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South Carolina Board of Nursing
January 2003 Insert into the SC Nurse Newsletter

BOARD MISSION

The mission of the State Board of Nursing for South Carolina is the protection of public health, safety, and welfare by assuring safe and competent practice of nursing.

This mission is accomplished by assuring safe initial practice as well as continuing competency in the practice of nursing and by promoting nursing excellence in the areas of education and practice. The Board licenses qualified individuals as licensed practical nurses or registered nurses. Complaints against nurses are investigated and disciplinary action taken when necessary. Schools of nursing are surveyed and approved to ensure quality education for future nurses.

BOARD VACANCY

There is a vacant position on the Board of Nursing at this time. This position is for a registered nurse to represent Congressional District 3. Board members must be licensed in South Carolina, must be employed, must have at least three years of practice in their respective profession immediately preceding their appointment, and must reside in the district they represent. If you are a registered nurse or know of a registered nurse who is interested in a position on the Board of Nursing, please submit a letter of request along with a copy of your resume and/or curriculum vitae to the Governor's Office, Post Office Box 11829, Columbia, SC 29211.

STAFF NEWS – PURVIS RETIRES

In December 2002, Cynthia F. (Pat) Purvis retired from the Board of Nursing after 24 years of dedicated service. Purvis has accepted a position in Chicago, Ill. to be closer to her family. Since she joined the board staff in August 1978 as program nurse consultant for education, Purvis conducted site surveys of nursing education programs, provided consultation services to nursing programs, spoke with thousands of students, faculty and nurses throughout the state in addition to assisting with the review of complex and non-routine applications when needed. She also served on various committees with the National Council of State Boards of Nursing. Purvis served the public and nurses of our state with great professionalism and courtesy. Her knowledge of nursing education and board history will be greatly missed by us all. The Board of Nursing and its staff wish Purvis the very best in her new position.

NURSE PRACTICE ACT REVISION

The Board of Nursing is in the process of revising the Nurse Practice Act (Laws Governing Nursing in South Carolina). Public meetings will be held in the following locations on these dates:

January 23, 2003	6:00 p.m.–8:00 pm, Florence Darlington Tech, Florence
January 24, 2003	12:00 p.m. – 2:00 p.m., N. Charleston Council Chambers, N. Charleston
January 31, 2003	1:00 p.m. – 3:00 p.m., Peebles Auditorium, DHEC, Columbia
February 6, 2003	11:00 p.m. – 1:00 p.m., Greenville Tech, Greenville

The Board encourages individuals/parties to share their suggestions and concerns at these meetings. It is appreciated if all requests are sent in writing to Martha Bursinger at least five

days prior to the meeting date. If you would like to speak on an issue, please limit your comments at the meeting to 10 minutes. Information on the public meetings can be found on our web site (www.llr.state.sc.us/pol/nursing/).

LICENSE RENEWAL REMINDER

- All current nursing licenses will expire at midnight on January 31, 2003. A current 2004 South Carolina license is required to continue practicing after that time.
- If you have not yet renewed, try our on-line renewal. If your license is not currently under discipline by the Board, you may renew on-line. You will find your password and user identification number on your renewal application. For security reasons, no one on the board staff has access to your password and cannot provide it to you if you lose your original renewal application. MasterCard and Visa are accepted as payment for on-line renewal only. There is a \$1.25 usage fee charged by the bank for the convenience of on-line renewal.
- Nursing practice is not permitted if your current license expires before the renewal process is completed. Nursing practice is permitted when your renewal is posted on our Web site. Nurse licensure status may be verified by accessing the Licensee Lookup at www.llr.state.sc.us/pol/nursing/.
- Renewal applications were mailed prior to October 1, 2002, allowing four months for licenses to be renewed; therefore, there will be no “walk-in” processing of renewals.
- Most employers require a copy of your renewed nursing license for their records by a certain date each year. Please be aware of your employer’s requirements and allow ample time for mailing and processing.
- A nurse who has been licensed for at least five years must have practiced nursing for a minimum of 960 hours in the preceding five years to renew (October 1, 1997 through September 30, 2002).

