



Palmetto Nurse

South Carolina Board of Nursing

Vol3 • No1

Thank you Veterans

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Mission of the Board: 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, registered nurses or advanced practice 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.

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The Palmetto Nurse is published quarterly by the South Carolina Board of Nursing. Each issue is distributed to every actively licensed LPN, RN, APRN, as well as to nurse employers and nurse educators. Nurses, students, and professionals from healthcare organizations turn to this publication for updates on clinical practices, information on government affairs initiatives, to discover what best practices are being implemented, and for insight into how healthcare providers are facing today's challenges.

Edition 9

ADVERTISING

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OFFICE LOCATION/HOURS OF OPERATION

The Board of Nursing is located at Synergy Business Park, Kingstree Building, 110 Centerview Drive, Suite 202, Columbia, SC 29210. Directions to our office can be found on our Web site – www.llr.state.sc.us/pol/nursing/

Our mailing address is LLR - South Carolina Board of Nursing, Post Office Box 12367, Columbia, SC 29211-2367.

Our normal business hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Our offices are closed for holidays designated by the State.

DESIGNATED STATE HOLIDAYS FOR REMAINDER OF 2007

December 25 - 26 Christmas

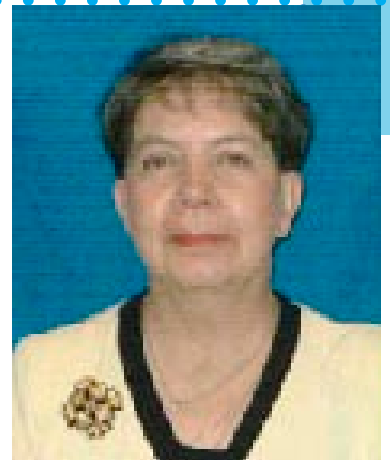
DESIGNATED STATE HOLIDAYS FOR 2008

January 1	New Year's Day
January 21	Martin Luther King, Jr. Day
February 18	President's Day
May 9	Confederate Memorial Day
May 26	National Memorial Day
July 4	Independence Day
September 1	Labor Day
November 11	Veterans Day
November 27 - 28	Thanksgiving Day
December 25 - 26	Christmas

VISIT US ON OUR WEB SITE: www.llr.state.sc.us/pol/nursing/

The Board of Nursing Web site contains the Nurse Practice Act, Regulations, Compact Information, Advisory Opinions, Licensee Lookup, Disciplinary Actions, and other information.

From the Desk of the ADMINISTRATOR



By: Joan K. Bainer, RN, MN, CNA BC, Board Administrator

Renewal season will officially begin on February 1, 2008 and end April 30, 2008. Renewal notices will be mailed out on January 30, 2008. The Web site will be opened at midnight February 1, 2008 for online renewal. Because on line renewals may be difficult for some nurses, you are more than welcome to come to the Board office, and staff will assist you on the computer if traveling is convenient for you. All South Carolina public libraries have computers available in your area that you can utilize also.

There are competency requirements that you must have completed *before* you start the renewal process. If you check a competency that you do not have completed at the time of renewal, you may want to reconsider before you attest that you have documentation of the completed competency that you chose. Be sure to keep your competency documentation in a safe place that is easily accessible in the event you are chosen for an audit. A licensee must maintain all documented evidence of competency for at least four years.

Audits of competency requirements used for renewal will start shortly after renewal begins and will be ongoing. If your name is selected for the audit, you will receive a letter asking you to send documentation to verify competency by the established deadline. Maintaining this documentation in a special file will make responding quick and easy. Do not send documentation unless requested.

Please be aware that failure to provide appropriate documentation of competency as required by the Nurse Practice Act, if audited, will result in a Board order and \$500 civil penalty, as well as automatic reporting to the NURSYS® and the Health care Integrity and Protection Data Bank (HIPDB).

For more information regarding competency, please visit our Web site at www.llr.state.sc.us/pol/nursing then click on Licensure, then Competency Requirement and Competency Requirement Criteria.

