



BOARD *of* NURSING
MISSISSIPPI

vol.1 ■ no.2 ■ jan. 2009

PATIENT
abandonment

are all RNs
CREATED EQUAL?

2009

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Wound Care the Latest Treatment Techniques
Care of the Alzheimer's Client
Care of the Hospitalized dialysis Client

Nursing: The Legal Issues
Legislative Update
Vascular Surgery
The Human Touch: End of Life Issues

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MISSION...

The mission of the Mississippi Board of Nursing is to protect the public through the process of licensure and regulation of nursing.



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EDITION 2

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PATIENT ABANDONMENT



I have completed my first year as executive director and what a year it has been! I have re-connected with long lost friends and colleagues and met so many nurses and healthcare leaders who are new friends. It has been a year of growth and a new appreciation of what a great community of nurses we have in Mississippi. Nurses care about their patients, and they are not afraid to express their concerns about their role and their facility's role in providing good care.

One area of concern and misunderstanding among nurses is abandonment. When can a nurse be accused of abandonment? Many nurses have called me in fear of being reported for abandonment, when in fact they were worried about their safety to practice. The situations usually were related to working in areas where they had no previous experience or working in areas for longer than 12 hours at a time. The following is a position statement of the Mississippi Board of Nursing:

PATIENT ABANDONMENT A POSITION STATEMENT OF THE MISSISSIPPI BOARD OF NURSING

For patient abandonment to occur, the nurse must have:

- (a) Accepted the patient assignment, thus establishing a nurse-patient relationship, and then
- (b) Severed that nurse-patient relationship without giving a reasonable notice to the appropriate person (e.g., supervisor/employer) so that assignment can be made for continuation of nursing care by others.

A nurse-patient relationship begins when the nurse accepts the assignment for patient care. Patient abandonment occurs when the nurse leaves the nursing assignment without transferring patient care and communicating specific patient information to an appropriate caregiver.

DEFINITIONS/TERMS:

Nursing assignment: Nursing care functions or responsibilities which the nurse has been directed to perform by a person authorized to supervise or direct the nurse; or independently assumed responsibility for, based on the nurse's qualifications and professional judgment.

Transferring patient care: Reporting the condition, circumstances, and needs of all patients under the nurse's care in oral or written form directly to another nurse or appropriate caregiver who acknowledges receipt and understanding of the report.

Appropriate caregiver: State regulated health care professional whose scope of practice and qualifications include the transferred nursing care functions/responsibilities as defined in the agency's policies.

Examples of patient abandonment include, but are not limited to:

- Leaving the patient without adequately providing arrangements for coverage
- Leaving abruptly without giving the supervisor or qualified person adequate notice for replacing the nurse
- Leaving without reporting to the oncoming shift
- Accepting an assignment of patient care and then leaving the nursing unit or patient care setting without notifying the qualified person
- Sleeping in the break room or in any empty patient room for a portion of the shift, thus being unavailable to assigned patients.

Situations which are NOT considered to be patient abandonment, but which may be examples of personnel issues over which the Board has no jurisdiction, are:

- No call - no show for work
- Refusal to work mandatory over time
- Refusal to accept an assignment or a nurse-patient relationship
- Refusal to work additional hours or shifts after the nurse has completed the scheduled shift of duty
- Not returning from a scheduled leave of absence
- Refusal to work in an unfamiliar, specialized or "high tech" area when there has been no orientation, no educational preparation or no employment experience
- Resigning a position and not fulfilling the remaining posted work schedule
- Refusal to float to an unfamiliar unit
- Salaries, working conditions, hiring and termination policies.



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NURSE MANAGER ACCOUNTABILITY

During periods of staffing shortages, the nurse manager may need to reassign staff to different patient care areas and/or approve extended tours of duty for nurses. If a nurse has agreed to extend his or her hours of duty due to short staffing, but has informed the nurse manager of a limit to the extra hours he or she will work, the nurse manager is responsible for providing a qualified nurse who can accept the report and responsibility for the patients from the over-time nurse. The nurse manager is responsible for assessing the capabilities of personnel in relation to the patient's needs and plan of nursing care and for delegating or assigning nursing care functions to qualified personnel.

Both nurse managers and nurses in direct patient care positions are accountable for providing safe nursing care. During periods of short-staffing or limited numbers of qualified staff, it is essential that nurse managers and nursing staff work together to provide safe care to all patients in a manner consistent with the statute and regulations.

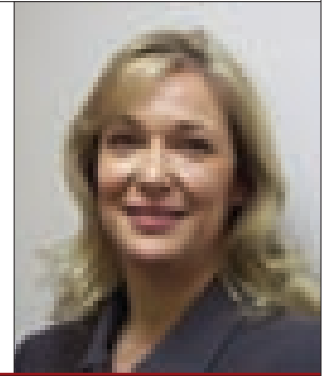
Nurses are accountable for the care they provide and for maintaining competency in certain areas of practice. They must have the appropriate knowledge and skills required before accepting assignments in an area of patient care. If the nurse knows he/she is not prepared to care for patients in a certain area, then that nurse must not accept the assignment. Nursing administrators, supervisors or managers are responsible for assuring that appropriately prepared nurses care for patients under their jurisdiction. Thus, they are to assign patient care to only those nurses who are clinically competent. Nursing administrators, supervisors, and managers are subject to discipline if they do not assign clinically competent nursing staff.

To avoid problems with short staffing, temporary reassignments, and/or floating when census problems occur, employers need to provide adequate orientation and cross training of their nursing staff in anticipation of short staffing. Anticipation of problems during times of short staffing can avoid the stress and anxiety of placing nurses in areas where they feel they are not competent to practice and perhaps avoid staffing problems during those times. This preventative action can avoid possible discipline for the nurse manager who is providing staffing and for the nurse providing patient care.

I hope this has clarified some of the misunderstanding regarding abandonment. The ultimate goal is providing good safe care. Employers and employees working together can avoid issues of abandonment by addressing the necessary actions to solve future staffing problems.

DIRECTOR of INVESTIGATIONS

ANN RICKS, RN, BSN



ARE ALL RNS CREATED EQUAL?

An Investigative Scenario Involving Improper Delegation and Supervision

The following is a fairly common scenario presented to the investigative division regarding a question of improper delegation and supervision. Read the scenario and determine for yourself if there is a violation of the Mississippi Nursing Practice Law. The nurses' names are fictitious, but the circumstances are based on commonly reported events.

