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Insert into the SC Nurse newsletter - July 2003

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**South Carolina Board of Nursing
July 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.

BOARD VACANCY

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

IMPORTANT RENEWAL CHANGE

The Board has approved biennial renewal to begin this year. They have also approved a change to the licensure renewal cycle.

What does this mean for you?

It means that when you renew your RN or LPN license this year, it will be for a two-year period with a new expiration date of April 30, 2006. The per year renewal fee has not changed, however, you will now be remitting fees for two years at a time.

After this year, the biennial renewal season will begin February 1st instead of October 1st and will end on April 30th instead of January 31st. The next time you will receive a notice to renew your license will be approximately February 1, 2006.

Advanced Practice Registered Nurses (APRN)

ALL APRNs will receive an advanced practice renewal for the upcoming renewal season. The new expiration date will be April 30, 2006. APRNs expiring on January 31, 2004 will receive their renewals in October as usual.

Following the close of the renewal season (01/31/04), APRNs with an expiration date of January 31, 2005 will be mailed a one-year renewal application, with fees prorated. This one-year renewal will bring all APRNs to the same expiration date of April 30, 2006. On-line renewal is available and encouraged for all APRNs. Please watch for complete instructions coming with your renewal.

**LICENSURE RENEWAL BEGINS OCTOBER 1, 2003
PLAN TO TRY OUR ON-LINE RENEWAL SERVICE...**

- It's easy!
- It's fast!
- It's convenient!
- You can renew online anytime of the day or night.

- You will receive a receipt confirming that you have completed your renewal when you have finished the process and your credit card has been accepted.
- Approximately three business days following completion of your on-line renewal, you or your employer may check your renewed licensure status by accessing licensee lookup on the Board's Web site.
- The Board encourages all nurses to try this more efficient method of renewal.

Requirements for On-line Renewal

- Your license must be in an active status.
- On-line renewal is available from October 1, 2003 through January 31, 2004.
- You may not renew on-line if you have a name change because a legal document must be provided.

On-line Renewal Instructions

- Access the Internet on-line renewal site at <http://renewals.llronline.com>.
- Enter your user ID and password, which may be found at the top of your renewal application. Your ID and password do not change from year to year, so the Board recommends that you keep this information in an accessible, yet secure location such as you would the PIN for your bank ATM card.
- Complete the application.
- If you answer yes to any of the legal/disciplinary questions, additional information will be required for review.

ADVISORY OPINIONS – NEW/REVISED

The Board of Nursing approved the new and revised advisory opinions listed below at its March and May 2003 meetings. These opinions reflect the Board's position as to what constitutes competent and safe nursing practice.

ADVISORY OPINION #3

QUESTION: Is it within the role and scope of responsibilities of the registered nurse (RN) and licensed practical nurse (LPN) to make pronouncements of death in a health care institution, or in the home as a representative of an agency where care is being provided, in the absence of a licensed physician?

OPINION: The Board of Nursing for South Carolina acknowledges that Rule 61-19 of the Department of Health and Environmental Control (DHEC) speaks only to the preparation and filing of the death certificate, which requires the signature of the attending physician, medical examiner or coroner. Additionally, nowhere in the South Carolina Medical Practice Act or the South Carolina Nurse Practice Act is it stated that the pronouncement of death is a medical act which, must be performed by a licensed physician. Therefore, it is within the role and scope of the RN to make pronouncements of death in the absence of a licensed physician in a healthcare institution, or in the home as a representative of an agency where care is being provided.

Furthermore, the Board of Nursing acknowledges the importance of the health care institution or home care agency establishing a policy statement concerning the pronouncement of death, with appropriate input from the institution's nursing staff, medical staff, and legal counsel.

It is not within the scope of practice of the LPN to make pronouncements of death.

ADVISORY OPINION #6

QUESTION: Is it within the role and scope of the licensed nurse to perform procedures related to gastrostomy and jejunostomy tubes in the patient with a permanent gastrostomy or jejunostomy?

OPINION: The Board of Nursing for South Carolina acknowledges the following role and scope of responsibility for the licensed nurse regarding the care of the patient with a permanent gastrostomy or jejunostomy tube. See also the applicable Nursing Management of Invasive Devices chart.

The activities of the licensed nurse must be ordered by the physician or Advanced Practice Registered Nurse (APRN). The Licensed Practical Nurse must be under the supervision of the Registered Nurse who is on site or available on call.