COMMITTEE MEMBERS NEEDED



MEDICAL/SURGICAL CNS

The Advanced Practice Committee (APC) assists the Board of Nursing with issues such as, but not limited to, advanced nursing practice, practice requirements, and scope of practice. The APC meets in February, May, August, and November of each year. Currently the position of clinical nurse specialist (CNS) in the medical/surgical area is open on APC.

All members must be currently licensed in South Carolina, practicing and certified in the area they represent and not under a current disciplinary order. APC members are appointed for an initial term of two years with a possibility of reappointment by the Board for three years to provide for staggering of terms. Information from all interested parties is submitted to the Board for review and appointment/reappointment. Members' perspectives and participation are valued and necessary for continuity, so regular committee meeting attendance is very important. If you or someone you know is interested in serving as CNS-Medical/Surgical representative on the Advanced Practice Committee, please submit a letter along with curriculum vitae to Michael Rowland, Advanced Practice Committee, LLR-Board of Nursing, P O Box 12367, Columbia, SC 29211.

NURSING SERVICE ADMINISTRATION

The Advisory Committee on Nursing (ACON) assists the Board of Nursing with long range planning for nursing and facilitates collaboration between education and practice. The ACON meets in February, April, June, August, October, and December each year. There is currently a position available on ACON for an urban hospital nursing service administration representative.

All members must be currently licensed in South Carolina, practicing in the area they represent and not be under a current disciplinary order. Members are appointed by the Board for an initial term of two years with a possibility of reappointment for three years to provide for staggering of terms. Nominations as well as requests for reappointment are submitted to the Board for review. Members' perspectives and participation are valued and necessary for continuity, so regular committee meeting attendance is very important. If you or someone you know is interested in serving as the nursing service administration representative for urban hospitals on the Advisory Committee on Nursing, please contact Dottie Buchanan at dbuchana@llr.sc.gov to obtain a nomination form.

ADVISORY OPINION INDEX

Beginning in spring 2008, the Board of Nursing will be publishing an index for the advisory opinions for your quicker access and convenience. The Board will continue to publish the pertinent advisory opinions for your review all year long.

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GREAT NEWS!!!!

The \$1.25 online renewal surcharge is no more. There will be no additional charge for licensees to renew online this year.



HAVE YOU MOVED?

Section 40-33-38 (C) of the S.C. Nurse Practice Act requires that all licensees notify the Board in writing within 15 days of an address change. If you use a post office box for mailing purposes, we will also require a physical address for our records. So that you do not incur disciplinary action or miss important time sensitive information such as your renewal and audit or other important licensure information, please be sure to notify the Board immediately whenever you change addresses. Please submit a letter including your name (as shown on your license), license number, former address and new address, as well as your new telephone number and e-mail address. You may also change your address on-line utilizing the address change form found on our Web site: www.llr.state.sc.us/pol/nursing/. Address changes are not accepted over the telephone.



FREQUENTLY ASKED QUESTIONS - RENEWAL AND CONTINUED COMPETENCY

Q: It is October, why have I not received my renewal notice?

A: The renewal period changed when the Board went to biennial renewal in 2004. Notices are now sent out in January of even years. You may renew your license online between February 1st and April 30th of even years. It is each licensee's duty by law to notify the Board of a change of address within 15 days of the change. Please keep in mind that renewal notices are sent as a courtesy. It is each licensee's responsibility to assure their nursing license is renewed in a timely manner.

Q: Why do you charge \$1.25 to renew online?

A: This fee is charged by the bank. For the upcoming renewal, licensees will not have to pay the \$1.25 to renew online.

Q: Can I pay for my nursing license renewal with an American Express credit card or electronic check?

A: Currently, our online system will only accept MasterCard or Visa payments. If your debit card has the MasterCard or Visa logo on it, you may also use that for your renewal.

Q: How safe is it to renew my nursing license online?

A: Data security is very important to the South Carolina Department of Labor, Licensing and Regulation. Our agency utilizes state-of-the-art security systems to protect our nurses' and other professional/occupational licensees' information.