Nurse Jane has been a registered nurse for a total of 15 years and for the past 13 has specialized in oncology. She worked very hard to become

certified in oncology and felt at ease dealing with dying patients in their terminal stage of illness. Recently, after suffering from a personal finan-

cial hardship, she answered an advertisement to begin supplementing her income working with a temporary staffing agency. Based on her expert knowledge and experience, she requested and assumed she would work in various hospitals in their oncology units.

Upon arriving at her first weekend staffing assignment, she presented to the oncology unit for a short orientation prior to beginning her shift. Nurse Jane was greeted by the house supervisor,

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RN Rita, and was immediately told that the facility had a low census on the oncology unit and Nurse Jane's services were needed elsewhere in the hospital, specifically in the labor and delivery (L&D) department. Two L&D nurses had called in sick, and there were two mothers in active labor who had medical orders for continuous fetal heart tone monitoring.

Nurse Jane contemplated her situation, balancing her reluctance to work in L&D considering her past 13 years experience had been with oncology patients and the fact that she really needed the supplemental income to help with her personal financial crisis. She recalled she had not cared for L&D patients since prior to her work with oncology patients. She thought about refusing the assignment but did not want to lose her job with the temporary staffing agency. Nurse Jane explained to the house supervisor that she had not worked in L&D in more than 13 years and genuinely felt uneasy about reading and interpreting fetal heart tone monitoring strips.

Without hesitation, the house supervisor, RN Rita, explained to Nurse Jane that as a RN, she should be able to handle any type of nursing assignment requested of her. She escorted Nurse Jane to L&D and gave her a short overview of the unit and made nursing assignments. Nurse Jane accepted the assignment and responsibility of two patients in active labor, one of whom was receiving a pitocin infusion with an order for continuous fetal heart tone monitoring.

Take a moment and consider the risk of this scenario for the patients and unborn babies. Although Nurse Jane had been an RN for 15 years, was she competent to assume care of L&D patients? Was RN Rita correct in assuming that a RN should be able to handle any assignment requested of him/her? Was there improper delegation of duties?

To best answer these questions, let us first consider the Mississippi Nursing Practice Law and Rules and Regulations which stipu-

late in Chapter III that the registered nurse shall be held accountable for the quality of nursing care given to patients rendered by self and others being supervised. The registered nurse may delegate duties and assignments to other staffing personnel based on certain guidelines. For example, medication administration may be delegated to other licensed

the fact that Nurse Jane had not worked with laboring patients in more than 13 years and felt uncomfortable reading and interpreting fetal heart tone monitoring strips. In addition, the lack of training and experience in L&D was compounded by the lack of thorough orientation to the unit and its policies and procedures.



nurses only except as set out in Chapter VI of the Rules and Regulations. In addition, the RN may assign duties of giving patient care and treatments to licensed nurses and/or auxiliary workers based on their knowledge of their educational preparation and experience.

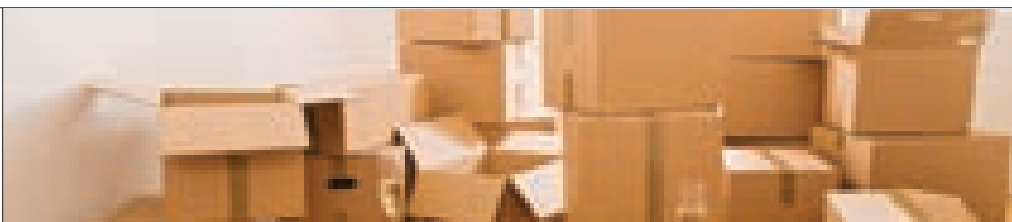
Considering this information, RN Rita responded incorrectly that a RN should be able to handle any nursing assignment simply because she is an RN. The lack of current experience and knowledge was not taken into consideration when RN Rita delegated the care of the L&D patients to Nurse Jane. Nurse Jane was not prepared to assume care of these specialized patients and voiced her concerns to RN Rita. RN Rita chose to ignore

Nurse Jane acted irresponsibly in accepting an assignment to care for specialized patients when she had not achieved/maintained competency. Her knowledge and experience for more than a decade had been focused in the care of terminally ill patients, and although she voiced her concerns over her inability to read and interpret fetal heart tone monitoring strips, she accepted the assignment anyway. Prior to a nurse assuming a role or assignment, it is his/her duty and responsibility to ensure he/she is trained and competent to care for the patients under his/her care. According to Chapter III of the Rules and Regulations, the function of an RN is to practice in accordance to generally accepted standards of practice.

Most assuredly, the standards of practice for care of L&D patients have changed since Nurse Jane's last stint in caring for such patients more than a decade earlier.

A registered nurse should be mindful that in accordance with the Mississippi Nursing Practice Law § 73-15-29 and Rules and Regulations, Chapter II, negligently or willfully acting in a manner inconsistent with the health and safety of patients under the licensee's care, including but not limited to, inappropriately delegating or accepting a patient assignment, and assuming duties and responsibilities in the practice of nursing when competency has not been maintained may compromise the health and safety of patients and are grounds for disciplinary action against the nurse's license.

What should a nurse do when asked to assume an assignment in an area which he/she has not maintained competency? If he/she refuses, the nurse may be fearful of losing his/her job based on the employer's expectations. After all, employers do expect nurses to work and take care of patients and as a result develop and enforce personnel policy and procedures. This is sometimes known as being caught between a rock and a hard place. The answer to this dilemma needs to be addressed by both the employer and the nurse. Nurses and employers share the goal to provide the best care possible for their patients. The question should be what it would take to get the nurse to a competent level of practice for the assignment? What educational courses or training could the employer provide to assist a nurse? The nurse may independently seek information from outside sources, training centers and continuing educational units. The bottom line is that we as professional nurses are ultimately accountable for maintaining our competence to care for our patients prior to accepting a patient assignment.



ADDRESS CHANGE

Please notify the Board of your address change by completing and submitting the form below to the Board of Nursing, 1935 Lakeland Drive, Suite B, Jackson, MS 39216.

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Name _____
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City _____ State _____ Zip _____

Signature _____ Date _____

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If you wish to change your name, go to our Web site at www.msbn.state.ms.us, Licensure/Applications and download the name change affidavit. Complete and submit that form along with the required documentation and fee to the Board of Nursing, 1935 Lakeland Drive, Suite B, Jackson, MS 39216.

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BRETT THOMPSON, ESQ.

DIRECTOR of DISCIPLINARY DIVISION



PUBLIC

information

The Board of Nursing Disciplinary Division receives an average of 10 public information requests a week. To accommodate the request, our division refers to the law entitled Mississippi Public Records Act codified in Miss. Code. Ann. § 25-61-1 (1972, as amended). This law specifies what is considered to be “public information” and delineates what information is to be excluded and/or exempted from disclosure.