1. Unless the tubes are sutured in place, the licensed nurse may: replace, reposition and remove gastrostomy and jejunostomy tubes for the purpose of changing tubes through well established stomas (3-4 weeks old). The initial replacement of a gastrostomy or jejunostomy tube may be performed by an APRN;
2. Initiate infusions, regulate flow and maintain infusions via gastrostomy and jejunostomy tubes;
3. Verify solutions for gastrostomy and jejunostomy feedings;
4. Monitor the gastrostomy and jejunostomy tube insertion site and perform dressing changes and stoma care;
5. Maintain patency of gastrostomy and jejunostomy tubes; and,
6. Collect specimens from gastrostomy and jejunostomy tubes.

The Board recommends the nursing department consult with clinical experts prior to implementation of these procedures. Furthermore, if implementation is in order, that policies, procedures and standing orders be developed with specify required special education and training which includes verification of skill competency.

ADVISORY OPINION #25

QUESTION: Is it within the role and scope of responsibilities of the registered nurse (RN) to perform endotracheal intubation in an emergency situation?

OPINION: The State Board of Nursing for South Carolina acknowledges that emergency endotracheal intubation is within the role and scope of responsibilities of the RN and requires "special education and training." The Board recommends that the nursing department complete a comprehensive literature review and consult with clinical experts and legal counsel prior to implementation. The Board also recommends that if the nursing department determines that implementation is in order, then appropriate policies, procedures, and standing orders should be developed which specify patient situations whereby the RN is authorized to perform endotracheal intubation.

ADVISORY OPINION #45

QUESTION: Is it within the role and scope of responsibilities of the registered nurse (RN) to deploy suture mediated vascular hemostasis closure devices?

OPINION: The Board of Nursing for South Carolina has determined that it is NOT within the role and scope of an RN to deploy suture mediated vascular hemostasis closure devices, unless the RN is an APRN.

ADVISORY OPINION #46

QUESTION: Is it within the role and scope of practice for the Certified Registered Nurse Anesthetist (CRNA) to insert invasive cardiovascular monitoring lines?

OPINION: The Board of Nursing acknowledges that it is within the role and scope of practice for the CRNA to insert invasive cardiovascular monitoring lines including, but not limited to, central venous and pulmonary arterial catheters. CRNA education and preparation provide the knowledge base for this skill. The CRNA is expected to have demonstrated skill competency and to have applicable written guidelines in accordance with Section 91-6.(i.) of the Laws Governing Nursing.

MEDICATION ERROR UPDATE

The following article was drafted by the Board of Pharmacy and submitted to the Board of Nursing for their upcoming newsletter.

In ensuring that the patient gets the correct medication in the correct dosage at the correct time, the pharmacist often has two prescriber-related problems.

- 1) There is a problem with the order as written
 - a. Illegible handwriting
 - b. Error in order (i.e.; Wrong drug, wrong dosage-form, wrong dosage, possible drug-drug or drug-disease state interaction)
 - c. Non-standard abbreviations
 - d. Prescriber error due to prescriber writing for an unfamiliar drug at patient's request as a result of direct-to-public advertising.
- 2) Inability to communicate with prescriber to correct the problem or clarify the order.

Of the above two problems, the inability or difficulty in communicating with the prescriber is the most crucial. Anything that the physician can do to increase his availability to discuss prescribing problems would be helpful and would reduce liability risks for both.

There are certain universally accepted abbreviations for prescription orders as are listed in standard reference material such as, Martin's *Dispensing of Medication*. Prescribers are encouraged to limit their prescribing to that list.

When prescribing a drug for the first time, it would be good if the prescriber personally called the order in and talked to the pharmacist and told him he would be available if the pharmacist saw any problems and needed to call back before filling the prescriptions.

Prescribers should be reluctant to prescribe sound-alike drugs if possible, and if it is necessary to do so, the drug name should be printed in block letters.

When writing a numeral, a leading zero should always precede a decimal point (0.4) and a zero should never follow a decimal point (4.0). The 10-fold error is obvious if the decimal point is not noticed.

Prescribers should be reluctant to indicate “as directed” as instructions on an order. This does not allow the pharmacist to verify normal recommended dosage scheduling and reinforce to the patient the correct dosing regimen.

The medically related boards have created a task force to evaluate areas of concern relating to medication errors. The members of the task force hope to submit recommendations for educating professionals on how to prevent medication errors.

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

The Board of Nursing Web site contains a staff directory, Nurse Practice Act, Advisory Opinions, Disciplinary Actions, and other information/links. For license verification: choose Licensee Look Up on the web site and enter the last name or license number. You may also check Disciplinary Actions on our Web site to verify that a license is in good standing. The 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. Mailing address: Post Office Box 12367, Columbia, SC 29211-2367. Hours of operation are 8:30 a.m.-5:00 p.m., Monday - Friday, except for designated state holidays.

Office Closings for Remainder of 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 Remainder of 2003

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