Q: My employer says that I must renew my nursing license before the end of March, but my license does not expire until April 30th. Can they require me to renew early?

A: Your license does not expire until April 30th; however, many employers ask that their nurses renew earlier. Employers may ask for earlier renewal to accommodate scheduling. Your employer may require verification of your renewal either by

requesting a copy of your renewed license from you or by viewing Licensee Lookup before scheduling you to work.

Q: How do I benefit from renewing online?

A: After renewing your license online, you may print confirmation that you have renewed your license as well as a receipt of payment. To receive similar confirmation by regular mail, you would need to pay more than \$4.00 in postage for certified mail with return receipt requested. Online renewal is a much quicker process for our nurses and assists our employers with licensure verification. We will mail your license within five business days or less after your card has cleared the bank. The Licensee Lookup will reflect your renewal within 48 hours of your license being renewed and your new license issued.

Q: Why did the Board raise my nurse licensure renewal fee to \$64?

A: The renewal fee is still \$32. The Board of Nursing began biennial renewal in 2004 so you are paying for two years at one time. Although expenses continue to rise and there have been budget cuts over the past years, the Board has not raised its licensure fees in more than 10 years.

Q: Are the renewal requirements different for LPNs and RNs?

A: No. Both licensed practical nurses and registered nurses have the same four options for demonstrating continued competency.

Q: Can I change my name on my nursing license when I renew online?

A: It is suggested that prior to renewing your license, you submit a copy of the required legal document(s) (marriage certificate, divorce decree, court order, etc.) to the Board with a \$3.00 payment to update our files. Indicate whether you will

use your middle name or maiden name for your middle initial (i.e. Jane Ann Doe – Jane Ann Smith? or Jane Doe Smith?). You may verify that your name change request has been processed on our Web Site under Licensee Lookup. If you renew after your name has been changed and verified on Licensee Lookup, your renewed license will be issued in your new name.

Q: Are Continuing Education hours now mandated by the Board of Nursing?

A: The Board of Nursing does not mandate continuing education hours (30 contact hours in two year renewal period). It is your choice which of the four continued competency options you choose for your renewal. The licensed nurse needs to select only one of these options.

Q: How many of the competency requirement options must I complete to renew my license?

A: You need only complete one of the competency requirements. You may complete more than one due to employer requirements, certifications, etc. Many nurses who are certified will qualify under that option but will also qualify under the continuing education option and maybe the employer verification option. If you fall into this category, choose only one of the options and be sure to maintain the required documentation for that option for possible audit.

Q: Is the class I took from XYZ Continuing Education Company approved by the Board for the renewal competency requirement?

A: The Board of Nursing does not approve individual courses. The Board accepts completion of 30 contact hours of continuing education from providers recognized by the Board as demonstration of competency for renewal. The list of Board recognized providers can be found on the Competency Requirement Criteria under Licensure on the Board's Web site (www.llr.state.sc.us/pol/nursing/). We recommend that you print out the Competency Requirement Criteria as a reference while you choose continuing education requirements for renewal.

Q: Where do I get the Board approved employer verification form?

A: It is on our Web site at www.llr.state.sc.us/pol/nursing/. On the left hand side of the homepage, click "Applications/forms." Nurses need to be sure that their employer can, by their policies, complete and sign the form required by the Board to document practice hours. If your employer will not sign the required form, you must choose one of the other three options.

Q: How many practice hours are required by the Board of Nursing for renewal?

A: There are no set number of hours a nurse must practice to document continued competency. However, a nurse must practice enough hours for their employer to verify competency. Verification of competency and hours practiced as evidenced by employer certification on a form approved by the Board is just one of four options for documenting continued competency. While there are four options available in the Nurse Practice Act, not all options may be available in a particular employ-

ment setting. Prior to choosing the hours practiced option, it is wise to check with your employer to see if the employer will sign your form.

Q: My employer will not sign my employer certification form for renewal. What do I do now?