A public information request received by the Disciplinary Division is usually a request regarding licensure status of any licensee and inquiry about any prior disciplinary action. Our division receives written requests via e-mail and regular mail. There is also a processing fee charged with every public information request. When the Board imposes any disciplinary action against a licensee and/or applicant, the formal document(s) memorializing such disciplinary action are deemed to be public documents and thus can be disseminated to the public. Documents that are deemed public information and are eligible for disclosure to the general public are the following: Agreed Orders which are formal consent agreements entered into by licensees/applicants willingly, voluntarily and in lieu of a disciplinary hearing; Final Orders and transcripts from a disciplinary hearing; Administrative Denials; Complaints; and Recovering Nurse Program Affidavits.

Should the licensee/applicant have no prior disciplinary action against his or her license, our division sends a formal letter

which includes the following information: (1) when and how an individual was licensed (i.e., the date the individual was licensed and if licensure was granted by endorsement, examination, etc.); (2) if the license is current; and (3) if the license is unencumbered.

There have been several questions referred to the Disciplinary Division involving releasing information while a licensee/applicant is under investigation with the Board. The information related to the investigation, including the complainant/informant is considered confidential and will not be released. (See Miss. Code. Ann. § 73-15-31 [3] (1972, as amended).) In fact, at the investigative stage, the Board’s policy is to neither confirm nor deny the existence of an investigation related to an individual licensee/applicant. This statutory protection is multi-faceted: (1) it protects the licensee/applicant; (2) it protects and maintains the integrity of records/materials obtained from third parties, which often times include patient records, and (3) it protects the Board of Nursing’s investigative process and prevents the disclosure of

information too prematurely.

A caveat to the above protection is found in Miss. Code. Ann. § 45-29-1 (1972, as amended). This statute allows the sharing of information between agencies when there is information compiled in the process of investigating unlawful activity. Because the Board of Nursing in its investigative and disciplinary nature has been characterized as quasi-criminal in nature (See Hogan v. Mississippi Bd. of Nursing, 457 So.2d 931 [Miss. 1984]), the ability for the Board of Nursing to share what would otherwise be considered confidential information and ineligible for disclosure is permitted within the guidelines of this particular statute.

During my short tenure with the Board of Nursing, I have found myself in many a courtroom arguing Motions to Quash. This motion is in response to the subpoenas our division receives wanting the contents of a specific “nurse’s” file. A Motion to Quash is a formal request to the court asking the court to nullify or suppress an act initiated by another party. Should any public information (as stated hereinabove) exist, a form letter and the actual public document is enclosed. At the very least, our division offers a letter discussing the status of one’s license, when/how that individual was licensed and whether or not that license has or has not been encumbered. Otherwise, pursuant to the law as listed above, the information is not

subject for disclosure. Thus far, given state and federal law, the request for the contents of a specific “nurse’s” file has been denied, and the Board has prevailed on Motions to Quash and Protective Orders regarding any/all file materials.

Other questions regarding public information and any disciplinary action imposed upon a licensee are issues regarding the Healthcare Integrity and Protection Data Bank (HIPDB). Federal law mandates the Board of Nursing report all disciplinary actions to the federal government. Should we fail to report, the Board of Nursing is subject to steep fines and penalties. The reporting of such disciplinary action evolved from the implementation and enforcement of the Health Insurance Portability and Accountability Act (HIPPA). The Data Bank initially began as a means to promote safety and integrity among doctors and dentists. Nurses were added soon after and thus, the mandatory reporting guidelines issued by the federal government have been enforced for all boards of nursing.

The Data Bank has recently undergone an electronic update and has provoked con-

cern, frustration and misunderstanding to the nursing community. We at the Board of Nursing understand those concerns, as we have them too. HIPDB uses a completely different coding system, and often times, the coding or description of the violation listed does not match or comport with our state violations found within Mississippi law and the rules and regulations. Additionally, Mississippi does not have in place an expungement process for certain disciplinary actions to be removed against any one license. Therefore, the existence of any disciplinary action, no matter the time frame, remains

against that licensee/applicant permanently and indefinitely.

In our endeavors to protect the public, accommodate our public and comply with current law, the disciplinary division is committed to providing public information in a timely manner. In the same vein, our division is also committed to protecting the licensee/applicant and to prevent disclosure of any and all information obtained during the course and scope of investigation unless and until such information substantiates the alleged violation and is admitted as evidence at a disciplinary hearing.



Members of the Mississippi Board of Nursing. Left to right, front row: Dianne Harrison-Bell, LPN; Cathy Williamson, RN, CNM; Emily Pharr, LPN; Opal Ezell, LPN. Second Row: Dr. Virginia Crawford, physician representative; Helen Amos, LPN; Nadara Cole, consumer representative. Third row: Mazie Whalen, RN; Merlene Myrick, RN, treasurer; G. Dwayne Self, CRNA, president; Debbie Ricks, RN, secretary; and Jane Jones, RN.

2009 calendar

| | |
|---------------------------|----------|
| February 4-5, 2009 | Hearings |
| April 1-2, 2009 | Hearings |
| April 3, 2009 | Business |
| June 3-4, 2009 | Hearings |
| June 5, 2009 | Business |
| July 22-23, 2009 | Hearings |
| July 24, 2009 | Business |
| September 30, 2009 | Hearings |
| October 1, 2009 | Hearings |
| October 2, 2009 | Business |
| December 2-3, 2009 | Hearings |
| December 4, 2009 | Business |

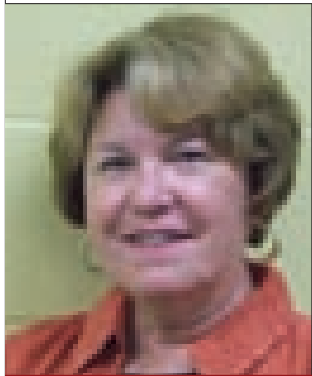
Disciplinary hearings and business meetings are conducted at 1935 Lakeland Drive, Jackson. The first two days of the meetings are for disciplinary hearings, and the last day is for business and committee meetings.

All hearings and meetings are open to the public. The first 30 minutes of each business meeting is designated as an open forum during which any individual may address the Board on matters related to nursing. Participation in this forum may be scheduled upon written request.

The above dates and places are subject to change at the Board's discretion.