NEW MEMBERS APPOINTED TO SERVE NURSING PRACTICE AND STANDARDS COMMITTEE

The Board has appointed three new members to the Nursing Practice and Standards Committee. Cathy Young-Jones, RN, MSN, is the new Department of Education and DHEC School Health Nurse Consultant and will represent those agencies, as well as state school nursing policy on the Committee. Saundra B. Porter, RN, who is employed by Conway Hospital and the Conway School of Practical Nursing, will represent Practical Nurse Educators. Elaine Gillespie, RN, works at Greenville Memorial Hospital and represents Ob/Gyn Nursing Practice. The Board and Committee enthusiastically welcome these new members.

Members departing the Committee are Pat Flowers, RN from the Practical Nurse Educators and Alice Wyatt, RN, FNP, who represented the South Carolina Nurses Association (SCNA) for the past four years. A very special thank you to Wyatt for her faithful service to the Board, and best wishes for success in her new position as president of SCNA.

The Nursing Practice and Standards Committee serves to advise the Board of Nursing on current trends in nursing practice and to keep Board advisories and position statements current with practice. The Committee meets the third Thursday of even numbered months, except in December when it meets the second Thursday. The next meeting is 10 a.m. February 20, 2003, at in the Board office suite. Meetings are open to the public and licensed nurses are especially

encouraged to attend or request additional information from the chair, Bob Barnwell, RN, Nurse Consultant for Practice.

ADVANCED PRACTICE SUBCOMMITTEE SERVES TO ADVISE THE BOARD AND NURSING PRACTICE AND STANDARDS COMMITTEE ON ADVANCED PRACTICE

The Advanced Practice Subcommittee meets at least four times a year to advise the Board of Nursing and Nursing Practice and Standards Committee on Advanced Practice issues. The Subcommittee is composed of 11 member positions, representing nurse practitioners, clinical nurse specialists practicing in the advanced practice registered nurse role, certified registered nurse anesthetists and certified nurse midwives. The Subcommittee is completing its second year of operation under the outstanding leadership of Sharon Bond, CNM. Sharon is leaving the Subcommittee, and the Board and Board staff wish her well in her new professional and family endeavors. Also leaving the Subcommittee are Pat Abercrombie, CRNA, and Lynn Edwards, CNM. New members representing these practice areas are being appointed to serve the 2003-2004 term.

Subcommittee meetings are open to the public and all licensed nurses, particularly APRN's, are invited to attend. The next meeting is 10 a.m. January 24, 2003, at in the Board office suite, and additional information may be obtained from Bob Barnwell, RN, Ex-Officio Board staff representative.

PRACTICE ACT AND BOARD POSITION STATEMENT ON DELEGATION REITERATED

Reports have come to the Nursing Practice and Standards Committee of licensed nurses delegating and supervising skilled nursing tasks, including medications, without knowledge or consideration of the Laws Governing Nursing in South Carolina or the "Position Statement on Delegation of Nursing Care Tasks to Unlicensed Assistive Personnel (UAP)." (See our Web site www.llr.state.sc.us/nursing.) All licensees are reminded that "while nursing tasks may be delegated, the licensed nurse may never delegate nursing judgment and those core competencies of the nursing process to include assessment, planning and evaluation of nursing care which constitute the practice of nursing. The Nursing Practice Act holds the licensed nurse responsible for the competency assessment and supervision of the person to whom nursing tasks are delegated." Furthermore, the laws prohibit the licensed nurse from delegating the administration of medications to UAP, except as specified in Section 40-33-980 related to community residential care facilities. The Law also prohibits the licensed nurse from delegating and supervising the administration of medications to unlicensed medical assistant/office assistant personnel and students in these training programs. Inappropriate delegation may lead to disciplinary action by the Board.

