel working in long term care and home health are regulated.

"Position Statement 00-2 Telenursing" defined telenursing and affirmed that an active license to practice nursing in Arkansas is required to practice telenursing in this state. The Telenursing Subcommittee, comprised of well-informed nurses from around the state, developed a position statement that acknowledges the technological changes impacting nursing practice and, at the same time, complies with the Board's mission to protect the public. Complementary/alternative therapies were addressed with a practice update.

Governor Mike Huckabee presented the ASBN with the "Member Board Award" from the National Council of State Boards of Nursing. Boards from Texas, Utah, Maryland, North Carolina and Mississippi nominated the Board for its vision, creativity and forward thinking. The Governor also conferred on the ASBN the "Smart Move Award" for excellence in the use of technology and the advancement of eGovernment in Arkansas, based in part on the success of online renewals and the Board's web page. The Arkansas Nurses Association honored the Board with the "Friend of Nursing Award." Selection of the Board was based on significant contributions made and leadership shown in relation to regulation of nursing practice in Arkansas.

It is indeed rewarding to give you this report. This is the fourth annual mailout sent to all licensees as an update on Board actions. More detail and disciplinary actions can be found in newsletters posted on the ASBN website following each Board meeting. I encourage you to stay informed about issues affecting nursing and to communicate your thoughts to the Board. The Board will continue to stay informed and be alert for matters related to nursing education, regulation and practice.

Shirlene Harris

NEXT BOARD MEETING DATES - 2001

August 1 Wednesday Disciplinary
August 2 Thursday Disciplinary

The public is invited to attend ASBN Meetings. Groups of more than five should contact Melinda Thornton at 501/686-2704 for scheduling.

CONTINUED COMPETENCY

Continued competency for nurses has been a topic of interest to nurses and consumers. Currently, the only requirement for continued licensure in Arkansas is payment of the required fee – recent legislation will add a continued competency component to licensure.

A Board Task Force, comprised of members who represented a variety of practice areas, professional roles and geographic locations, researched continued competency for over a year. The diversity of the Task Force provided a well-rounded view of the issue of continued competency and the impact of competency requirements on professional practice.

The charge to the task force was to develop a model of continued competency that: (1) recognized the diversity of practice areas and professional roles, (2) had reasonable expectations for all licensed nurses, and (3) could be implemented with relative ease. The final product that the Task Force developed passed during the recent legislative session and became **Act 86**. Key components are listed below. The full Continued Competency Model and definitions may be accessed at www.state.ar.us/nurse.

Random auditing for compliance with continued competency requirements will be instituted. It will be the responsibility of the nurse to provide verification of continued education during the renewal period when audited by ASBN staff.

OVERVIEW OF ASBN CONTINUED COMPETENCY MODEL

In addition to the requirements outlined below, other evidence of compliance may be requested by the Board.

A. INITIAL ENTRY TO PRACTICE

Graduation from an approved program or equivalency; and
Pass NCLEX examination (RN/LPN).

B. RENEWAL FOR ACTIVE PRACTICE

Verification of practice during renewal period; and

Verification of continued education during renewal period by one of the following:

1. Documented evidence of compliance: 15 practice focused contact hours from a nationally recognized or state continuing education approval body recognized by the ASBN; or
2. Certification or re-certification during renewal period by a national certifying body recognized by ASBN; or
3. Active academic study in nursing or related field; or
4. Complete an academic course in nursing or related field.

C. RENEWAL FOR INACTIVE STATUS

No continuing education requirements until re-entry to practice is requested.

D. RE-ENTRY TO PRACTICE AFTER ABSENCE

If less than 5 years

Verification of continuing education requirement of 20 practice focused contact hours within the last 2 years from a nationally recognized or state continuing education approval body recognized by the ASBN.

If greater than 5 years

Verification of completion of above continuing education requirement and verification of completion of:

1. A refresher course approved by the ASBN; or
2. Completion of an employer competency orientation program.

PHASE-IN REQUIREMENTS

License Renewal Period

July 1, 2003 – June 30, 2004	8 practice-focused contact hours or B. 2, 3 or 4 above
After July 1, 2004	15 practice-focused contact hours or B. 2, 3 or 4 above

Re-entering practice after an absence of less than five (5) years

July 1, 2003 – June 30, 2004	10 practice-focused contact hours
After July 1, 2004	20 practice-focused contact hours

Re-entering practice after an absence of more than five (5) years

July 1, 2003 - June 30, 2004	10 practice-focused contact hours
After July 1, 2004	20 practice-focused contact hours plus refresher course or employer program (See above.)