A: Employers are not required by law to sign the employer certification forms and may not be able to do so because of their policies. Prior to choosing an option, it is wise to verify that the option is available for you, such as your employer signing your competency verification form. If your employer will not sign the form, you must choose one of the other three options.

Q: Can I count taking a course in school as a nursing program under option(c) of Section 40-33-40 - completion of an academic program of study in nursing or a related field recognized by the Board?

A: No. The key word for this option is "completion." You must have completed all the coursework for the program before it can count toward that competency requirement option. This option will be especially practical for licensed practical nurses seeking their degree for registered nurse or registered nurses seeking to obtain a higher degree such as their baccalaureate, masters or doctorate. However, if the course you are referring to is a nursing course you have completed, you may want to see if it will count as continuing education. At the November 2005 Board meeting, a decision was made to accept completion of academic courses with a NUR prefix for the continuing education option as long as a minimum grade of C is attained in an undergraduate course and a grade of B is attained in a graduate course. (Note: one semester hour is equal to 15 contact hours).

Q: Do I have to send in all my paperwork with my renewal?

A: No. Shortly after renewal begins in February 2008, we will be randomly auditing nurses in South Carolina. If your name is selected, you will receive a letter asking you to send the documentation in to verify competency. By law, you will have five days to provide the documents. A licensee must maintain all documented evidence of compliance for at least four years.

Q: What happens if I do not renew my nursing license by April 30th?

A: All nursing licenses expire at midnight on April 30th. If you do not renew your license by midnight on April 30th, any nursing practice after the deadline will be considered unlicensed practice and will be subject to disciplinary action and civil penalty. As you are planning your renewal, please allow time for your credit card to process and for the renewed license to be updated on Licensee Lookup indicating an expiration date of April 30, 2010, for this renewal. It generally takes 48 hours for Licensee Lookup to be updated.



Advisory Opinions Updated

At their April 2007 meeting, the Nursing Practice and Standards Committee reviewed and revised advisory opinions. These statements are advisory opinions of the Board of Nursing as to what constitutes competent and safe nursing practice. The Committee reviews each advisory opinion at least annually and recommends revision where appropriate. Any new advisory opinions or changes to current advisory opinions must be approved by the Board. The following revisions were reviewed and approved by the Board at their July 2007 meeting.

Advisory Opinions #4, #6, #7, #16, #18, #22, #23, #26, #29, #32, #32, #33, #37, and #38 were revised to include the standard statement, "This special education and training should include documented didactic and skill competency components" to provide for consistency.

References were updated in Advisory Opinions #5, #9a, #9b, #13, and #30.

ADVISORY OPINION # 4

FORMULATED: July 31, 1987
REVISED: April 2003, July 2005, July 2007
REVIEWED: August 1991, March 1993, January 1997, July 1998, February 2001, May 2006

QUESTION: Is it within the role and scope of responsibilities of the registered nurse (RN) and the licensed practical nurse (LPN) to administer radio-opaque dye, via endoscope, during an endoscopic retrograde cholangiopancreatography (ERCP)?

The Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibilities of the RN and LPN to administer radio-opaque dye, via endoscope, during endoscopic retrograde cholangiopancreatography (ERCP).

Recognizing that this responsibility is considered an additional act of the RN/LPN, the Board recommends that the nursing department complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. If implementation is in order, then appropriate policies, procedures, and standing orders should be developed which specify required special education and training. This special education and training should include

documented didactic and skill competency components. The agency policies and procedures should address how the agency will assure a physician or Advanced Practice Registered Nurse approval/order for administration of the dye.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

ADVISORY OPINION #5

FORMULATED: July 31, 1987
REVISED: January 1989, November 1989, November 1990, November 1991, May 1993, May 1997, December 1997, January 1998, October 2002, November 2003, July 2007
REVIEWED: March 1993, July 1998, December 2000, July 2005, May 2006

QUESTION: What is within the role and scope of responsibility of the registered nurse (RN) in the administration of epidural, intrathecal and peripheral nerve therapies?