LINDA SULLIVAN, DSN, FNP-BC, PNP-BC

DIRECTOR of ADVANCED PRACTICE



NEW ROLE FOR NURSE PRACTITIONERS - THE HOSPITALIST

“We’ve come a long way baby,” or so the saying goes. Dr. Loretta Ford and Dr. Henry Silver probably had no idea when they created the role of pediatric nurse practitioner nearly 40 years ago just how far we would come. The nurse practitioner role was developed in 1965 at Colorado University Schools of Nursing and Medicine when a shortage of primary care physicians provided an opportunity to demonstrate advanced practice in nursing. Drawing from Dr. Ford’s background as a public health nurse and Dr. Silver’s pediatric expertise, an advanced educational program that focused on the expansion and empowerment of the registered nurse’s role in health care delivery was developed. Today, as the health care provider shortages continue and fewer doctors enter into the family or general practice specialties, those shortages are felt even more by those that can least afford to go without care.

Nurse practitioners have long helped to fill the void for those patients who are poor and without medical services. Today in Mississippi, many nurse practitioners practice in areas that would otherwise be without available health care. Working in collaboration with physicians, nearly 2,200 nurse practitioners in Mississippi provide care for thousands of patients and help to improve the health of many of our citizens. Nurse practitioners currently practice in primary, tertiary and long-term care settings all over the state. As the practice of nursing evolves, so do opportunities for practice broaden and become more inclusive of many areas that we heretofore did not anticipate becoming involved.

The role of the hospitalist is a relatively new role for health care providers. It is only

in the last 10 years that medical schools have introduced this role, with some programs now offering residencies in this area of practice. Broadly defined, the hospitalist is a health care provider who is a hospital-based practitioner. Hospitalists assume the care of hospitalized patients in place of the patient’s primary care physician while that patient is in the hospital, and once discharged, the patient is referred back to the primary health care provider.

The term “hospitalist” was first introduced in 1996 by R.M. Wachter and L. Goldman to describe physicians who devote much of their professional time and focus to the care of hospitalized patients. The hospitalist model is growing rapidly as a result of the role of managed care organizations, the increasing

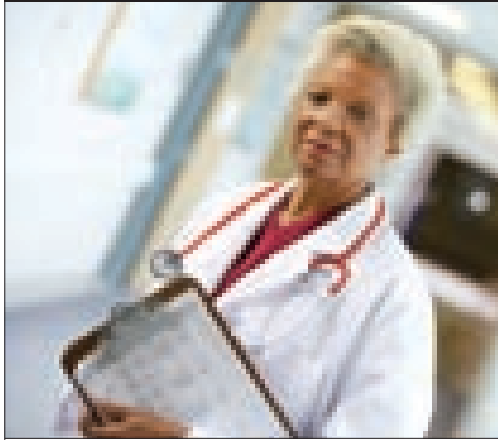
complexity of inpatient care, and the pressures of busy out-patient practices. Today, many institutions have “Hospitalist Teams” which are composed of physicians, nurse practitioners and physician assistants. The team’s job is to care for the patient who is in the hospital and allow the primary care provider more time to concentrate on out-patient care. While there has been some criticism of this role from both health care providers and consumers, it was born out of necessity and seems to support quality of care for those patients who are referred to the team. Studies have determined that care of the patient by the team provides quality care for the patient, and patient outcomes have improved since instituting this role in the hospital setting.

When exploring roles for the nurse practitioner, the hospitalist emerged as a likely role for the acute care practitioner. When investigating who was best prepared for the role and examining of how advanced practice nurses were currently being utilized in the hospital, it was clear that when functioning within the scope of practice delineated for each specialty, other specialties could also fill this role.

The Board of Nursing began to explore how best to define the role of hospitalist for the advanced practice nurse, and working with a variety of nurses and reviewing the current literature related to the nurse practitioner and the role, the Board has developed a definition for this role. The following defi-

dition reflects what evolved from extensive discussion and research and will, for the time being, serve as a guide for role description of the hospitalist nurse practitioner in the state of Mississippi.

The hospitalist is a nationally certified nurse practitioner whose primary practice site is the hospital and one who has no outside primary or tertiary practice site. He/she will be part of a hospitalist team that can consist of other nurse practitioners, physician assistants and at least one physician whose specialty/practice is compatible with the training of the nurse practitioner. The most likely specialties to practice in this role would be the acute care practitioner and the family nurse practitioner, with each paying great regard to their scope of practice as outlined by their national certification and licensure organizations. It is possible that other specialties (i.e. GNP, PNP) may be considered



a part of the Hospitalist team, but this would be only when that person meets all the criteria set forth in this role description and meets the criteria set forth by the institution.

The extent of involvement for the nurse practitioner will depend on the degree of complexity and acuity of the patient and the training experiences of the nurse practitioner. Generally, duties of the nurse practitioner will include, but not be limited to:

- Admit and discharge patients;
- Manage the care of patients who are hospitalized with simple to complex acute health problems with the collaboration of the physician hospitalist;
- Make rounds on patients and write orders as needed;
- Perform skills/procedures that are within the scope of practice;
- Order and interpret laboratory and diagnostic tests;
- Diagnose common health problems;
- Prescribe medications and interventions for the treatment of health problems; and
- Plan and coordinate the discharge, rehabilitation, home health care and follow-up of patients with acute health problems.

The hospitalist nurse practitioner will be a valuable member of the Hospitalist team and will provide yet another avenue for improving health for the citizens of Mississippi.

South Mississippi State Hospital

PURVIS & LAUREL

registered nurses. Position is responsible for nursing care, treatment and education of adult, mentally ill patients. Work with a team of physicians, psychologists, social workers, recreation therapists and active treatment technicians. Must have a valid license to practice in Mississippi. Psych experience not required.

PTO = 18 Personal, 10 - 12 Holidays

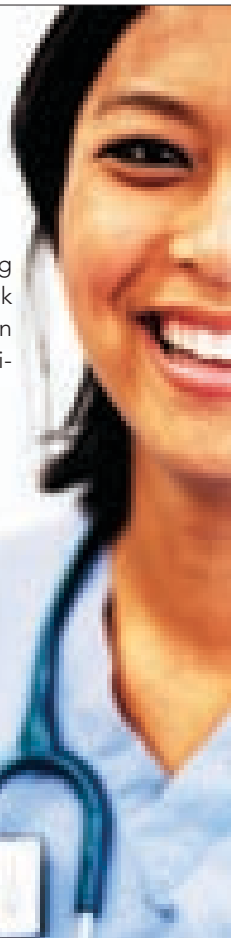
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SCOPE OF practice issues

As the newest addition to the Mississippi Board of Nursing, I would like to introduce myself as the director of licensure and practice. I look forward to being of service to you. Throughout my career, I have been aware that scope of practice issues exist for both registered nurses (RNs) and licensed practical nurses (LPNs) on a daily basis. The Mississippi Nursing Practice Law and Rules and Regulations are the fundamental guidelines in addressing scope of practice issues. Since nursing practice is reflective of the dynamic changes occurring in healthcare and society, it is impossible for the Nursing Practice Law to provide a comprehensive listing of the duties that licensed nurses are permitted or not permitted to perform. As a result, frequently asked questions and position statements are available to you via our Web site at www.msbn.state.us.ms and are excellent resources.

