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SUMMER CEREAL DRIVE 2007

Former ASBN
Executive Director
Remembered

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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.

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ABOUT THE COVER:

Boxes, boxes and more boxes of cereal all fueled by the campaign efforts and energy exuded by television personality Tom Brannon, Meteorologist for KTHV's morning show. This year a large portion of the boxes came from nurses and other hospital staff at Southwest Regional, Saint Vincent Infirmary Medical Center and Arkansas Children's Hospital.

The nurses pictured on the front with Tom Brannon are Meleah Langford, RN and Kami Chesser, RN from Arkansas Children's Hospital.

Thinkaboutitnursing.com

Recruitment

Education



COMPUTERS BREAK

I've always been kind of a computer geek. In 1984, when almost nobody had home computers, I was letting mine crank out my anesthesia care plans. (And my instructors thought that I was so conscientious that I typed them all.) In 1987, we were using automated anesthesia records which were modern marvels at the time. Not long after that, Pyxis came on the scene with an ATM that doled out medication instead of money. In what seemed like a blink of an eye, the entire hospital was computerized.

Most people don't like change, and some would argue that nurses really don't like change. Even the "high-tech rednecks" among us questioned the advantage of some changes. (Ok, we used to call the lab to request lab work. Now we spend five minutes entering cryptic codes, and call the lab. How is this an improvement again?) But like it or not, change has happened in most places and we're going to need to adjust.

In most cases, after the initial education, and after the first few bugs are worked out, all goes smoothly. But sometimes things go too smoothly. Once we begin to depend on high tech gadgets, they break and we can't remember how we did our jobs without them. I remember arguing with a nurse in the early days of pulse oximetry that it really didn't matter if the monitor was showing a saturation of 100 percent, if the patient was blue and apenic.

With written documentation doing away with the red, green and black pen, all facilities and nurses need to have a back-up plan. After my father's recent prostate surgery, a nurse didn't enter the room until six hours after his admission from the recovery room. The reason, the nursing assistant explained, was that the computers were down. I thought that she was joking, but for hours I walked by the nursing station and it was mass confusion with half of the staff staring at blank screens, and the other half rummaging through filing cabinets or on the phone. It was obvious that if they had a contingency plan, it was in a file on the computer. And this was not a new system. I know this because the following morning they tried to give him the medicines that he was taking during his stay two years earlier –

most of which he was no longer taking. When I questioned the wisdom of starting someone 16 hours post TURP on Coumadin, I was told, "I don't know, but it's in the computer, so he's supposed to have it." Remember, computers break.

The Board recently heard a case in which the nurse was charged with not documenting the removal of, administration of, or the wastage of controlled substances. His defense was that the medication administration system and the electronic charting system conspired against him (and no one else in the department) hundreds of times over a three month period. And no, he didn't have any documentation to back-up his claim.

So what's a nurse to do? First, you need to know your facilities' policies, or at least where to find them. Secondly, use your head – both to determine if there is a problem with a system, and then to know what to do. Nurses functioned for centuries without computers or fancy equipment, and they still can. In very few facilities are nurses responsible for computer or equipment repair, so if there's a computer problem, let the computer people fix it, and you take care of the patient. Thirdly, document. If there are frequent problems with computers or equipment, document that you informed your supervisor, and keep any reply. If the electronic charting system goes down, document all patient care in writing. Any system should have a method to incorporate your documentation into the system once it's functioning again.

In summary, The Board of Nursing will not hold you accountable for knowing how to de-bug software, but you will be held responsible for not adequately caring for your patients. Believe me, if someone had invented a RoboNurse, it would be on the market. (And it would break.) There is not one because robots aren't able to reason. Since you are, you should use this to your advantage and use equipment as a tool and not as a crutch or as an excuse.

Important Information

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LOST OR STOLEN LICENSE

A listing of all lost or stolen licenses can be found at www.arsbn.org. All reissued licenses will have "DUPLICATE LICENSE" stamped on them. Employers are urged to inspect the original license from a job applicant and verify the nurse's identity with a photo ID.



Competence When Disaster Strikes

Following Hurricane Katrina, Oprah had a show about heroes. One of those heroes was a nurse who had left her job because her employer wouldn't let her off work to go assist in the disaster. It was a touching story, however, as much as they need nurses to help during a disaster, there needs to be a coordinated effort, rather than folks just showing up and saying "give me something to do." It is important to know what licensure rules are in place during a disaster. Practicing without a license, even during a disaster, could open the individual up to civil or criminal charges. In some states, a governor's declaration of a disaster may override licensure statutes in such a way that a person with a valid unencumbered nursing license from another state may provide care during the disaster. However, in smaller emergency events, like the tornadoes that hit Arkansas, licensure laws are usually not lifted.

In states which are party to the interstate compact on nursing licensure, there does not have to be a declaration of a disaster, the nurse can assist during the disaster in any other compact state under the privilege to practice authorized by the compact. In either case, a valid, unencumbered nursing license must be verified. We are working to make this information available to those that need it during times of emergency.

Boards of Nursing don't often get complaints regarding care given during a disaster. You do what you have to do under the circumstances, but regardless, the nurse must ensure that they "first do no harm." Let me be clear that an altered standard of care does not mean an altered standard of competence. In whatever care is given, the nurse must be competent to provide that care. Here are a few cases in point...

A Florida Long Term Care facility evacuates residents to Alabama. There were no records sent. No arm bands, no photos, no way to identify who the residents were, except the staff that came with them. The Florida staff wanted to leave the residents with the nurses in Alabama because they were obviously tired, worn out, and ready to get back to their families, but the Alabama nurses said no, and that's exactly what they should have said. When evacuating, take the medical record, and affix it to the patient in some manner.

A nurse was transporting a child who was a Hurricane Rita

victim. The Nurse was interviewed by a reporter and described what she was doing. She never mentioned the child's name and they never photographed the child. A complaint came into the board regarding breach of confidentiality. Case closed – no breach occurred.

A doctor and two nurses in Louisiana were accused of killing patients in a New Orleans hospital in the days following Hurricane Katrina. The spokesperson for the Louisiana Attorney General's office said, "We're not calling this euthanasia. We're not calling these mercy killings. This is second-degree murder." Picture yourself in their situation, you are in charge of the care of patients who cannot be evacuated, the power is out in the hospital, the temperature is over 100 degrees, you've waited for four days to be evacuated, and there is no way physically that you can take care of these patients; you are watching them suffer and die. The time has come to evacuate, and there is no way to get these patients out. Do you leave them unattended so that you get the able ones out, knowing that some patients will die? Do you stay and die with them? What would you do? Although I cannot tell you what I would or would not do, I can tell you that, although there may be mitigating circumstances to consider, there are no laws in any state that would allow a nurse to knowingly or willingly take the life of a patient.