The Board of Nursing of South Carolina acknowledges that it is within the role and scope of responsibility of the RN to perform the following epidural, intrathecal or peripheral nerve therapies:

ANALGESIA/ANESTHESIA FOR ACUTE OR CHRONIC PAIN RELIEF:

1. Administer medication (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) to the epidural and intrathecal space and peripheral nerve with the use of an electronic pump, infusion reservoir or by direct re-bolus exclusive of the administration of the test dose or initial dose of medication to determine correct catheter or infusion device placement which is administered by the physician, certified registered nurse anesthetist or anesthesiologist.
2. Monitor, maintain, regulate, and/or terminate a continuous epidural, intrathecal or peripheral nerve infusion of medications (opiates, local anesthetics, steroids, alpha-agonist, or combinations thereof) as ordered by a physician, and within the established guidelines, policies, and procedures formulated with input and approval of licensed physicians, anesthesiologists, and/or certified registered nurse

anesthetists. In home care, physician support and supervision may be available via telecommunication systems.

3. Attach infusion tubing and devices to epidural, intrathecal or peripheral nerve catheters in place (and placement verified), as ordered by physician and under the supervision of a licensed physician or certified registered nurse anesthetist.

This applies, but is not limited to, situations in which:

- a. Patient requires acute or chronic pain management.
- b. Patient requires post-surgical pain management.
- c. Physician provider verified correct catheter placement.
- d. Patient's vital signs are stabilized.
- e. Patient's anesthesia/analgesic level is established.

MANAGEMENT AND MONITORING OF INTRAPARTUM EPIDURAL ANESTHESIA/ANALGESIA:

1. Monitor the intrapartum patient receiving epidural anesthesia/analgesia provided a licensed physician, anesthesiologist and/or certified registered nurse anesthetist is present and responsible (IMMEDIATELY AVAILABLE ON SITE).

2. Terminate an epidural infusion with immediate notification of the attending physician, certified registered nurse anesthetist or certified nurse midwife. This monitored care is only to be done following stabilization of vital signs after either bolus injection or establishment of continuous pump infusion by physician, anesthesiologist or certified registered nurse anesthetist.

3. The RN may replace empty infusion syringes or bags with prepared solutions provided that the solution is verified by a second licensed nurse. The RN MAY NOT prepare solutions for infusion, alter the rate (increase or decrease), inject, bolus, or re-bolus the anesthetic/analgesic infusion. The registered nurse may not insert the catheter, position or reposition, or flush to maintain patency.

REMOVAL OF CATHETER:

The RN may remove epidural or peripheral nerve (not intrathecal) catheters, provided insertion was documented to be uncomplicated.

Recognizing these responsibilities is an additional act for the RN; the Board of Nursing recommends the nursing service component of the respective employing agency complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. The Board also recommends the nursing service component of the employing agency determine if implementation is in order, with appropriate policies, procedures and standing orders which specify patient situations whereby the RN is authorized to administer epidural and intrathecal therapy/procedures.

The specific qualifications and special education to include a minimum of documented validation of training, to include a didactic component and a return clinical demonstration. Medications to be administered by the RN and dose ranges are to be listed in the policies, procedures, and standing orders. The nursing department is advised to obtain patient specific written medical orders which indicate mechanical and physiological parameters to be monitored and reported to the physician.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

Reference: American Association of Nurse Anesthetists Position Statement, (1995). Provision of pain relief by medication administered via continuous epidural, intrathecal, intrapleural, peripheral nerve

catheters, or other pain relief devices, American Association of Nurse Anesthetists Bulletin, 7-10.

Standards and Guidelines for Professional Nursing Practice in the Care of Women and Newborns, Fifth Edition, Association of Women's Health, Obstetrics and Neonatal Nurses, 1998, page 28-35.

ADVISORY OPINION # 7

FORMULATED: January 29, 1988

REVISED: April 2001, July 2007

REVIEWED: March 1992, March 1993, April 2003, July 2005, May 2006

QUESTION: Is it within the scope of practice of the registered nurse (RN) to administer medications, such as anti-neoplastic agents, intrathecally?