Appropriate continuing education contact hours earned for the two years prior to the renewal date will be accepted for meeting the continuing competency requirements.

2001 LEGISLATIVE WRAP-UP

The 83rd General Assembly has now dismissed "sine die" having passed several laws that have an impact on nursing practice. A brief synopsis of the new statutes is listed below. For a copy of an entire bill, follow the prompts at www.arkleg.state.ar.us.

- **Act 1397 by Senator Brown** from Siloam Springs sets minimum staffing requirements and procedures in nursing homes and nursing facilities that care for more than three patients.
- **Act 320 by Representative Minton** from Ward allows the Health Department to schedule Gamma-hydroxybutyrate (GHB) consistent with the DEA, which classifies the substance as a Schedule I. In addition, the DEA places FDA approved products containing GHB into Schedule III.
- **Act 1209 by Representatives Judy et al., and Senator P. Malone et al.**, sets specific limits and disciplinary measures to control the sale and possession of ephedrine, pseudoephedrine, norpseudoephedrine and phenylpropanolamine. This will have a specific effect on advanced practice nurses who have sample medications in their clinics which contain any of these substances, their salts, isomers or salts of isomers.
- **Act 1664 by Representatives Duggar and Borhauer et al.**, includes nursing schools as approved institutions in the academic challenge scholarship program. Students should contact the Board of Higher Education or their high school counselor to access scholarship information.
- **Act 303 by Representative Bradford and Senator Gullett** of Pine Bluff amends the *Nurse Practice Act* to require a federal (finger print) criminal background check prior to initial licensure for new graduates and those endorsing into Arkansas from another state. This new requirement will be implemented as soon as the process has been outlined but not before fall 2001.
- **Act 212 by Representative Rodgers** from Hope gives the Board of Nursing jurisdiction over unlicensed individuals engaged in the practice of nursing. The Board gets frequent complaints regarding individuals who are calling themselves "nurse" or have falsified a license and obtained

employment as a nurse. The Board will begin to take action against these individuals as we have the authority to issue civil penalties of up to \$1000 per day for this violation.

- **Act 787 by Representatives Bond and Borhauer et al., and Senators Gullett and Baker** replaces the Arkansas Primary Care Nursing Practice and Nurse Educator Student Loan and Scholarship program with a Graduate Nurse Educator Loan and Scholarship program. This enables students to obtain funding to earn the Master's in advanced nursing practice or education or doctor of philosophy in nursing degree.
- **Acts 1594 and 1465**, initially sponsored by Representative Bond and Senator Gullett, establishes a legislative commission to study the status of the nursing and nurse educator shortage and the economic impact of these shortages on the healthcare industry. The Public Health Committees of the Arkansas House of Representatives and Senate, in their entirety, signed on to this legislation showing their support for enhancing recruitment and retention of nurses.
- **Act 451 by Representative Bledsoe** from Rogers requires hospitals to make safe needles available to health care workers to prevent exposure to bloodborne pathogens.
- **Act 86 by Representatives Biggs et al.**, gives the Board of Nursing authorization to establish standards for requiring continuing education for all licensed nurses. Rules and regulations are being written to outline the specifics of these requirements.
- **Act 149 sponsored by Representative Altes et al.**, from Ft. Smith changes the composition of the Board of Nursing. According to the statute, the Governor will not replace two LPTN members of the Board when their terms expire in October of 2002.

The sponsors of these bills are to be commended for their support of legislation affecting the practice of nursing and enhancing public safety. Please take the time to contact the legislators in your district, tell them you are a nurse and thank them for their hard work in this legislative session.

NEW ONLINE SERVICES SAVE TIME & TROUBLE

Online Renewal

Since July 1, 2000, over 2300 RNs, LPNs, and LPTNs have renewed their licenses online. There are some restrictions and a credit card is needed.

Some individuals are still reluctant to use their credit card online. According to Chad Calhoun, Information Systems Administrator, one of the strongest forms of encryption in use today is utilized in the transmission of credit card information for online renewal.

RNs, LPNs and LPTNs renewing online do not have to mail in the renewal application form. *Advanced practice nurses and registered nurse practitioners must currently complete and mail in the renewal application.*

Online Address Changes

Failure to notify the Board of address changes is a frequent cause of undelivered mail and subsequent lapsed licenses. Late fees have increased and disciplinary measures may be taken. By changing your address online, you can be assured that your renewal form will be mailed to the right address. Licensees have been very complimentary of this service.