Triage procedures, whether you take care of the sickest first under normal circumstances, moving to military triage of taking care of the ones more likely to survive and get them to help take care of others is counter intuitive to what we usually do as nurses, but is generally what is needed and is not covered under board of nursing rules. Nurses may alter a standard of care during a disaster – that may mean using clean dressings instead of sterile if that is all that is available, however, nurses do not alter standards of competence.

Complaints do occasionally arise following a disaster, however much good and dedicated care is given by the nurses throughout disaster events. The nature of their service under tremendous conditions is heroic to say the least. In Arkansas, we need to create a system in which nurses are willing to volunteer, we can verify that they are indeed nurses in good standing, and give them the freedom and protections to do their part in saving lives.

Faith A. Fields
Faith A. Fields, MSN, RN

Board Business



Left to right top row: Lori Eakin, LPN; Pamela Crowson, RN; Clevesta Flanigan, LPN; Darlene Byrd, APN; Cassandra Harvey, RN; Frank Fusco, Peggy Morgan, LPN. Front row: Stephanie Rockett, RN; Dan West, RN; Lepaine McHenry, RN; Kathy Hicks, RN. Board member not pictured: Greg Evans, RN

BOARD MEETING DATES FOR 2007

July	No Meetings Scheduled
August 1	Disciplinary
August 2	Disciplinary
September 12	Disciplinary
September 13	Business
October 10*	Disciplinary
October 11*	Disciplinary
November 14	Disciplinary
November 15	Disciplinary
December	No Meetings Scheduled
April 2-4	NCSBN Mid Year Meeting
August 7-10	New Orleans, LA NCSBN Annual Meeting Chicago, IL

*decide by September whether dates are needed.

The public is invited to attend ASBN Meetings. Groups of more than five should call and ask for Carmen Sebastino at 501.686.2701

REVISED COLLABORATIVE PRACTICE AGREEMENT

ATTENTION APNs WITH PRESCRIPTIVE AUTHORITY:

The Board is receiving so many incomplete collaborative practice agreements. The collaborative practice agreements have been **updated** so please take time to review Collaborative Practice Agreement before mailing it to the Board. The agreements online are acceptable.

The Collaborative Practice Agreements used in the old format are no longer accepted. To view and download an updated form go to our website at www.arsbn.org and click on forms. Just print, fill out completely and mail to the Board. If the CPA is not complete we will mail it back to you and it may delay your time at work if you are prescribing. The Board must have an original agreement on file before you are eligible to prescribe.

DON'T FORGET, if **you** are terminating an agreement with a physician **you** must report it to the Board immediately in writing. Refer to your *Rules Chapter Four, Section VIII*.



MRS. LINDA MURPHEY
(1939-2007)

Nursing regulation lost a champion in June of this year. The former Executive Director of the Board of Nursing, Linda Murphey, age 68, of Little Rock, died June 9, 2007. She is

survived by her husband, Art Murphey, one daughter, Leslie Pafford and her husband Thomas Pafford and two granddaughters, Kerby and Chaney all of Houston, TX, her stepsons, Mason Murphey of Little Rock and Beau Murphey and wife Lee of San Antonio, TX.

Mrs. Murphey graduated from DeQueen High School and received nursing degrees from Northwestern Louisiana State and Emory University in Atlanta. She taught in nursing schools in Central Arkansas and retired as Executive Director of the Arkansas State Board of Nursing.

She will certainly be missed in the nursing community. In lieu of flowers, memorials may be made to The Salvation Army, 1111 West Markham, Little Rock, AR 72201.



Jan Turner: EDUCATING NURSES WHO EDUCATE THE PUBLIC



When disaster strikes in Arkansas- she is Jan on the spot! Jan Turner has a visionary attitude towards public health in Arkansas. She serves as the Southeast Region Patient Care Manager for the Arkansas Department of Health. Influencing and guiding public health nurses to be prepared for crisis situations seems to be what Turner is focused on especially with tragedies being on the forefront of everyone's minds these days. Society has gotten a heavy dose of disaster situations brought on by Hurricane Katrina, the tornadoes in Dumas and talk of a possible pandemic influenza epidemic, which according to the World Health Organization it is highly probable. Turner says, "My goal is to prepare the public health nurse to be appropriately equipped to be deployed into any situation."

Turner has worked hard to serve in this role at the Department of Health continuing her education later in life to hold a Master in Nursing Science

"My goal is to prepare the public health nurse to be appropriately equipped to be deployed into any situation."

degree from University of Arkansas for Medical Sciences and a Master in Public Health from Tulane University. She is to be commended for taking on a leadership role in the State of Arkansas to organize nurses to serve in the interest of the public. Turner admits, "My favorite part of the job is bringing in new nurses to educate and watch them learn- it is very exciting." She also feels very lucky to work with a good team. "Paula Chesser, the Assistant Public Care Manager, is great to work with in addition to the rest of our team." Turner said.

You may be wondering- what does a public health nurse do? The nurses are stationed at various facilities throughout the state and managed by the Arkansas Department of Public Health. They provide immunizations and health screenings to residents in various Arkansas counties on a full time basis. Residents recognize and know their county nurses as informants and educators in the community. The public health nurse is one of the first ones you will see following a disaster, because they work in conjunction with Red Cross.

After the recent tornadoes that hit Dumas particularly hard, public health nurses were out in the community knocking on doors to make sure residents were safe and protected against any of the dangers that had occurred from the bad storm. Turner says, "Being a public health nurse is a gratifying experience knowing that you have the opportunity to help everyday and also be on the frontlines of recovery efforts following a disaster."



Continuing Education at Sea

Nurses from 14 different states boarded the Norwegian Dream on March 3rd and headed for the Western Carribean. The pleasant ports of call in Belize, Cozumel, and Progreso made the cruise a wonderful experience.

I cannot speak for my fellow cruisers, but I could move to Belize and never come back. All ports of call had many fun excursions such as beach parties, swimming with the dolphins, snorkeling, and horseback riding. There was also plenty of time to enjoy shopping in local markets. Imagine perusing through the open air market looking for that great bargain- there is nothing like it.

The nightlife aboard the ship was wonderful, providing comedic entertainment that had everyone laughing till they were in tears, and amazing magical feats by the ship magician. The musical shows were very nice. What do I say about the Karaoke... entertaining to say the least.

Come join us next year, and you will have the opportuni-



ty to see the sights, make memories that will last a lifetime, and complete your continuing education. Next year, we leave from Miami on April 6th, 2008, and head for awesome Caribbean ports, such as Nassau, St. Thomas, and St. Maarten. For more information about the 2008 cruise, contact Teresa at Poe Travel, 800.727.1960.



ASBN HOT CHECK NOTICE

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 Darla Erickson at 501.686.2705 if any are employed in your facility.