ADVISORY OPINIONS – NEW/REVISED

The board approved the revised advisory opinions listed below in November 2002. These statements are advisory opinions as to what constitutes competent and safe nursing practice.

ADVISORY OPINION 10a

QUESTION: What is the scope of responsibility of the registered nurse (RN) in the administration of peripheral and central intravenous therapies/ procedures?

OPINION: The Board of Nursing for South Carolina acknowledges it is within the scope of practice of the RN to perform procedures and to administer ordered treatments via central and peripheral venous access devices according to the following stipulations:

1. Established agency policy and procedure are approved and signed by the nursing administrator and applicable medical director. Procedure is to include guidelines for patient monitoring, types of fluids and therapies and standing orders dealing with potential complications or emergency situations.
2. The RN must complete an organized course of study relative to the administration/maintenance of fluids and therapies via central and peripheral venous access devices and lines. The course is to include didactic classroom instruction followed by a period of supervised clinical instruction including return demonstrations.

DEFINITION:

1. Central catheters are catheters whose distal tip is located in the superior vena cava. (1) (1. Infusion Nursing Standards of Practice, (2000). Journal of Intravenous Nursing, page S-82.)
2. A “flush” is performed to promote and maintain patency and to prevent the mixing of medications/solutions. (2) (2. Ibid., page S-53) A “flush” must be defined by agency policy and procedure.
3. A “bolus” is defined as a concentrated medication/solution given rapidly over a short period of time. (3) (3. Ibid., page S-82).
4. A “push” is the manual administration of medication under pressure (4) (4. Ibid., page S-85).

ADVISORY OPINION 10b

QUESTION: What is the scope of responsibility of the licensed practical nurse (LPN) in the administration of peripheral and central intravenous therapies and procedures?

OPINION: The Board of Nursing for South Carolina acknowledges it is within the extended role practice of the selected LPN to perform procedures and to administer ordered treatments via peripheral and central venous access devices and lines according to the following stipulations:

1. The agency has established policy and procedures that are approved by the nursing administrator and applicable medical director. Procedures include:
 - a. criteria for the qualification and selection of the LPN;
 - b. description of the additional education and training necessary for assuming the additional acts;
 - c. specific standing orders for the administration, monitoring and discontinuation of peripheral and central venous lines;

- d. specific standing orders to deal with potential complications or emergency situations and provision for supervision by the RN.
2. The selected LPN shall document completion of special education and training to include:
 - a. Cardiopulmonary resuscitation
 - b. Intravenous therapy course relative to the administration of fluids via peripheral and central venous access devices/lines that includes both didactic and supervised clinical with return demonstration.

Upon documentation of meeting the above requirements the selected LPN may perform the following peripheral therapies/procedures:

1. Venipuncture including scalp vein needles and peripheral catheters over needles;
2. Initiate, maintain/monitor, regulate and discontinue:
 - a. intravenous lines and/or intermittent access devices/lines;
 - b. electronic infusion pumps;
 - c. fluids and therapies with or without medications added. The medications must be added and labeled by the RN, licensed physician, licensed pharmacist, or licensed dentist.
3. Administer heparin and saline flushes. A “flush” must be defined within agency policy and procedure.

The selected LPN may perform the following peripheral therapies/procedures UNDER THE DIRECTION OF THE RN, LICENSED PHYSICIAN OR LICENSED DENTIST, except as authorized by the Laws Governing Nursing in Section 40-33-770. Central line therapies/procedures require that an RN must be immediately available on site for supervision.