If you would like to renew your licenses or change your address online, visit the ASBN website at www.state.ar.us/nurse.

YOUR BEST STORIES

The Board would like to publish efforts you or your institution have made to prevent medication errors or to resolve the nursing shortage. The best stories with the widest audience appeal will be published. Authors will be given recognition for their stories.

GOODBYE TAMI



Tami Hill, *ASBN UPDATE* Editorial Assistant, will be moving to the sunny beaches of Florida at the end of this month. Also serving as the Advanced

Practice Secretary, Tami has been with the Board almost three years.

It is with deep regret and a little envy that we say goodbye. Board members and staff wish her well in her new endeavors.

COMPLEMENTARY &/OR ALTERNATIVE THERAPY

Nurses using complementary or alternative therapies in their practice should carefully follow the ASBN "Position Statement 98-6 Decision Making Model" and be prepared to provide documentation that they have followed the model in making their decisions. Particular attention should be paid to statements in the ASBN "Position Statement 95-1 Scopes of Practice."

Nurses must practice within the scope of practice of their license. Basic nursing education includes such complementary treatments as focused breathing and relaxation, massage, guided imagery, music, humor and distraction. The more complex complementary and alternative therapies are a part of advanced practice nursing.

Advanced practice nurses may be qualified to recommend or prescribe vitamins, herbs, minerals or other over-the-counter products. The registered nurse practitioner and the registered nurse may follow protocols to recommend these products. These protocols shall be reviewed annually by the licensed physician and nurse and be provided to the Board upon request.

The full text of the ASBN Positions Statements and Practice Updates can be accessed at www.state.ar.us/nurse or at the Board office.

TELENSURING POSITION STATEMENT OVERVIEW

Telenursing is defined as the practice of nursing using protocols through telecommunication technology. The Arkansas State Board of Nursing has determined that an active license to practice nursing in Arkansas is required to practice telenursing in this state. The ASBN "Position Statement 98-6 Decision Making Model" shall be followed to determine if a particular act of telenursing is within the scope of practice of the nurse, with emphasis on completion of special education, possession of appropriate knowledge, and documented evidence of competency and skill in the nurse's personnel file.

The ASBN has determined that nurses licensed to practice in Arkansas may practice telenursing under the following circumstances:

1. There shall be an established relationship with the client and a record to document data collected and all care provided or recommended.
2. There shall be protocols that outline the care to be given. These protocols shall be reviewed annually by the licensed physician and nurse and be made available to the Board upon request.
3. Documentation of each client contact shall include demographics, health history, assessment of the chief complaint, the protocol followed, referral, and, if indicated, any follow-up.
4. Deviations from protocols shall require a direct order from a practitioner authorized to prescribe and treat in accordance with state law. All deviations shall be documented in the client record.
5. Protocols shall not include prescription drugs. (Does not apply to protocols by APNs and RNPs.)
6. The roles of the RN, LPN and LPTN are limited to the parameters set out in "Position Statement 95-1 Scopes of Practice." Because their practice parameters do not include assessment, the roles of the LPN and LPTN are limited to data collection in telenursing.

ADVANCED PRACTICE

ADDITIONAL APN LICENSE/SPECIALTY

Advanced Practice Nursing (APN) licensure is granted in a specific category: Advanced Nurse Practitioner (ANP), Certified Nurse Midwife (CNM); Certified Registered Nurse Anesthetist (CRNA); or Clinical Nurse Specialist (CNS). Within the CNS and ANP categories, there are several nursing specialties recognized by the ASBN. CNS specialties include psychiatric and mental health, community health, gerontological and medical-surgical. Acute care, adult, family, gerontological, pediatric, psychiatric mental health-adult and family, and school nurse are the ANP specialties.

If after initial licensure as an APN, additional education and certification is obtained in a different category and/or specialty, the APN must seek licensure in an additional category or recognition in another specialty to legally practice in these areas.

Please refer to *ASBN UPDATE* August/September 2000 issue, page 3, or contact Georgia Manning for more information.