Bradley, Rosa Marie	L16658	Sanders, Amber	R73529
Gonzalez, Jessica	Exam Application	Shaheed, Nathan	T01220
Long, Melonie	L26991	Sivils, June Elizabeth	L30290
McKee-Murphy, Bobbie	L14764	Williams, Della	L28175
Mulhernin, James	L28486	Williams, Sally F.	L26287

NURSES: DON'T FORGET TO EAT A HEALTHY SNACK ON LONG SHIFTS!

Scientific studies show that our moods, and sometimes mood swings are intertwined with the foods we eat. When we don't consume a balanced diet then we get dramatic highs and lows in our mood. Being aware of what foods cause what moods can greatly improve life and boost energy levels. When you eat right to live right, it can make a tremendous difference in your productivity and alertness.

One's ability to be highly motivated is dependent on one's attitude and mental state, but a good reserve of energy from eating right can give one an additional boost to put in that extra hour at work. Depression can even be quashed if you are taking in the right kinds of food.

The brain is made up of chemical substances and nerve cells that work together to maintain the brain's chemical balance. The neuro-transmitters in these cells are made up of amino acids (protein-building substances). Neuro-transmitters send messages back and forth, and regulate important nerve functions like memory, appetite, movement, and mood. A portion of neuro-transmitters are naturally produced in the body, there are four that are produced by food, which are instrumental



in endowing us with good memory, sense of well-being, concentration, alertness and energy levels.

Amino acids released by food influence levels of mood elevation, performance, behavior and energy levels. What you eat affects how you feel.

FOOD-TIPS

The following food facts are listed to help you remember how to eat:

- Never overeat any food.
- Eat at regular intervals of 3-4 hours.
- Whole-wheat grains contain an amino acid that boosts the 'feel good' factor levels in the brain.
- Whenever cravings strike try to make an "smart choice" to help you feel good through the day. Lean meats such as chicken, turkey and tuna help improve

tile and depressed than those with normal levels of selenium. Tuna, Brazil nuts, sunflower seeds, whole grain cereals and swordfish are good sources.

- Include eggs in your diet! Its high protein content will ensure that you remain energetic through the day. High cholesterol foods such as eggs and liver contain vitamin B complex. It improves memory and concentration. Remember, food is one of the solutions, and not the only solution for every problem. It's not healthy to eat to feel good.

Everyday there are new and improved findings that seem to emphasize the benefits of consuming the right kind of 'amino acid foods'. People and researchers are beginning to wonder if food that causes people to be assertive, confident, self-assured, and bold can also cause people to be more successful.

■ When you eat right to live right, it can make a tremendous difference in your productivity and alertness.

attention span, motivation levels, reflexes, and reduce irritability levels. Food should be protein rich. Protein rich food helps in maintaining blood sugar levels. Typically, these foods include: poultry, eggs, fish, cheese, milk, tofu and legumes. Carbohydrates in moderation can be very beneficial to throw into the mix as they are effective in promoting stress-relief.

- Include caffeine (small doses, 2 cups or so of coffee), fruit juices (avoid sweetening it too much, it causes an energy low instead!) and milkshakes (preferably made from skimmed milk) to give you that quick energy boost and protect you from dehydration. Don't ignore H₂O of course.
- Include healthy doses of folic acid in your diet. Even as little as 200 micrograms of folic acid can help control mild instances of depression. Spinach, mushrooms, peas or a glass of orange juice contain folic acid.
- Selenium is another important component that can cause bad moods. People with very little selenium have been observed to become more anxious, irritable, hos-





DRUG ABUSE: PART OF THE PROBLEM OR PART OF THE CURE ?

Several months ago, the ASBN voted that those nurses charged with probation non-compliance could be offered a Consent Agreement using standards that they outlined for the Board attorneys. The discipline handed out in these Non-Compliance Agreements is not easy for the nurses receiving this news. The Board has said that if a nurse is allowed to have a Consent Agreement for the original offense and that respondent has made no attempt to follow through with the requirements of the Order, the next step is to remove their nursing license and their privilege to practice nursing for a certain period of time. That is correct: You may lose your license if you do not make the effort to follow ASBN guidelines toward recovery. The majority of those coming back for non-compliance seem to be drug related offenses.

Sometimes this time out from nursing is required to get the nurses full attention about what is going on in their lives. This seems especially true for the nurse who will not admit that they have a problem with addiction. This isn't always someone who is diverting drugs from their employer, sometimes they are going from medical provider to medical provider to get different prescriptions to feed their habit, sometimes they are using street drugs and sometimes they are getting whatever they can wherever they can. Please don't lose sight that this too, is

an illness, just as if these nurses had tumor or diabetes and they must have treatment.

About 18 million Americans have alcohol problems and around 6 million Americans have drug problems. There are more deaths and disabilities each year in the U.S. from substance abuse than from any other cause. More than 9 million children live with a parent dependent on alcohol and/or



illicit drugs. One-half of all traffic fatalities are alcohol related. About 10% of these numbers are estimated to be nurses! We need to wake up and realize this is a big problem and we as nurses must recognize these issues in those we work with and encourage them to get help. Sometimes all you can do is report them for unsafe nursing practice and let the Board take

over. If they don't think they have a problem, you will probably not convince them they do—admission of the issue is the first step.

Those nurses caught up in this illness of addiction can't just say "no". They are way past that place. Addiction is an independent disorder—one that impacts many people in many different ways. There is much research going on in this area and it has been discovered that for the addict, they receive a sense of well being in the brain when they are using. This occurs while they are losing their profession, their families, their homes and their self worth.

So how do we as nurses help those nurses who are on this path, perhaps already on a period of probation with the Board? Denial of a habit is not lying—many times it is just too painful to look at the facts that got them into this habit. Do not expect the addict to agree or admit their addiction early in treatment—many can't. Chemical dependency is a way to block out awareness giving the addict periods of amnesia that takes away their daily pain of living.

Nurses going through a period of probation can use your friendship and support to help them through this very difficult time. They don't need to be ostracized from their fellow team members. Don't enable their behaviors by picking up the slack either. Many nurses tell me they are embar-

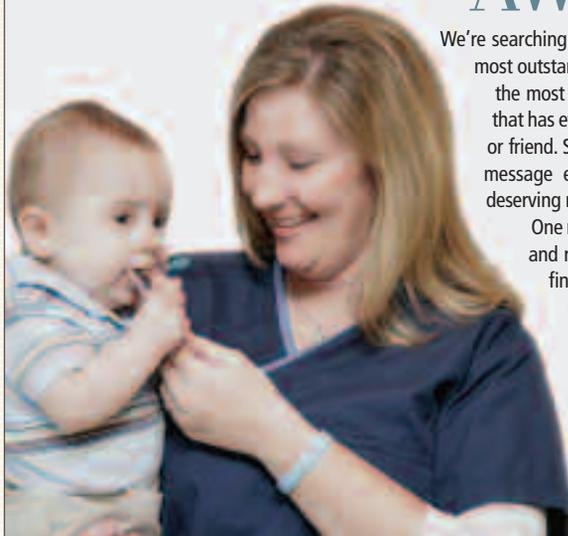
NURSES GOING THROUGH A PERIOD OF PROBATION CAN USE YOUR FRIENDSHIP AND SUPPORT TO HELP THEM THROUGH THIS VERY DIFFICULT TIME...AS A NURSE, ARE YOU PART OF THE PROBLEM OR PART OF THE RECOVERY FOR THIS PROFESSION?

rassed for anyone to know because they are treated so poorly by those who do know. Observations, documentation, objective data shared with the appropriate person at your facility can help get them started down their road of recovery if offered in a concerned manner by the proper person. Never write it off as the person is having a bad day or enable a colleague to cover up, make excuses or take on their work-you aren't helping them recognize the problem by providing caretaking in that manner. We as nurses are required by law to remove the nurse as necessary to protect the public and secondly, then intervention for the nurse.