The RN is held accountable for the quality of nursing care given by self or others being supervised.

- procedures; and
- b. Resources which must be immediately available, including, but not limited to, resuscitation equipment and resuscitation personnel; and
- c. Post administration/recovery monitoring provided within the accepted current standard of practice for dosages, medication and route of administration.

What is the Role of the RN during Conscious Sedation?

RNs frequently inquire about their role in the administration and monitoring of conscious sedation. The appropriately prepared RN may administer intramuscular (IM) and/or intravenous (IV) non-anesthetic agents for the purpose of conscious sedation during medical procedures providing the following occur:

1. The medication must be ordered by the physician or nurse practitioner;
2. The physician or nurse practitioner must be present; (present means that the physician or nurse practitioner is either in the room or in the immediate unit and not otherwise involved in another procedure and is readily available to respond immediately);
3. The patient must be adequately monitored according to currently recognized standards of practice;
4. Whether or not the RN actually administers the medication, the RN is responsible for monitoring and assessing the patient receiving the conscious sedation throughout the diagnostic or therapeutic procedure;
5. The RN must not accept or be assigned additional responsibilities that would interfere with patient monitoring activities; and
6. The institution must have a policy which addresses:
 - a. The maximum initial dose that may be administered by a RN for the purpose of conscious sedation during medical

Can a RN Administer Drugs for Cervical Ripening?

On April 16, 2004, the Board of Nursing revisited the issue of administration of Pito-cin, Prostin E2, prostaglandin gels, Cervidil, Hemabate and Cytotec to a gravid female. The Board decided that the RN, acting in accordance with the provisions of the Mississippi Nursing Practice Law and Rules and Regulations, as well as other Mississippi laws concerning abortion, may administer these and other medications to the gravid female provided:

1. The RN is educated and competent in the administration of the medication, including, but not limited to, actions, adverse reactions, monitoring criteria and emergency management procedures;
2. There is a physician's/health care provid-

er's order for the medication;

3. The RN administers the medication and monitors the patient according to accepted standards of practice; and
4. The facility has policies and procedures in place to address all aspects of this issue, including, but not limited to, physician availability.

Can a LPN Perform a Nursing Assessment?

Nursing assessment is outside the scope of practice of the LPN. Chapter III of the Mississippi Board of Nursing Rules and Regulations state, "The registered nurse shall be held accountable for the quality of nursing care given to patients. This includes assessing the patient's needs, formulating a nursing diagnosis, planning for, implementing and evaluating the patient's care..." It is further stated that the LPN "may assist the registered nurse in the planning, implementation and evaluation of nursing care by," in part, "observing, recording and reporting to the appropriate person the signs and symptoms that may be indicative of change in the patient's condition." Therefore, it is the RN's responsibility to perform the initial assessment of the patient. The LPN may assist the RN with collecting data for the initial assessment and must document and sign the portion of the assessment he/she performed. The RN must document and sign the portion of the assessment which he/she completed.

The RN may delegate the observation and recording of patient's ongoing or subsequent status to the appropriately educated and competent LPN. However, the RN is held accountable for the quality of nursing care given by self or others being supervised.

Can a LPN be Charge Nurse?

Chapter III of the Mississippi Board of Nursing Rules and Regulations states, "LPNs may assume 'charge nurse' responsibilities: (a) In nursing situations where rapid change is not anticipated and supervision is provid-

ed by a RN who is physically on the premises where the patient is having nursing care provided, and (b) In long-term units if RN supervision is available at all times for consultation."

Can a LPN be a School Nurse?

Based on the substantial knowledge required in assessing and identifying health issues and also the physiological and psychological needs of the students, the scope of practice of the school nurse requires the knowledge of the RN. Thus, a LPN may not function in the role of school nurse. However, the provisions of the Mississippi Nursing Practice Law do not preclude a LPN from working in a school setting if the LPN functions within the applicable scope of practice. Situations in which LPNs are functioning within their scope in the school setting include those in which:


1. The LPN is assigned to care for a student or a group of students that are assessed ini-

tially and on an ongoing basis by the RN, who must be available at all times to the LPN to respond to a report of change in condition.

2. The LPN is working under the direct supervision of a RN who is physically present on the premises at all times the LPN is "on duty."
3. The LPN is administering medication under the supervision of a RN who has initially assessed the student and is available at all times to the LPN to respond to report of changes in condition, and there is a physician order for the medication. The LPN may not administer medications to a student that has not been assessed by the RN prior to the administration of the medication.

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Working with a Nurse Who Has a Restricted License

Sometimes violations of the Mississippi Nursing Practice Law result in a nurse practicing with a restricted license and having the requirement of supervision of practice. The exact meaning of the restrictions and supervision are spelled out in a document called an Agreed Order, a Board Order, or a Recovering Nurse Program Participation Affidavit. There are, however, some common issues facing both the nurse with a restricted license and those who work with that nurse.

Nurses who have violated the Mississippi Nursing Practice Law and are willing to make some changes in practice need the opportunity to show that they can practice safely and competently.

Working with a nurse with a restricted license does NOT mean that you will be likely to see a Board of Nursing investigator hovering over your shoulder to make sure you are doing the correct thing. Nurses who have violated the Mississippi Nursing Practice Law and are willing to make some changes in practice need the opportunity to show that they can practice safely and competently. The Board appreciates those who are willing to provide them an opportunity to do so. The responsibility to assure it is done correctly lies with the nurse with the restricted license, not with the nurse who is providing the practice opportunity.

What should you do when faced with the situation of working with a restricted nurse? Ask to read the document that spells out the restrictions. You need to understand exactly what happened and why the nurse is being required to work under the restrictions. The affidavit/order will tell what part of the Mississippi Nursing Practice Law has been violated and specifically how it was vio-

lated. Next, you need to see the Employer/Employee Agreement. All nurses who have a restricted license are required to have one that has been approved by the Board in order to work in a healthcare related occupation. The Employer/Employee Agreement gives specific instructions about the working conditions that are required.