The Board of Nursing for South Carolina acknowledges that it is within the scope of practice of the RN to administer medications, such as anti-neoplastic agents, intrathecally through established reservoirs.

Recognizing these responsibilities is an additional act for the RN; the Board recommends that the nursing department complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. If implementation is in order, then appropriate policies, procedures, and standing orders should be developed which specify required special education and training. This special education and training should include documented safety practices and other didactic material as well as clinical skill competency components. The agency policies and procedures should address how the agency will assure a physician or Advanced Practice Registered Nurse authorizes to administer the anti-neoplastic agents intrathecally. Medications to be administered by the RN and dose ranges are to be listed in the written policies, procedures, and standing orders. The nursing department is advised to obtain patient specific written medical orders which indicate mechanical and physiological parameters to be monitored and reported to the physician.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

ADVISORY OPINION #21

FORMULATED: January 29, 1988

REVISED: January 1993, June 1999, September 1999, March 2001, July 2007

REVIEWED: January 1990, May 1997, July 1998, April 2003, July 2005, May 2006

QUESTION: Is it within the role and scope of responsibilities of the licensed practical nurse (LPN) to perform physical assessment?

The State Board of Nursing for South Carolina recognizes the role of the licensed practical nurse (LPN) in assisting with assessment of the patient and collection of patient health data to be used for the complete physical assessment. However, the analysis and synthesis of clinical information and the formulation of problem statements and/or nursing diagnoses requires the knowledge base and skills that are within the scope of practice of the registered nurse (RN) and may not be delegated to the LPN.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.

It's the Law: Nurses Must Report Abuse



By Nancy C. McCormick, Senior Attorney
Protection and Advocacy for People with Disabilities, Inc. ¹

Nurses are on the front line in identifying and reporting abuse, neglect and exploitation² of vulnerable adults, including people with disabilities.

South Carolina has made major changes to investigations of abuse of adults who live in facilities operated by or contracted for operation by the Department of Mental Health (DMH) or the Department of Disabilities and Special Needs (DDSN). Covered facilities include psychiatric hospitals, intermediate care facilities for the mentally retarded (ICF-MRs), many community apartments and group homes, county Disabilities and Special Needs Boards and contractors such as the Babcock Center and the Charles Lea Center.

Abuse includes physical or sexual abuse, such as slapping, pushing, hitting or sexual contact. Neglect includes failure to provide care necessary for a person's health or safety, like food, medicine, or supervision. Exploitation includes taking advantage of someone by stealing the person's money or making the person work without being paid.

All health care professionals, including nurses, caregivers of vulnerable adults, and social workers, **MUST** report all situations whenever they have reason to believe that a vulnerable adult residing in a covered facility has been abused.

Anyone who has actual knowledge that abuse occurred must report, including family, friends, and health care professionals not directly responsible for the care of the individual. The individual required to report must personally contact SLED within 24 hours or the next business day. Anyone who has reason to believe that a vulnerable adult has been or may have been abused, neglected, or exploited may report to SLED.

Anyone who believes that a person living in covered facilities has been abused can call a new toll free number at the South Carolina Law Enforcement Division (SLED): 1.866.200.6066,

answered 24 hours a day, 7 days a week. SLED will decide if there is a reasonable suspicion of criminal conduct. If so, SLED agents or local law enforcement will immediately start a criminal investigation. SLED will investigate all cases involving a death in a covered facility. SLED will refer non-criminal problems such as violations of residents' rights to the appropriate agency for investigation and correction. SLED investigations are a major change from past practice, when DMH and DDSN conducted their own investigations and SLED or local police often were not involved in these investigations or were brought in only long after the incident.

It is a crime not to make a required report. Anyone who has actual knowledge of abuse, neglect, or exploitation and does not report it to SLED can be imprisoned for a year and fined \$2500. Nurses and other professionals can also be referred to their licensing boards for disciplinary action.