Addiction is here and it is rampant. Nurses are taught to medicate and when they have a problem, many see that as the answer. Change takes time. As a nurse, are you part of the problem or part of the recovery for this profession?

Arkansas' Most Caring Caregiver...

2007 NURSING Compassion AWARD



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

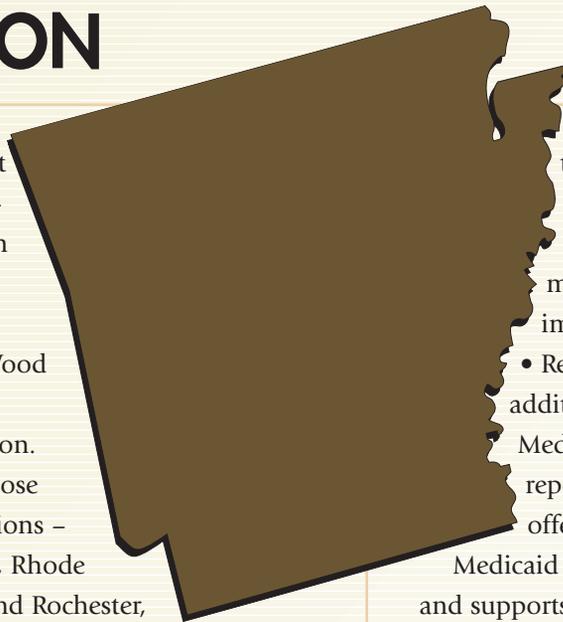
One nurse will be chosen from each county in Arkansas and recognized in *Front Porch* magazine. Five regional finalists will be announced and the winner will be revealed in December, receiving a seven day Caribbean cruise for two!

Send your nomination to:
NURSING COMPASSION
P.O. Box 17427
Little Rock, Arkansas 72222
Or email:
mforinash@pcipublishing.com

2006 Nursing Compassion
Award Winner Sabrina Spradlin



ARKANSAS RECEIVES COMMUNITY LEADER DESIGNATION



LITTLE ROCK, ARK. – The Arkansas Foundation for Medical Care, the Quality Improvement Organization (QIO) for Arkansas, was named a Community Leader for Value-Driven Health Care in April. Only three other QIOs in the nation have been named Community Leaders – those in Virginia, New York and Alabama.

The Value-Driven Health Care Initiative is a nationwide, voluntary program launched in 2006 by the U.S. Department of Health and Human Services to improve quality and lower costs of healthcare. It calls on all communities to develop stakeholder incentives, and to promote public availability of information on health quality and costs with the goal of improving healthcare in the region.

“AFMC is very pleased to receive the Community Leader designation,” said CEO Dr. Nick J. Paslidis. “Value-Driven Health Care is an excellent means to provide patient empowerment and establish transparency of healthcare information. We look forward to collaborating with other stakeholders in the Value-Driven Health Care Initiatives.”

AFMC received the Community Leader designation in recognition of its role in convening stakeholders in the Regional Quality Improvement (RQI) Initiative in Arkansas, a partnership between AFMC and Arkansas Medicaid. RQI was launched in 2006 by the Center for Health Care Strategies, Inc. (CHCS), a national,

nonprofit organization, with funding from the Robert Wood Johnson Foundation. CHCS chose three regions – Arkansas, Rhode Island, and Rochester, New York – through a competitive, national selection process to receive grant funding and participate in the initiative. These participants are exploring the use of shared data between Medicaid and other health plans, providers and purchasers as a way to coordinate quality improvement strategies to help improve patient outcomes and reduce healthcare costs.

Dr. William E. Golden, vice president for clinical quality improvement at AFMC, coordinates the Arkansas RQI.

“This grant provides an opportunity for the different payers in the state to merge specific resources and achieve more rapid improvement in the state’s clinical performance,” Golden said.

AFMC and the RQI initiative support the four cornerstones of Value-Driven Health Care through several programs and activities:

- Health information technology – The Arkansas RQI explores and promotes the use of common databases and standardized health informa-

tion exchange between stakeholders, which will result in recommended strategies for improving care.

- Reporting on quality – In addition to supporting Medicare’s ongoing quality reporting initiatives, AFMC offers individualized

Medicaid PCP Profile Reports and supports the RQI in implementing data sharing across insurance plans.

- Reporting on prices – AFMC’s RQI partner, the Arkansas Hospital Association, offers Hospital Consumer Assist, a voluntary price transparency initiative, on its Web site (www.arkhospitals.org). The site provides basic demographic, quality and pricing reports. This information is obtained from public data sources such as Medicare cost reports and Medicare claims (MedPAR) data.

- Incentives for quality value – Arkansas Medicaid and AFMC are establishing a quality incentive program for high performers in the hospital and physician office settings.

Arkansas and a distinguished list of stakeholders, convened by AFMC and Arkansas Medicaid, work together on RQI. For a complete list of stakeholders, visit www.afmc.org/HTML/programs-quality_improve/rqi/measure.aspx

MOVING ...

Do we have your address?

by **Darla Erickson,**
Director of Accounting



Moving can be a stressful experience. There are the obvious difficulties to overcome, such as packing, aching backs, and looking through boxes to find your socks, and toothbrush. When your address changes, there are also many people you must notify. When considering whom you need to contact, do not forget to add the Arkansas State Board of Nursing to your “notify list.” It is imperative that the Board has your current name and address.



We make it as easy as we possibly can for you to keep your address current. All we need is your information in writing. There are a variety of ways to submit your information including...

- Changing your address online (if it is also time to renew your license, be sure to change your address first).
- Downloading an address change form from our website and mailing, faxing, or delivering the completed form to our office (this form is also available at the office of the Arkansas State Board of Nursing).

- Write a letter stating your name, new address, county, social security number, license number, and primary state of residence along with your signature to the Board. This information can also be mailed, faxed, or delivered to our office.
- Emailing your name, new address, county, social security number, license number, and primary state of residence to us.