APN MASTER'S IN 2003

The APRN Uniform Requirements, approved by the National Council of State Boards of Nursing in August 2000, were reviewed at the second meeting of the Advanced Practice Ad Hoc Committee. Changes in the *ASBN Rules and Regulations* to move Arkansas toward mutual recognition of advanced practice nurses were recommended to the Board. Most significant was the recommendation that a master's program be completed as a requirement for advanced practice licensure, beginning January 1, 2003. Additional changes in the *Rules and Regulations* will need to be made to meet requirements related to endorsement.

Georgia Manning, Director of Advanced Nursing Practice and Board staff for this committee, is a member of the NCSBN's Advanced Practice Task Force. The Task Force has set a timeline of 2003 for introduction of an advanced practice nurse interstate compact to state legislatures.

NOT A NP! NOT A CNS! NOT ADVANCED PRACTICE!

Some nurses are using the title of nurse practitioner or clinical nurse specialist illegally, probably because they completed programs offering such degrees. After Act 409 passed in 1995, these titles became protected. *ASBN Nurse Practice Act §17-87-104* states it shall be a misdemeanor for any person to use in connection with his or her name any of the following titles, names or initials, if not properly licensed by the Board:

- Advanced registered nurse practitioner, ARNP or ANP;
- Nurse anesthetist, certified nurse anesthetist, certified registered nurse anesthetist or CRNA;
- Nurse midwife, certified nurse midwife, licensed nurse midwife, CNM or LNM;
- Clinical nurse specialist or CNS;
- Registered nurse practitioner, NP or RNP; or
- Any other name, title or initials that would cause a reasonable person to believe the user is licensed under this chapter.

Requirements for licensure as an advanced practice nurse include current Board approved national certification as an advanced practice nurse and completion of an advanced practice education program.

NEW PSYCH-MENTAL HEALTH NP CERTIFICATIONS

On April 12th, the Board voted to approve the Psychiatric Mental Health Nurse Practitioner – Adult and Family certifying examinations for recognition for advanced practice licensure. They are offered by the American Nurses Credentialing Center.

NURSING EDUCATION PROGRAMS

Source: NCSBN jurisdiction program program summary of first-time candidates regardless of where they took the examination.
Passing percentages reported reflect all campuses of a college combined.

CONGRATULATIONS! The Board congratulates the following nursing education programs that achieved a 100% pass rate for the NCLEX during the calendar year 2000. The practical nursing programs are: Arkansas State University - Mountain Home, Crowley's Ridge Technical Institute, Foothills Technical Institute, Forest Echoes Technical Institute, Quapaw Technical Institute, U of A Community College-Hope, U of A Community College-Batesville. The registered nurse program was Har-Ber School of Nursing-Springdale.

MANDATORY OVERTIME: PATIENT *or* EMPLOYMENT ABANDONMENT?

The Board frequently receives inquiries regarding staffing ratios, abandonment issues, mandatory overtime and floating to another unit. These inquiries usually are the result of situations encountered by RNs, LPNs and LPTNs in relation to their work assignment. The *Arkansas State Board of Nursing Rules and Regulations* Chapter 7, Section XV addresses examples of acts that could be considered "unprofessional conduct" and are subject to disciplinary action by the Board:

- Performing or attempting to perform nursing techniques and/or procedures for which the nurse is untrained by experience or education, and practicing without the required professional supervision.
- Leaving a nursing assignment without notifying appropriate personnel.
- Failing to supervise persons to whom nursing functions are delegated or assigned.
- Practicing nursing when unfit to perform procedures and make decisions in accordance with the license held because of physical, psychological or mental impairment.

Mandatory overtime usually refers to situations where the employer requires the nurse to remain on the job after the end of scheduled work hours. It has also been imposed to require nurses to come in to the workplace on unscheduled work days or hours. This is usually a result of staffing shortages at the facility. Nurses often ask if the employer can actually require them to remain on the job, and what will happen if they refuse to stay or come in to work? It is frequently reported that they have been told if they refuse to work, they will be fired and reported to the Board for "patient abandonment."

The term "patient abandonment" should be differentiated from the term "employment abandonment," which becomes a matter of the employer-employee relationship and not that of the Board of Nursing. It should be noted that from a regulatory perspective, in order for patient abandonment to occur, the nurse must have first accepted the patient assignment and established a nurse-patient relationship, then severed that nurse-patient relationship, without giving reasonable notice to the appropriate person (supervisor, employer) so that arrangements can be made for continuation of nursing care by others.