The Long Term Care Ombudsman's Office will continue to investigate abuse in other kinds of residential facilities, like private nursing homes and most community residential care facilities. The Department of Social Services will continue to investigate abuse of adults in private homes and day care centers and those who are homeless. The South Carolina Attorney General's Medicaid Unit and Carolinians who are elderly or who have disabilities deserve to be safe.

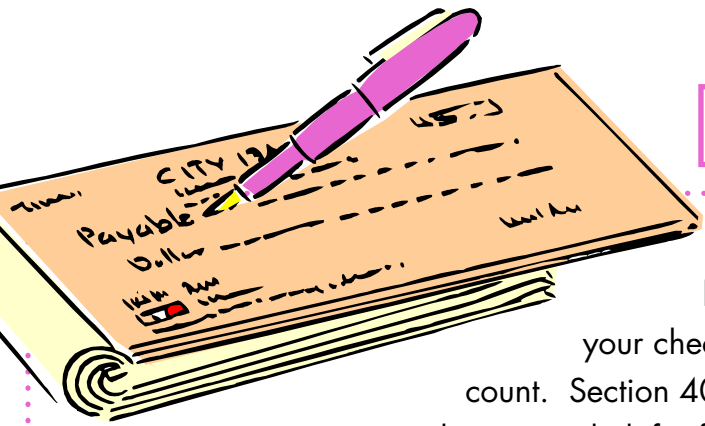
¹ Protection and Advocacy for People with Disabilities, Inc., is the statewide nonprofit organization advocating for the rights of individuals with disabilities. More information is available at www.protectionandadvocacy-sc.org.

² Abuse, neglect and exploitation are collectively referred to as abuse in this article



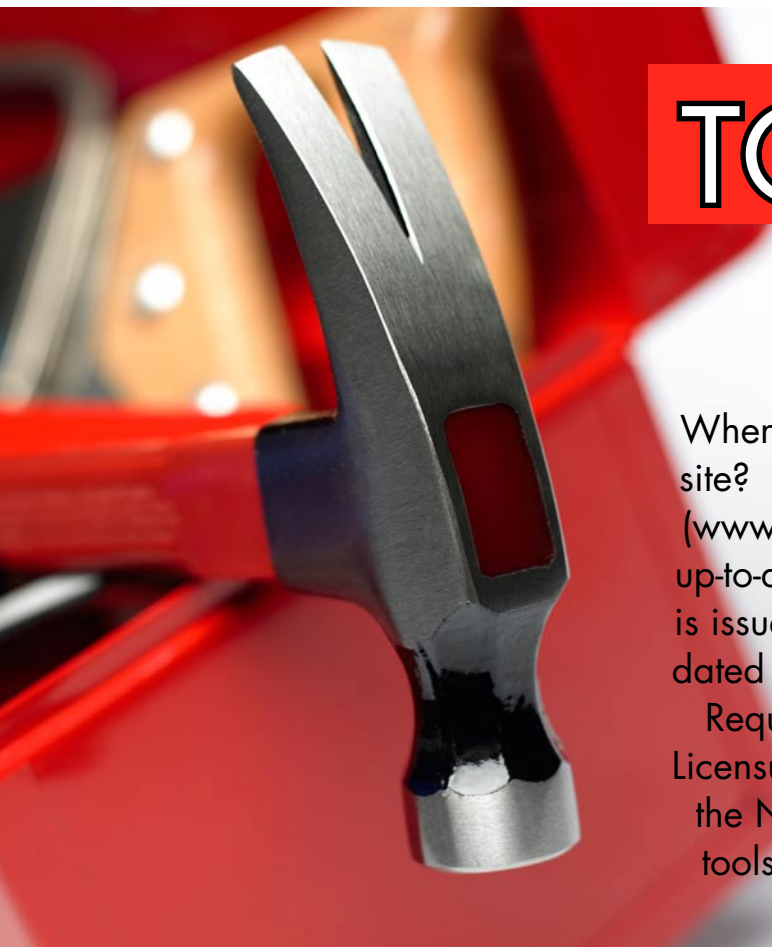
The South Carolina Department of Labor, Licensing & Regulation (LLR) Board of Nursing is seeking a Registered Nurse II on a permanent, full-time (37.50 hours per week) basis, Class Code EA30, pay band 06. The hiring range will be \$36,476 - \$51,981. Duties: provides consultation regarding standards of nursing and advanced nursing practice as described in the Laws Governing Nursing in South Carolina, Board of Nursing Advisory Opinions and Position Statements. LLR requires a graduate education in a nursing specialty, nursing or nursing education and five (5) years of teaching, administration or clinical nursing practice.