Renewal notices are mailed as a courtesy. Though receiving your renewal notice in the mail is a good reminder that it is time to renew your license, failure to receive this notice does not excuse the requirements for keeping an active license. The consequences for late renewal can be costly; these can include both late fees and possible disciplinary action for practicing without a license. Having the incorrect address listed could cause you to miss other important correspondence from the Board as well.

Changing your address at the post office does not automatically change your address at the Board. We must have a written request to make the change. No additional documentation is required if you are just changing your address. However, if you are changing your name, a certified copy of your marriage license or court action must be included to make the change. If you would like a new card with your new name, you should also enclose a \$25 fee for each license held. This fee is waived if you change your name when you are renewing your license.

Where to send your address/name change information:

BY MAIL: Arkansas State Board of Nursing
1123 S. University, Suite 800
Little Rock, AR 72204
BY FAX: 501-686-2714
BY EMAIL: ptyler@arsbn.org
ONLINE: www.arsbn.org

IT IS TOO EASY TO STAY CURRENT, AND FAR TOO IMPORTANT TO IGNORE.
SO WHEN YOU WRITE YOUR AUNT, AND CALL THE WATER DEPARTMENT,
BE SURE TO REMEMBER THE ARKANSAS STATE BOARD OF NURSING.



by Phyllis DeClerk

CONTROLLED SUBSTANCES

- DO YOU KNOW?????

On July 31, 2007 Act 585 becomes effective which classifies Tramadol (ULTRAM®) as a Schedule IV Controlled Substance. Arkansas Code Title 5, Chapter 64, Subchapter will be amended to add Schedule IV includes any material, compound, mixture or preparation that contains any quantity of tramadol or that contains any of tramadol's salts, isomers, or salts of isomers. This change affects several levels of nursing practice:

- For the Advanced Practice Nurse with Prescriptive Authority this moves the classification of the drug to a level which adheres to the prescribing category

ry of Schedule III thru V. As an advanced practice nurse you would refer to the Arkansas State Board of Nursing *Rules*, Chapter Four, Advanced Practice Nursing for guidance in prescribing the newly categorized drug. You may go to our web site at www.arsbn.org

- For the Long Term Care Facility it will now be required to treat this medication as any other controlled substances from a narcotic accountability standpoint. It will be subject to the regulations regarding surrender of controlled substances as outlined in the Arkansas Department of Health Rules and Regulations Pertaining to Controlled Substances (July 28, 2005).

You may access this information at www.healthysarkansas.com

- In physicians offices, hospitals, and freestanding centers accountability measures (i.e., records of receipt and distribution) must be in place as with any other controlled substance that is



stored on the site. Regulations regarding these settings may also be found at www.healthysarkansas.com

- In a hospice setting accountability and destruction of controlled substances will now include the drug tramadol (ULTRAM®). The regulations regarding destruction in a hospice setting may be found in the Arkansas Department of Health and Human Services Rules and Regulations for Hospice in Arkansas at www.healthysarkansas.com

- In the case of an employer requesting a urine drug screen from a licensed nurse, you will now be required to have a legitimate prescription, by a legitimate prescribing practitioner for the drug tramadol (ULTRAM®). No longer will a nurse who tests positive for this substance be able to use the excuse "it is not a controlled substance".

Informed nurses are safe nurses. It is the responsibility of the nurse to stay informed and to utilize sources available to them for reference. You may always contact the board offices if you need further direction regarding this topic.

Arkansas Emergency System for Advance Registration of Volunteer Health Professionals

Make A Difference.

The Arkansas Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is seeking physicians, nurses, pharmacists, behavioral health, emergency medical services, and support staff.

These individuals will be part of a registry for contact in the event of a natural disaster or public emergency.

Advanced registration of health care volunteers provide emergency authorities immediate access to qualified personnel that may be needed in the event of an emergency. Volunteer's license will be validated with primary and secondary sources to assign emergency credential levels.

For more information or to register, call the ESAR-VHP Coordinator at 501-661-2375 or send an email to:
arvolunteerhealthprofessionals@arkansas.gov.

Registering does not obligate you to volunteer during an emergency.



**Email: arvolunteerhealthprofessionals@arkansas.gov
Call: 501-661-2375 ESAR-VHP Coordinator**

TAMIFLU PRODUCTION INCREASED TO FILL REQUESTS

IS A PANDEMIC RIGHT AROUND THE CORNER?

Well, according to the World Health Organization (WHO), who is responsible for tracking the trends of diseases around the world, preparations have been being made over the last couple of years to make sure that enough medication and disaster planning has been made in case this happens.

Some national governments have been stockpiling Tamiflu in case the H5N1 bird flu strain, which now mainly affects poultry, should ever begin to mutate and spread quickly among humans.

At the end of April, Swiss-based pharmaceutical group Roche announced that the company and its partners increased production capacity for the influenza drug Tamiflu to more than 400 million treatments a year.

Roche said the expansion of capacity meant it could now satisfy "significant additional orders" from governments and companies for Tamiflu, seen as one of the best defenses against a potential influenza pandemic triggered by bird flu.





Does This Continuing Education Count?

Continuing education is required for renewal of all Arkansas nursing licenses and has been since July 1, 2003. This requirement must be met *before* a nursing license can be renewed. In order to renew, the nurse must attest that the continuing education requirements have been met and list the continuing education on a provided form. If the license is renewed without the appropriate continuing education, the nurse has falsified the renewal application and is therefore guilty of violating ACA §17-87-309

“I DIDN’T KNOW...” OR “NOBODY EVER TOLD ME...” IS NEVER AN ACCEPTABLE EXCUSE FOR NOT FOLLOWING THE LAW.

(a)(1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.

Disciplinary action can be taken for this violation as with any other violation of the Nurse Practice Act.

The ASBN Rules, Chapter 2, Section VII, lists what is acceptable and not acceptable continuing education for license renewal.

ACCEPTABLE

- Contact hours
 - o Practice-focused
 - o Accredited by an organization on the ASBN Approved Approval Body list (see ASBN webpage (www.arsbn.org) for list)
 - o Completed within the last two years
- Certification
 - o Must be recognized and accepted by the ASBN (see ASBN webpage for list of recognized certifications)
- Academic course
 - o Must be completed within last two years with a grade of C or better (or “pass” if graded on >>

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

continued from previous page

pass/fail grading system)

o Nursing focused

NOT ACCEPTABLE

- Contact hours
 - o Inservices (defined as activities intended to assist the nurse to acquire, maintain, and/or increase the competence in fulfilling the assigned responsibilities specific to the expectations of the employer)
 - o Refresher courses
 - o Orientation programs
 - o Courses designed for lay people
- Certification
 - o Expired at the time of renewal
- Academic Course
 - o Prerequisites to a nursing program



Continuing education requirements must be met **before** a nursing license can be renewed.