What kinds of things are required in the workplace besides the approved Employer/Employee Agreement? A restricted nurse cannot work alone in any setting. There must always be another nurse with an unrestricted license present. A restricted nurse cannot be pulled to work on another unit. The people who are working with the nurse need to know about the restrictions. In some cases, only nurses who have signed an agreement to provide direct supervision can do so. A restricted nurse cannot work overtime or work more than a twelve hour shift. Working in a critical care area, or a unit with a high acuity level may be prohibited, as are any home visits. Always refer to the Employer/Employee



Agreement if there are any questions about what is permitted.

What about a nurse who has a restricted license because of drug and/or alcohol problems? Probably the most important thing to remember in working with a nurse in recovery from drug and/or alcohol dependency is that it should never be a secret. Ask the nurse what happened. A nurse who is solidly in recovery should be more than willing to tell you what happened and how things are different now. Willingness to help others suffering with drug and alcohol problems

is a key factor in maintaining recovery, and sharing past experiences is one way of helping others. Asking questions about addiction and recovery might provide you with information that transforms your perception of addiction. It will also be helpful in dealing with future patients and coworkers facing dependency issues.

Nurses in recovery usually have some type of restriction on administration of controlled substances, and you might be asked to administer pain medications or other controlled substances for their patients. Restricted nurses are encouraged to help you in completing another nursing task while you provide care to their patients. For example, you might give the pain medication while your restricted colleague changes a dressing or starts an IV on one of your patients.

If you see something that concerns you, do not keep it to yourself! Be honest when you are troubled by behavior. Open, honest communication is essential in working with a nurse in recovery. Avoid being judgmental, and step in to help if you are asked. Know the signs of relapse, and act promptly if any of the indicators are present. Signs of relapse include defensiveness, irritability, self-pity, blaming others, making excuses for behavior, irregular attendance at 12-step meetings, thoughts of social drinking, and unwillingness to share with others. Consider attending an Al/Anon meeting or an open AA or NA meeting, and read literature about recovery. No matter what your relationship is with your coworkers, there are tools available that can significantly add to your serenity! The staff of the Recovering Nurse Program is available if you have questions or concerns about working with a restricted nurse, and we welcome the opportunity to help.

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-Anonymous

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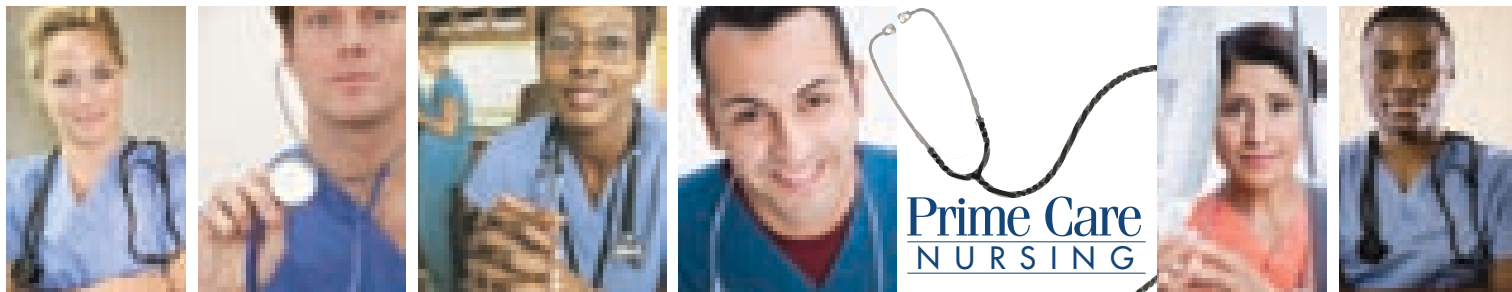
disciplinary SUMMARY

The following disciplinary actions were taken at hearings conducted by the Mississippi Board of Nursing September 30 - October 2, 2008, and December 3-4, 2008, or reflect actions accepted by the licensees or applicants by agreed order. All information contained in this summary is public.