1. Obtain pump device history and provide care for the patient receiving patient controlled analgesia (PCA) therapy. The LPN may NOT initiate the intravenous analgesics or adjust the rate, but may discontinue the infusion.
2. Maintain/monitor, and discontinue nonextravasating (non-tissue toxic) medications via peripheral intravenous route if medications are added and labeled by the RN, licensed physician, licensed pharmacist or licensed dentist. Fluids with medications must be in amounts no less than 50 milliliters. (See also Advisory Opinion #33).
3. Initiate, maintain/monitor, regulate and discontinue fluids/therapies with and without medications added via central venous access lines/devices.
4. Administer heparin and saline flushes of central venous access devices/lines. A "flush" must be defined within agency policies and procedures.

THE LPN MAY NOT BEGIN BLOOD, BLOOD PRODUCTS/COMPONENTS HYPERALIMENTATION OR CHEMOTHERAPEUTIC AGENTS. THE LPN MAY NOT GIVE MEDICATIONS DIRECTLY INTO THE VEIN (INTRAVENOUS PUSH).

DEFINITIONS:

1. A “flush” is performed to promote and maintain catheter patency and to prevent the mixing of incompatible medications/solutions. (1) (1. Infusion Nursing Standards of Practice, 2000. Journal of Intravenous Nursing, p. S-53).
2. An IV infusion is an amount of 50 milliliters or more given over an extended period of time directly into a vein.

The LPN may NOT perform procedures/therapies listed as being solely within the scope of practice of the RN (see related advisory opinions.)

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Nancy Murphy, RN, MSN, Nurse Consultant – Licensing (803) 803-896-4550

Visit Us On Our Web site: www.llr.state.sc.us/pol/nursing/

The S.C. Board of Nursing Web site contains a staff directory with email addresses, Licensee Lookup link, *Laws Governing Nursing in South Carolina*, Advisory Opinions, Disciplinary Actions, frequently asked questions, and other information/links. To verify a license, choose Licensee Look Up on the Board's Web site and enter the nurse's last name or license number. This site will provide you with the name, city of residence, license number and expiration date. You may also check Disciplinary Actions on our Web site to verify that a license is in good standing. Licensee Lookup and Disciplinary Actions listings contain names of nurses with permanent licenses only.

Office Location/Hours of Operation

S.C. Board of Nursing is located at Synergy Business Park, 110 Centerview Drive, Kingstree Building, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site (www.llr.state.sc.us/pol/nursing/). Mailing address: Post Office Box 12367, Columbia, SC 29211-2367. Hours of operation are 8:30 a.m. to 5:00 p.m., Monday - Friday, except for designated state holidays.

Office Closings for 2003

The Board office will be closed on days, as designated by the State of South Carolina:

New Year's Day	January 1, 2003
Martin Luther King, Jr. Day	January 20, 2003
President's Day	February 17, 2003
Confederate Memorial Day	May 9, 2003
National Memorial Day	May 26, 2003
Independence Day	July 4, 2003
Labor Day	September 1, 2003
Veteran's Day	November 11, 2003
Thanksgiving Day	November 27, 2003
Day after Thanksgiving	November 28, 2003
Christmas Day	December 25, 2003
Day after Christmas	December 26, 2003

Board and Committee Meetings for 2003

January 30-31, 2003	Board Meeting
February 18, 2003	Advisory Committee on Nursing
February 20, 2003	Nursing Practice & Standards Committee
March 20-21, 2003	Board Meeting
April 15, 2003	Advisory Committee on Nursing
April 17, 2003	Nursing Practice & Standards Committee
May 28, 2003	Strategic Planning Meeting
May 29-30, 2003	Board Meeting
June 17, 2003	Advisory Committee on Nursing
June 19, 2003	Nursing Practice & Standards Committee
July 31-August 1, 2003	Board Meeting
August 19, 2003	Advisory Committee on Nursing
August 21, 2003	Nursing Practice & Standards Committee
September 25-26, 2003	Board Meeting
October 16, 2003	Nursing Practice & Standards Committee
October 21, 2003	Advisory Committee on Nursing
November 20-21, 2003	Board Meeting
December 11, 2003	Nursing Practice & Standards Committee
December 16, 2003	Advisory Committee on Nursing