If you haven't read the Arkansas Nurse Practice Act and the Rules lately, I would strongly suggest that you obtain an up-to-date copy (download from the ASBN webpage) and spend some time reading these documents. All nurses are responsible for abiding by the laws set forth. "I didn't know..." or "Nobody ever told me..." is never an acceptable excuse for not following the law. Following the Arkansas Nurse Practice Act and Rules will lead you down a path that you want to take.

Disciplinary Actions

The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are ACA §17-87-309 (a)(1) "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;" (a)(2) "Is guilty of a crime or gross immorality;" (a)(4) "Is habitually intemperate or is addicted to the use of habit-forming drugs;" (a)(6) "Is guilty of unprofessional conduct;" and (a)(9) "Has willfully or repeatedly violated any of the provisions of this chapter." Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an impaired-nurse contract with an employer and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

May 2007

PROBATION

Boyet, Laura M. Heiser
R53621, White Hall
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

Brown, Mark Linley
R29736, Sherwood
A.C.A. §17-87-309(a)(6)
Probation - 3 years
Civil Penalty - \$1,500 + inv. cost

Bruno, Penny J. Clark
R67899, North Little Rock
A.C.A. §17-87-309(a)(6)
Probation - 1½ years
Civil Penalty - \$1,000

Charles, Wilmington Owen, Jr.
R68687, L34371(exp), Little Rock
Probation Non-Compliance
Probation - addt'l 1 year
Civil Penalty - addt'l \$500

Christensen, Julie Ann
L29950, Hot Springs
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Fountain, Vanita Lashun Palmer
L35186, Fordyce
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

Goodnight, Stacie Lynn Kelnhofer
L33798, Star City
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,500

Heird, Lori Ann
R62770, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years

Henry, Pamela Wilf
L32533, Jacksonville
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$600

Jefferson, Calvin Earl
L46149, Little Rock
A.C.A. §17-87-309(a)(4)&(a)(6)
Probation - 1 year
Civil Penalty - \$600

Law, Tylene Danielle Hoffman
R50878, L24001(exp), Harrison
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$600

McCutchen, Catherine Keller
R49709, Cabot
A.C.A. §17-87-309(a)(4)&(6)
Probation - 2 years
Civil Penalty - \$1,000

Moore, Kelly Anne Herron Williamson
R67080, Fort Smith
A.C.A. §17-87-309(a)(4)&(6)
Probation - 3 years
Civil Penalty - \$1,500

Morris, Scarlett Elizabeth Barber
R71064, Star City
A.C.A. §17-87-309(a)(6)
Probation - 1 year
Civil Penalty - \$700

Neal, Sheila Michelle
R70046, L30721(exp)
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,000

Parker, Kelly Corrine McKinnis
L33486, El Dorado
Probation Non-Compliance
Probation - addt'l 6 months
Civil Penalty - \$500

Pieroni, Amy Beth Clark
R54948, Lake Village
A.C.A. §17-87-309(a)(4),(6)&(7)
Probation - 3 years
Civil Penalty - \$1,500

Wassner, Sybille Marianne Black
R68978, Greenbrier
A.C.A. §17-87-309(a)(6)
Probation - 2 years
Civil Penalty - \$1,200

SUSPENSION

Glissen, Donald Gee, Jr.
L31819, Little Rock
March 5, 2007
A.C.A. §9-14-239

Greene, Meagan Elizabeth
L44117, Mabelvale
A.C.A. §17-87-309(a)(4)&(6)
Suspension - 2 years, followed by
Probation - 3 years
Civil Penalty - \$2,500

Juengel, Donna Lee Sims
R42286, Newport
A.C.A. §17-87-309(a)(2),(4)&(6)
Suspension - 6 months, followed by
Probation - 2 years
Civil Penalty - addt'l \$800

Sheppard, Tammy Lynn Prine
L42248, Cove
Probation Non-Compliance
Suspension - 4 years, followed by
Probation - 2 years
Civil Penalty - \$3,000 + bal.

Underwood, Rita Sue Griswold
L10390, Little Rock
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500 + bal.

Wyant, Tarra Denise Tilden
L38984, Marion
Probation Non-Compliance
Suspension - 3 years, followed by
Probation - 2 years
Civil Penalty - \$2,500

VOLUNTARY SURRENDER

Alexander, Cydney A. Thompson
L28351, Noel, MO
March 22, 2007

Bennett-Minner, Cynthia Ann
R72369, Eureka Springs
March 20, 2007

Bowers, Rebecca Leona Pilgrim
L33506, Muldrow, OK
April 23, 2007

Etter, Jacqueline Elizabeth
R41071, Hoxie
February 28, 2007

Glass, Sarah Vest
L42889, Wynne
April 11, 2007

Herr, Brandy Ann
L42707, Hope
April 9, 2007

Ladas, Cynthia Theresa Maxstadt
R68337, Yellville
March 15, 2007

Lutes, Stacie Rae Dowty Richmond
R66715, Sallisaw, OK
April 26, 2007

McCrohan, Nealetta Sue Watts
L29245, Beebe
April 25, 2007

Patterson, Garry Wayne
R44797, Gassville
April 23, 2007

Ruff, Kenneth Eugene
R67942, L33744(exp), White Hall
April 3, 2007

Sillavan, Heather Angelique Briggs
R41980, L26802, Mabelvale
April 12, 2007

Walker, Susan Lynn Briggs Barnett
R54366, Benton
April 3, 2007

REINSTATEMENTS WITH PROBATION

Griffin, Ricky Lamar
R63757(exp), West Memphis
A.C.A. §17-87-309(a)(2),(4)&(6)
Reinstated to Probation - 3 years
\$1,500

REINSTATEMENTS

Barrett, Kathryn Mary Kidwell
R14137, Oak Grove, LA
April 20, 2007

Trammel, Inas Lena Day
L42147, Mountain View
March 16, 2007

REPRIMAND

Bailey, Loressa Annette
L40348, Little Rock
A.C.A. §17-87-309(a)(6)

Burks, Lisa Marie
L29929, Damascus
A.C.A. §17-87-309(a)(1)&(2)

Cantrell, Janice Viridie Farley
L11615, Jonesboro
A.C.A. §17-87-309(a)(1)
and §17-87-207(c)(2)
Civil Penalty - \$750

Cody, Tammy Nicole
L46104, Sheridan
A.C.A. §17-87-309(a)(1)&(2)

Farris, LaShawna D.
L37674, Pine Bluff
A.C.A. §17-87-309(a)(1)&(6)

Ferry, Jonathan B.
R50490, Wilmar
A.C.A. §17-87-309(a)(6)

Gann, Tiffani N.
L45993, Sallisaw, OK
A.C.A. §17-87-309(a)(1)&(2)

Hawkins, Cynthia Michelle Forrest
L43251, Monticello
A.C.A. §17-87-309(a)(1)
and A.C.A. §17-87-207(c)(2)
Civil Penalty - \$1,000