| NAME | LICENSE # | ACTION | VIOLATION OF THE NURSING PRACTICE LAW |
|---------------------------------------|-------------------|--|---|
| SEPTEMBER 30 - OCTOBER 2, 2008 | | | |
| Anderson, Sandra | P-274782 | Voluntary Surrender | Obtained or attempted to obtain controlled substances by unauthorized means |
| Applewhite, Jennifer | R-880742 | Formal Reprimand/Fine | Falsified or made incorrect entries on records |
| Applewhite, Jennifer | RN Exam Applicant | Formal Reprimand/Fine | Failed to report licensing Board reporting requirements |
| Ball, Sharon | R-872281 | Legal Aspects Workshop/ Chemical Dependency Course | Falsified or made incorrect entries on records |
| Blackwell, Kelli | R-865497 | Reinstated/Issue Unrestricted License after Meeting Stipulations | Failed to comply with Board orders |
| Boucher, Christopher | R-859330 | Revocation | Engaged in conduct likely to deceive, defraud or harm the public |
| Bray, Lisa | R-868839 | Legal Aspects Workshop | Engaged in conduct likely to deceive, defraud or harm the public |
| Bueto, Patricia | P-164011 | Voluntary Surrender | Possessed, obtained, furnished or administered drugs except as legally directed |
| Bullock, Rebecca | R-863405 | Voluntary Surrender | Physical, mental or emotional condition |
| Carr, Glenda | R-843213 | Formal Reprimand/Care of Patients with Trach Workshop | Acted in a manner inconsistent with the health or safety of patients |
| Carter, Bridget | R-870821 | Formal Reprimand/Fine/Legal Aspects Workshop/Documentation Course | Acted in a manner inconsistent with the health or safety of patients/Falsified or made incorrect entries on records |
| Chipman, Rebecca | TN LPN C331845 | Revocation of Privilege to Practice | Misappropriated drugs, supplies or equipment/Unprofessional conduct |
| Cooper, Chasta | R-321334 | Revocation | Possessed, obtained, furnished or administered drugs except as legally directed |
| Crews, Molly | R-858042 | Voluntary Surrender | Falsified or made incorrect entries on records |
| Davis, Linda | P-315006 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Edwards, Penny | R-861592 | Reinstated/Issue Restricted License after Meeting Stipulations | Violated an order, rule or regulation of the Board |
| Fairchild, Alisa | P-281319 | Voluntary Surrender | Obtained or attempted to obtain controlled substances by unauthorized means |
| Green, Jesse | R-731439 | Residents' Rights Workshop | Failed to respect the dignity and right of patients regardless of social or economic status |
| Hanna, Terese | R-775579 | Restricted License for Minimum of 6 Months/Documentation Course/Care of Patient with Peripheral Access Device Course | Acted in manner inconsistent with the health or safety of patients/Falsified or made incorrect entries on records |
| Holmes, Angel | R-866897 | Formal Reprimand/Fine/Legal Aspects of Nursing Course/Assessment Course | Acted in a manner inconsistent with the health or safety of patients |
| Houston, Paul | R-880655 | Formal Reprimand/Fine | Falsified or made incorrect entries on records |
| Hudson, Denise | P-314590 | Voluntary Surrender | Obtained or attempted to obtain controlled substances by unauthorized means |
| Hughes, Linda | R-142680 | Formal Reprimand/Legal Aspects Workshop/Documentation Course/Medication Administration Course | Acted in a manner inconsistent with the health or safety of patients |
| Johnson, Jody | R-860740 | Revocation | License or privilege to practice suspended or revoked in another jurisdiction |
| Jones, Veronica | P-317630 | Reinstated/Issue Restricted License after Meeting Stipulations | Violated an order, rule or regulation of the Board |
| Kleven, Debra | R-876681 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Lehman, Marilyn | P-875472 | Voluntary Surrender | Practiced nursing beyond the authorized scope |
| Lightsy, Amber | P-321265 | Medication Administration Course | Acted in a manner inconsistent with the health or safety of patients |
| Loper, Angela | R-870243 | Revocation | Violated an order, rule or regulation of the Board |
| Love, Laura | P-101745 | Medication Administration Course/Documentation Course | Acted in a manner inconsistent with the health or safety of patients |
| Marshall, Craig | P-292937 | Formal Reprimand/Fine Documentation Course Residents' Rights Course | Acted in a manner inconsistent with the health or safety of patients |
| Maya, Loralia | P-314555 | Voluntary Surrender | Practiced nursing beyond the authorized scope |
| McClung, Kimberly | R-853123 | Restricted Licensure for Minimum of 24 Months | Physical, mental or emotional condition |
| McCord, Courtney | R-867739 | Voluntary Surrender | Misappropriated drugs, supplies or equipment |
| McGovern, Chandra | P-306674 | Reinstated/Issue Restricted License after Meeting Stipulations | Violated an order, rule or regulation of the board |
| McNeely, Callie | P-315440 | Revocation | Violated an order, rule or regulation of the board |
| McQueen, Kathy | R-667536 | Revocation | Acted in a manner inconsistent with the health or safety of patients/Addicted to or dependent on alcohol or other habit-forming drugs |
| Moore, Barbara | P-313906 | Revocation | Falsified or made incorrect entries on records |
| Oesterling, Jane | R-850552 | Reinstated/Issue Restricted License after Meeting Stipulations | Violated an order, rule or regulation of the Board |
| Page, Misti | P-318623 | Revocation | Addicted to or dependent on alcohol or other habit-forming drugs |
| Pate, Java | R-861948 | Reinstated/Issue Restricted License after Meeting Stipulations | Violated an order, rule or regulation of the Board |

| NAME | LICENSE # | ACTION | VIOLATION OF THE NURSING PRACTICE LAW |
|---------------------------|---------------------|---|---|
| Ray, Roseann | R-768935 | Voluntary Surrender | License or privilege to practice suspended or revoked in another jurisdiction |
| Rogers, Catlin | R-880699 | Formal Reprimand/Fine | Failed to disclose misdemeanor on nurse application |
| Smith, Duchess | P-281858 | Revocation | Practiced nursing under the influence of alcohol or other mood altering substance |
| Stewart, Carol | P-115967 | Voluntary Surrender | Physical, mental or emotional condition |
| Trichell, Kimberly | P-319667 | Fine | Violated an order, rule or regulation of the Board |
| West, Dana | R-875000 | Legal Aspects Workshop | Acted in a manner inconsistent with the health or safety of patients |
| Whitaker, Angel | P-314646 | Restricted | Addicted to or dependent on alcohol or other habit-forming drugs |
| Vail, Lisa | R-602868 | Voluntary Surrender | Falsified or made incorrect entries on records/Obtained or attempted to obtain controlled substance by unauthorized means |
| Yeager, Sarah | R-529915 | Reinstatement Denied with Drug Related Recommendations | Possessed, obtained, furnished or administered drugs except as legally directed |
| DECEMBER 3-4, 2008 | | | |
| Bell, Kimberly | P-301794 | Documentation Course | Falsified or made incorrect entries on records |
| Benoit, Shirley | P-316342 | Revocation | Violated an order, rule or regulation of the Board |
| Blackwell, Amy | P-321057 | Chemical Dependency/Chemical Abuse Evaluation/If Diagnosed with Chemical Dependency/Abuse, enter RNP/ Legal Aspect Workshop | Falsified or made incorrect entries on records |
| Britt, Carolyn | LPN Exam Applicant | Formal Reprimand/Fine | Falsified or made incorrect entries on records |
| Brown, Bonnie | P-285038 | Legal Aspects Workshop | Engaged in conduct likely to deceive, defraud or harm the public |
| Burrows, Denise | R-767882 | Legal Aspects Workshop/Impairment Abuse Course | Practiced the profession while under the influence of alcohol or other mood altering substance |
| Cayson, Anna Kathleen | R-861988 | Revocation | Falsified or made incorrect entries on records |
| Chaffin, Lisa Kay | R-868906 | Voluntary Surrender | License or privilege to practice suspended or revoked in another jurisdiction |
| Childs, Leigh | P-289739 | Voluntary Surrender | Obtained or attempted to obtain controlled substances by unauthorized means |
| Clarke, Elizabeth | R-809616 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Clarke, Marquita | RN Temporary Permit | Reinstated/Issue Restricted License after Meeting Stipulations | License or privilege to practice suspended or revoked in another jurisdiction |
| Clarke, Samantha | R-853469 | Revocation | Violated an order, rule or regulation of the Board |