For more information and to apply, please go to the following Web site: www.jobs.sc.gov. LLR is an EEO/Affirmative Action Employer. THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.



RETURNED CHECKS

When submitting any fees to the Board of Nursing, please be certain there are sufficient funds in your account to cover your check and that the check has cleared before closing any account. Section 40-1-50(G) of the South Carolina Code of Laws states that a license must be suspended if a fee payment is made by a check that is subsequently returned by the financial institution unpaid and is not made good within 10 days of official notification. This suspension is exempt from the Administrative Procedures Act. Unpaid checks constitute a non-payment of license fees. Notifications are sent to the address of record on the licensee's file. Section 40-33-38 (C) of the South Carolina Code of Laws (Nurse Practice Act) requires that all licensees notify the Board in writing within 15 days of an address change. If you use a post office box for mailing purposes, the Board also will require a physical address for its records. When a check is returned, replacement funds plus the returned check fee allowed by law must be submitted in the form of a cashier's check or money order. The Board cannot provide any further licensure services until the returned check is made good. Notice of the suspension is sent to the licensee's employer(s) if the check is not made good within 10 days of official notification.



TOOLS OF THE TRADE

When was the last time you went on the Board's Web site? We recommend that all nurses visit our Web site (www.llr.state.sc.us/pol/nursing/) at least monthly for up-to-date information. When a new advisory opinion is issued or a current advisory opinion revised, it is updated on our Web site within two weeks. Competency Requirement, Continuing Education Contact Hours, Licensure, Advisory Opinions, Position Statements, and the Nurse Practice Act are just a few of the valuable tools and information you will find on the Web site.

BOARD and COMMITTEE MEETINGS

Board of Nursing

January 24-25, 2008	Board of Nursing Meeting
March 27-28, 2008	Board of Nursing Meeting
April 10, 2008	Board Strategic Planning Meeting
May 15-16, 2008	Board of Nursing Meeting
July 24-25, 2008	Board of Nursing Meeting
September 25-26, 2008	Board of Nursing Meeting
November 20-21, 2008	Board of Nursing Meeting

Advisory Committee on Nursing (ACON)

February 19, 2008	Advisory Committee on Nursing Meeting
April 15, 2008	Advisory Committee on Nursing Meeting
June 17, 2008	Advisory Committee on Nursing Meeting
August 26, 2008	Advisory Committee on Nursing Meeting
October 21, 2008	Advisory Committee on Nursing Meeting
December 2, 2008	Advisory Committee on Nursing Meeting

Advanced Practice Committee (APC)

February 1, 2008	Advanced Practice Committee Meeting
May 2, 2008	Advanced Practice Committee Meeting
August 1, 2008	Advanced Practice Committee Meeting
November 7, 2008	Advanced Practice Committee Meeting

Nursing Practice and Standards Committee (NPSC)

February 21, 2008	Nursing Practice and Standards Committee
April 17, 2008	Nursing Practice and Standards Committee
June 19, 2008	Nursing Practice and Standards Committee
August 21, 2008	Nursing Practice and Standards Committee
October 16, 2008	Nursing Practice and Standards Committee
December 18, 2008	Nursing Practice and Standards Committee

LLR Board of Nursing
Post Office Box 13267
Columbia, SC 29211-2367



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