Providing appropriate nursing personnel to care for patients is the responsibility of the

employer. Failure of a nurse to work beyond the scheduled shift, refusal to accept an assignment, refusal to float to another unit, refusal to report to work, and resigning without notice are examples of employment issues, and not considered by the Board to constitute patient abandonment.

The nurse manager/supervisor is accountable for assessing the capabilities of personnel in relationship to client needs and delegating or assigning nursing care functions to qualified personnel. The nurse accepting the assignment is accountable for informing the manager/supervisor when an assignment includes nursing techniques or procedures for which the nurse is not trained.

The manager/supervisor's responsibility also includes making judgments about situational factors (e.g., fatigue, lack of sleep, lack of orientation and training to a particular unit) that would influence the nurse's capability to deliver safe, effective care. The nurse manager should be aware that he/she could be subject to disciplinary action by the Board for assigning patient care responsibilities to staff when the manager knows, or should reasonably know, that the nurse's competency may adversely affect the care delivered. Additionally, accrediting and regulatory bodies require that nurses have orientation to the unit where they are assigned, as well as training and credentialing in the specialized skills they may be expected to perform on a particular unit.

Nurses are accountable for the nursing care they provide. Before accepting an assignment, it is most important that the nurse have the knowledge, skills and abilities to safely perform the tasks assigned. When nurses arrive for work and determine it would be unsafe to provide the care assigned, they should immediately contact their supervisor, explain their concerns and request assistance in planning and providing safe, effective care based upon the available resources in the agency. Such assistance might include additional staff, additional assistance by other individuals for specific activities, prioritizing care or notifying others regarding limitations to be imposed on providing optimal care during the period of understaffing. Regardless of the staffing situations, when nurses accept assignments, they will be held to the standard of delivering safe care, protecting patients from harm, monitoring patient responses to medical and nursing interven-

tions, communicating with other professionals regarding patient status and accurate documentation of care that has been delivered.

To summarize, patient abandonment can only occur after the nurse has come on duty for the shift and accepted an assignment. If the nurse leaves the area of assignment during the tour of duty prior to the completion of the shift and without adequate notification to the immediate supervisor, it is possible the Board would consider taking disciplinary action. However, when a nurse refuses to remain on duty for an extra shift beyond the established schedule, it is not considered patient abandonment should the nurse choose to leave at the end of the regular shift, provided he/she has appropriately notified the supervisor and reported off to another nurse. For questions related to nursing practice issues contact Deborah Jones, Assistant Director of Nursing Practice.

Adapted from "The Nurse Practice Act and Patient Abandonment" by Shelley F. Conroy, *The Virginia Board of Nursing, Nursing Notes*, Spring 2001.

ASBN ORDER FORM		
Item Description	Cost	
<i>Nurse Practice Act & Rules and Regulations</i>	7.00	
<i>ASBN UPDATE</i>		
Newsletter (1yr. July-June)	15.00	
<i>ASBN Annual Report</i>	20.00	
8 1/2 X 11 Wall Certificate	18.00	
License Type _____		
License # _____		
Position Statements (set of 15) <small>(Includes Practice Updates, School Nurse Guidelines and Complementary/Alternative Therapies)</small>	5.00	
Total \$ _____		
Please complete the following & mail to: Arkansas State Board of Nursing 1123 S. University, Suite 800 Little Rock, AR 72204: (Please Print)		
Last Name	First Name	
Address		
City	State	Zip

Arkansas State Board of Nursing
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IT IS IMPERATIVE THAT THE BOARD HAVE YOUR CURRENT NAME AND ADDRESS

Has your name or address changed? If so, please complete this form and return it to:
 Arkansas State Board of Nursing, 1123 S. University, Suite 800, Little Rock, AR 72204

ADDRESS CHANGE <i>(NO FEE)</i>	For identification, please provide the following:
	SSN#
Name:	License #
New Address:	I DECLARE MY PRIMARY STATE OF RESIDENCE TO BE:
City, State, Zip, County	SIGNATURE: (MUST BE SIGNED)

NAME CHANGE

(Certified copy of marriage licence or court action must accompany fee.)

Current Name: <i>(Last, First, Middle, Maiden)</i>	ENTER LICENSE NUMBER AND ENCLOSE \$10.00 FOR EACH LICENSE HELD.	
Address:	LPN	\$10.00 _____
	LPTN	\$10.00 _____
City, State, Zip, County	RN	\$10.00 _____
	APN	\$10.00 _____
Former Name <i>(Last, First, Middle, Maiden)</i>	RNP	\$10.00 _____
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