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| Comer, Melinda | P-318613 | Medication Error Course | Acted in manner inconsistent with the health or safety of patients |
| Dion, Mary Davis | R-856330 | Revocation | Violated an order, rule or regulation of the Board |
| Edwards, James | P-315985 | Formal Reprimand/Legal Aspects Workshop/Care of Critically ILL Workshop | Practiced nursing beyond the authorized scope |
| Ezell, Rachel | P-320937 | Revocation | Violated an order, rule or regulation of the Board |
| Ferrell, Claudia | R-871370 | Voluntary Surrender | Misappropriated drugs, supplies or equipment |
| Franson, Linda | R-738473 | Voluntary Surrender | Misappropriated drugs, supplies or equipment |
| Harris, Danah | LPN Exam Applicant | Administrative Denial | Engaged in conduct likely deceive, defraud or harm the public |
| Herring, Grace | R-830863 | Revocation | License or privilege to practice suspended or revoked in another jurisdiction |
| Hodge, Laurinda | P-254416 | Revocation | Violated an order, rule or regulation of the Board |
| Hutchins, Terry | P-323807 | Formal Reprimand/Fine | Falsified or made incorrect entries on records |
| Jackson, Kevin | RN Exam Applicant | Appeal of Administrative Denial/ Denial upheld | Violated an order, rule or regulation of the Board |
| Lee, Michelle | LPN Exam Applicant | Administrative Denial | Falsified or made incorrect entries on records |
| Levy, Betty | R-614459 | Formal Reprimand/Documentation Course | Falsified or made incorrect entries on records |
| Lockhart, Cindy | R-851841 | Prescribing Controlled Substances Course | Practiced nursing beyond the authorized scope |
| Lowe, Cathy | P-318687 | Restricted License for 24 Months | Possessed, obtained, furnished or administered drugs except as legally directed |
| Mattingly, Mary Jan | P-315500 | Revocation | Violated an order, rule or regulation of the Board |
| McDuffy, Randy | R-803373 | Restricted License for (12) months/Prescriptive authority revoked | Practiced nursing beyond the authorized scope |
| McNulty, Catherine | R-863365 | Legal Aspects Workshop | Acted in manner inconsistent with the health or safety of patients |
| McVay, Randee | P-283229 | Administrative Denial Appeal/Denial upheld | Falsified or made incorrect entries on records/Engaged in conduct likely to deceive, defraud or harm the public |
| Messenger, Christopher | R-873178 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Mosley, John | R-862947 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Mosley, Nancy | R-594695 | Formal Reprimand/Fine | Acted in a manner inconsistent with the health and safety of patients |
| Powel, Brandi | R-860373 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Roach, Catonia | P-319144 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Roberts, Treva | R-802378 | Voluntary Surrender | Addicted to or dependent on alcohol or other habit-forming drugs |
| Sekul, Sandra | R-628336 | Formal Reprimand/Legal Aspects Workshop/Fine | Practiced nursing without a current active Mississippi license or permit |
| Sheely, Thomas | P-319924 | Restricted License for a minimum of 3 years | Addicted or dependent on alcohol or other habit-forming drugs/Engaged in conduct likely to deceive, defraud or harm the public |
| Smith, Terri | P-278397 | Revocation | Falsified or made incorrect entries on records |
| Stokes, Tammie | P-286808 | Restricted Licensure for a Minimum of 6 months/Fine Legal Aspects Course | Falsified or made incorrect entries on records/Practiced nursing beyond the authorized scope |
| Sullivan, Shannon | R-864110 | Revocation | License or privilege to practice suspended or revoked in another jurisdiction |
| Taylor, Eloise | P-103047 | Restricted Licensure for a minimum of 6 months/Legal Aspects Workshop | Acted in a manner inconsistent with the health or safety of patients |
| Taylor, James | R-869530 | Revocation | Possessed, obtained, furnished or administered drugs except as legally directed |
| Taylor, Jennifer | R-871523 | Voluntary Surrender | Falsified or made incorrect entries on records |
| Taylor, Kawanna | R-682403 | Suspension of Nurse Practitioner/ Restricted Nurse Practitioner Certification for a Minimum of 24 Months/ Pharmacology Course Boundaries Issues Course/Management of Patients With Chronic Syndrome | Practiced nursing in a manner that fails to meet generally accepted standards |
| Taylor, Lora | P-323823 | Restricted Licensure for Minimum 6 Months | Engaged in conduct likely to deceive, defraud or harm the public |
| Terry, Cadance | P-316464 | Formal Reprimand/Fine | Practiced nursing without a current Mississippi license or permit |
| Tipton, Mena | R-875179 | Restricted Licensure for a Minimum of 12 Months/Assessment Course/Legal Aspects Workshop | Acted in a manner inconsistent with the health or safety of patients |
| Walzak, Bernard | R-851716 | Reinstated-After Education | Violated an order, rule or regulation of the Board likely to deceive, defraud or harm the public |
| Ward, Lela | R-697354 | Administrative Denial | Physical, mental or emotional condition/Felony conviction or a crime involving moral turpitude |
| West, Anna | R-870232 | Restricted Licensure for 12 Months | Possessed, obtained, furnished or administered drugs except as legally directed |
| Williams, Dustin | RN Endorsement Applicant | Formal Reprimand/Fine | Falsified or made incorrect entries on records |
| Williams, Patricia | P-321791 | Voluntary Surrender | Violated an order, rule or regulation of the Board |
| Willoughby, Charlotte | R-589179 | Voluntary Surrender | Practiced nursing in a manner that fails to meet generally accepted standards |
| Windle, Amanda | R-874297 | Restricted licensure for 6 Months/Medication Administration Course | Acted in a manner inconsistent with the health or safety of patients |
| Woodward, Jamie | P-292236 | Revocation | Possessed, obtained, furnished or administered drugs except as legally directed |

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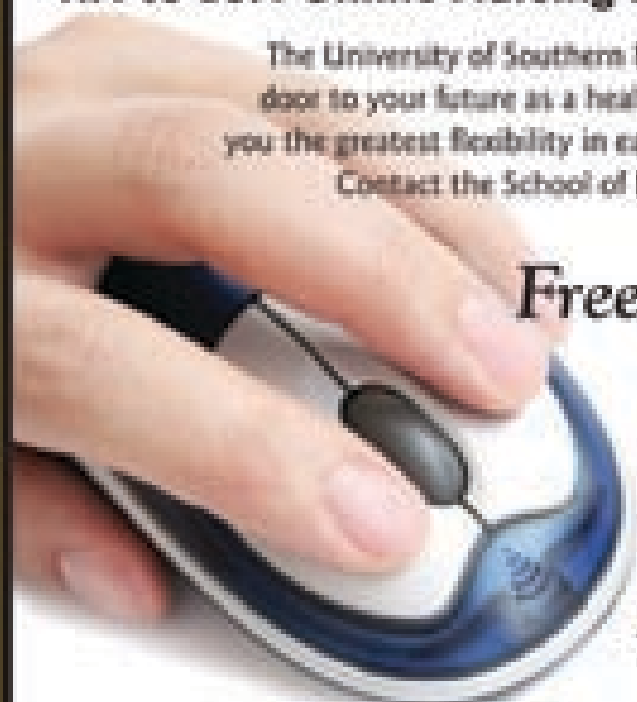
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