Humphrey, Valerie Ann
L46093, Lefe
A.C.A. §17-87-309(a)(1)&(2)

Kerlick, Cathy Elaine
R78698, Bryant
A.C.A. §17-87-309(a)(1)&(7)

Meigs, Christopher Noel
L45975, Jacksonville
A.C.A. §17-87-309(a)(1),(2)&(6)

PROBATIONARY STATUS REMOVED

Aldridge, Amanda Beth Roberts
Jackson
L41246, Little Rock
March 28, 2007

Blackmon, Vicky Lynn Fitzgerald Spurgeon
R43056, Little Rock
April 6, 2007

Douglass, Kathy Lynn Courtney
L10380, Little Rock
March 19, 2007

Dunn, Jennifer Lin
L43450, Harrison
March 19, 2007

Harper, Charlene Denise Harper Morris
McLain
R50662, Manila
March 29, 2007

Hayes, Tracy Elaine
L38688, Walnut Ridge
March 20, 2007

Hinds, Lisa Ann Marschel
L35848, Benton
March 29, 2007

Hollister, George Lloyd III
R42111, Mayflower
April 16, 2007

Jaynes, Teresa Dawn Floyd Sherer
R43206, Searcy
April 6, 2007

Joyce, Julie Lynn Green Howard
R28526, Arkadelphia
April 6, 2007

Naylor, Phillip
L33136, Little Rock
March 19, 2007

Patrick, Lula Pauline Willcutt
R66301, L32034(exp), Atkins
April 20, 2007

Rogers, Anne Bradford Dayton
L30268, Marmaduke
April 16, 2007

Sturgeon, Carolyn Joyce
R74156, Monticello
March 19, 2007

Watts, Terri Lynn
L11200, Springdale
March 19, 2007

West, Regina Crews
R69630, Little Rock
March 16, 2007

June 2007

PROBATION

Bean-Huffman, Wanda May Worrell
R54452, Barling
Probation Non-Compliance
Probation – addt'l 6 months
Civil Penalty – addt'l \$200

Colburn, Michelle Renee Haggard
L44036, Corning
A.C.A. §17-87-309(a)(1),(4)&(6)
Probation – 3 years
Civil Penalty – \$1,500

Fortenberry, Regina D. Simmons
L39094, Tyrone
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,000

Matz, Edward Thomas
R64522, Conway
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years

May, Lindsay Rebecca
R74493, Little Rock
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$1,500

McDonald, Bonnie Kate Johnson
L43793, Russellville
A.C.A. §17-87-309(a)(6)
Probation – 1½ years
Civil Penalty – \$800

Miles, Orveta Reeni Murphy
L40254, Fayetteville
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,000

Miller, Tina Louise Austin
R42872, El Paso
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,000

Neal, Judy Carol McFadden
R36227, McCrory
A.C.A. §17-87-309(a)(1)&(6)
Probation – 2½ years
Civil Penalty – \$1,000

Pillow, Lisa Michelle Coke
R68750, L36011 (exp), Trumann
A.C.A. §17-87-309(a)(4)&(6)
Probation – 3 years
Civil Penalty – \$2,500

Pinkley, Jennifer Gayle Spurlock McGilton
R50385, Springdale
A.C.A. §17-87-309(a)(2),(4)&(6)
Probation – 3 years
Civil Penalty – \$1,500

Puckett, Helen Louise Nugent
R71743, L41612 (exp), Jonesboro
Probation Non-Compliance
Reinstate to Probation – 3 years
Civil Penalty – addt'l \$300 (\$1,500)

Riddle, Gregory Clay
L37697, Hot Springs
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – \$700

Stobaugh, Sarah Marie
R77253, Conway
A.C.A. §17-87-309(a)(4)&(6)
Probation – 1 year

Tedder, Christy Rene Emery Norman
L31381, Jonesboro
A.C.A. §17-87-309(a)(4)&(6)
Probation – 2 years
Civil Penalty – \$1,000

Thomas, Laura Catherine Croxton
L40751, Glenwood
A.C.A. §17-87-309(a)(6)
Probation – 18 months
Civil Penalty – \$1,300

Tyiska, Zola Mae Brown
R37304, L13951 (exp), N. Little Rock
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,000

Wassner, Sybille Marianne Balck
R68978, Greenbrier
A.C.A. §17-87-309(a)(6)
Probation – 2 years
Civil Penalty – \$1,200

Yeoman, Debra Jean
L42963, Parsons, KS
A.C.A. §17-87-309(a)(6)
Probation – 1 year
Civil Penalty – addt'l \$100

Zimmer, Lynne D. Hoernig
R72961, Mountain Home
A.C.A. §17-87-309(a)(6)&(7)
Probation – until issues with Wisconsin
Board are cleared
Civil Penalty – \$200

SUSPENSION

Akard, Angel L. Calhoun
R66436, Hope
A.C.A. §17-87-309(a)(2),(4)&(6)
Suspension – 3 years, followed by
Probation – 3 years
Civil Penalty – \$2,500

Caldwell, Mary Lee Tompkins
L42170, Burdette
Probation Non-Compliance
Suspension – 3 years, followed by
Probation – 2 years
Civil Penalty – \$2,500

Coleman, Carrie Melissa
L23466, Marion
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Donnahe, Brenda Gale Grier
L14029, Arkadelphia
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Fields, Leon Elliott, Jr.
L42270, Sherwood
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Gaines, Gwendolyn Louise Berry
L24918, Mansfield
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Jones, Lutisha Renee Trout Shaddon Jones
L34360, Kalspell, MT
Probation Non-Compliance
Suspension – 2 years, followed by
Probation – 2 years
Civil Penalty – \$2,000 + balance

McPherson, Susan Marie Callantine
L30174, Mountain Home
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Niemeyer, Sylvia Lucille Cossey Runyan
L27095, Smithville
Reinstate to Suspension – 2 years, fol-
lowed by
Probation – 3 years
Civil Penalty – \$1,000 + balance

Rodgers, Amanda J. Catt
L27640, Marion
Letter of Reprimand Non-Compliance
Suspension – until terms are met

Shuler, Allen C.
R56567, Little Rock
Letter of Reprimand Non-Compliance
Reinstate to Suspension – until terms
are met

Templeton, Susan Elizabeth Drummond
L29989, Lowell
Suspension – 4 years, followed by
Probation – 3 years
Civil Penalty – \$3,500

Ward, Jennifer Louise Summerhill
R68433, Malvern
Probation Non-Compliance
Suspension – 1 year, followed by
Probation – 2 years
Civil Penalty – \$1,500

VOLUNTARY SURRENDER

Brigance, Jeanette Marie Leibundgut
L41054, Jonesboro
May 30, 2007

Dabney, Jennier Leigh Fulton
R62723, Fayetteville
June 5, 2007

Jackson, Amanda L. Burgos Lunsford
R66977, Sherwood
May 24, 2007

Massengill, Robin Ford Jensen
R19163, Russellville
June 5, 2007

Tucker, Pamela Joan
R39310, Bono
May 17, 2007

REINSTATEMENTS WITH PROBATION

Broach, Stacy Lynn Hulse Wagner
L32568, Pine Bluff
May 25, 2007
Reinstate to Probation – 2½ years

Cruce, Rhonda Paulette Crain Dendy
L32336, Fort Hill
May 9, 2007
Reinstate to Probation – 1 year

REINSTATEMENT

Trammel, Inas Lena Day
R42147, Mountain View
March 16, 2007

REPRIMAND

Douglas, Karla Renee Young Rogers
Logan Hutson
R41113, Fort Smith
A.C.A. §17-87-309(a)(1),(6)&(9)
April 5, 2007

Henry, Jacqueline Gatewood
L29507, Van Buren
A.C.A. §17-87-309(a)(6)
April 5, 2007

Hoppe, Celeste Hill
R21351, Maumelle
A.C.A. §17-87-309(a)(6)&(9)
Board Reprimand
Civil Penalty – \$510

Jackson, Dorris Jean Owney
L24957, Van Buren
A.C.A. §17-87-309(a)(6)
Board Reprimand
Civil Penalty – \$720

PROBATIONARY STATUS REMOVED

Pridgeon, Nekita Viola
R77985, L43285, Pine Bluff
May 25, 2007

Thomasson, Adrienne Nanette
L26225, Stuttgart
May 25, 2007

APPEAL DENIED

Amorim, Marie Oliveira
R77508, Mountain Home

Humphrey, Valerie Ann
L46093, Lafa

APPEAL GRANTED

Brown, Shana M.
L38134, Dierks
Letter of Reprimand rescinded

Mis, Adrian Ioan
L46134, Glenwood
Letter of Reprimand rescinded

LICENSE VERIFICATION

Arkansas Nursing License Verification Options

The Arkansas State Board of Nursing provides the following options for individuals attempting to verify an Arkansas nursing license.

- 1.) **Phone Verification. Public (free).** Call 501.682.2200 put in license number and # sign. Listen for instructions.
- 2.) **Information Network of Arkansas. Public (subscription required).** Call 501.324.8900 or go to http://www.arkansas.gov/sub_services.php for more information.
- 3.) **Nursys® Nurses' verification.** Go to www.nursys.com. If the original state of nurse licensure is not a Nursys® participant, contact the original state licensing board.

VASCULAR NURSING SOCIETY HONORS PROFESSOR

INTERNATIONAL ASSOCIATION GIVES LAWSON ITS HIGHEST AWARD FOR HER WORK TO SPREAD WORD ABOUT PERIPHERAL ARTERIAL DISEASE AND SIMPLE TOOL TO DETECT IT

FAYETTEVILLE, Ark. – New is a relative term. Peripheral arterial disease isn't new to health care professionals employed in vascular-related specialties – those that deal with the health of the body's blood vessels – but many in general nursing practice don't know about the simple test that can detect the disease and prevent pain and suffering, as well as progression to life-threatening conditions.

That's why Glenda Lawson, University of Arkansas clinical associate professor of nursing, has spent years educating the public and nurses, both in the field, and as part of the curricula of the UA's Eleanor Mann School of Nursing, about peripheral arterial disease and the ankle-brachial index. She advocates that the index, a diagnostic tool that requires a nurse to compare blood pressure levels taken at the ankle and the arm, be included in the routine practice of taking a patient's vital signs.

A reading that is lower at the ankle than one taken at the arm indicates a possible blocked artery, and the patient should be referred immediately for further testing.

Lawson became the first nationally certified vascular nurse in Arkansas in 1997. Over the next ten years, she published articles about peripheral arterial disease, received a \$6,000 grant to conduct research in screening for the disease, and presented this research during the 2005 Oxford Round Table Research Conference in England.

Most recently, Lawson was named the winner of the 2007 Jeanne E. Doyle Award, the highest honor given by the

Society for Vascular Nursing, an international association dedicated to promoting excellence in the compassionate and comprehensive management of people with vascular disease. The society focuses on providing high quality education, fostering clinical expertise, and supporting nursing research.

Lawson will be recognized at the society's annual convention in Baltimore on June 8.

"The college is extremely proud that Dr. Lawson is being honored for her work concerning peripheral arterial disease," said Reed Greenwood, dean of the College of Education and Health Professions. "Her efforts to bring attention to this insidious disease will improve the lives of thousands of patients who could otherwise face severe pain and debilitation. Many fledgling nurses will take this knowledge into the medical community with the result that the disease may be seen less and less often."

"The ankle-brachial index is still new to the typical medical-surgical nurse, and many nurses who work in physicians' offices and community health clinics," Lawson said, "but by routinely performing this test, they could detect the disease much earlier than it is commonly found and head off more serious problems. It requires the same instruments used to take blood pressure readings in the arm, plus the addition of a hand-held ultrasonic Doppler that works on the foot where a stethoscope would not be able to achieve an accurate reading."

"I've done it for years because I know

the significance," Lawson said. "I travel regularly to senior citizen centers in Northwest Arkansas and to the Jones Center for Families in Springdale to screen older adults and educate them about the disease. I've been to the Wal-Mart distribution center in Bentonville to screen truck drivers. After an article I wrote was published in the *Journal of Vascular Nursing* and an announcement made locally, I heard from former faculty members of the College of Education and Health Professions who wanted me to take their ankle-brachial index."



Peripheral arterial disease results from narrowing of blood vessels caused by buildup of plaque, and is most commonly seen in the legs. Older people commonly dismiss the pain they feel while walking as something associated with arthritis, diabetes, or just part of aging. That's a dangerous assumption that Lawson is hoping her efforts will prevent.

People with untreated peripheral arterial disease face increased risk of stroke or heart attack, and diagnosing it in the early stages can help in preventing these vascular diseases associated with aging that can be fatal. Smoking, diabetes, obesity, family history, and a sedentary lifestyle are primary risk factors for peripheral arterial disease.

"Public awareness is growing," Lawson said. Now, a handful of nurses in the state have earned the national vascular certification, and the public may >>>

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occasionally notice peripheral arterial disease screenings offered in community settings, and see advertisements on television or in magazines about the disease. Lawson also educates faculty at other nursing schools in the state so that new nurses coming out of those schools can perform the diagnostic test.

"The pain can lead a person to become home-bound, then chair-bound, with the result that their quality of life diminishes greatly," Lawson said. "I have found people who could have lost a foot or a leg if they had not had the test done. When oxygenated blood can't reach the lower extremities because of a blockage,

the loss of circulation can result in gangrene and eventually amputation."

Lawson will soon take to the road again to dispense free medical care on a medical mission trip to Guatemala. She'll have her pocket Doppler with her.