

Approved 3-23rd-92
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Carol H. Sader at
Chairperson

1:30 /a/m./p.m. on March 4, 1992 in room 423-S of the Capitol.

All members were present except:

Representative Flottman, Representative Lynch, both excused.

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Pat Johnson, Executive Administrator, Kansas Board of Nursing
Diane Glenn, Practice Specialist, Ks. Board of Nursing
Elizabeth Taylor, Federation of Licensed Practical Nurses
Sister Kathleen Andrews, Vice-President of Patient Care Services at
Central Kansas Medical Center, Great Bend/Larned, Kansas, and Ks.
Organization of Nurse Executives
Jackie Jorgensen, Director of Nursing, Northwest Kansas Medical Center,
Goodland, Kansas, and Kansas Organization of Nurse Executives
Shirley Otto, Clinical Oncology Nurse Specialist
Lois Mallory, Wichita Area Vocational Technical School
Representative Bill Bryant
Ted Ayres, General Counsel, Kanss Board of Regents
Tom Bell, Kansas Hospital Association (written only)
Terri Roberts, Kansas Nurses Association (written only).

Chairperson Sader called the meeting to order drawing attention to two sets of Committee minutes. After members had read them, Rep. Amos moved the minutes for February 18th and 19th be approved as presented, seconded by Rep. Bishop. No discussion. Motion carried.

Chair drew attention to the Agenda.

BRIEFING ON HB 3070.

Mr. Furse gave a thorough explanation of HB 3070, noting technical changes throughout the bill. He drew attention to new sections; detailed the section on the disciplinary procedures given to the Board of Nursing; citing new law for the Board. He answered questions, i.e., section (7) is similar to the Board of Healing Arts authority. He would research the regulatory authority of other Boards and report back to members.

HEARINGS BEGAN ON HB 3070.

Pat Johnson, Board of Nursing, offered hand-out (Attachment No. 1). She noted in addition to language appearing in HB 3070, she had recommended changes that will assist the Board in planning for the future. She detailed these proposed changes, i.e., to delete the word "written" in conjunction with licensure exam for professional/practical nurses; page 4, line 9-14 to remove language in regard to this restriction; there is no need for a 60-day permit for LMHT's authority to assess fines for disciplinary action in licensing procedures; in new Sec. 7, page 6, line 8, the investigation practices are delineated more specifically. She urged passage, then answered questions.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 a.m./p.m. on March 4, 1992

HEARINGS CONTINUED ON HB 3070.

Ms. Glenn is the Disciplinary lawyer for the Board of Nursing. Questions were asked on why a new statute is needed. Mr. Furse noted if the problem they have could be isolated it might be best to amend the current statute rather than propose new language they detailed today.

Chair requested that Mr. Furse and the Board of Nursing confer and try to work out the best solution addressing these concerns.

Elizabeth Taylor, Federation of Licensed Practical Nurses (Attachment No.2), stated support for the Board of Nursing in whatever measure is needed to hold accountable those nurses not in compliance with the law. Licensed practical nurses believe that if the responsibility, as defined by the law, is not being upheld, the professional not acting responsibly should be held to that responsibility and that the regulating body should have this authority. They support any change necessary to bring this about.

Michelle Hinds, Kansas Nurses Association, (Attachment No. 3), spoke in support of HB 3070, noting it would give the Board flexibility to offer computerized testing for purposes of licensure; new section (6) will provide an alternative when non-intentional technical violations occur to the Nurse Practice Act. Their Association supports the new language.

HEARINGS CLOSED ON HB 3070.

BRIEFING ON HB 3071.

Mr. Furse gave a comprehensive explanation of language in HB 3071, detailing disciplinary action section and noting changes in language. He answered questions, several of which were related to disciplinary action.

HEARINGS BEGAN ON HB 3071.

Pat Johnson, Kansas Board of Nursing, offered hand-out (Attachment No. 4). She detailed rationale for the disciplinary authority and cited a specific situation in a home health care setting where a nurse had been stealing from a patient. She noted language from the risk management law was used in respect to the use of alcohol/and misuse of drugs. She highlighted the work done in the educational process; the restrictions in persons administering IV therapy. Ms. Johnson answered questions, and noted they would not have a problem with language changes in line 42, sub (a) of Sec. 7, and top of page 2, line 1 that would clarify the language in respect to IV medications.

Sister Kathleen Andrews, Kansas Organization of Nurse Executives offered hand-out (Attachment No. 5). She detailed why Licensed Practical Nurses should be involved in the administration of IV therapy; detailed intravenous therapy; the educational requirements to prepare a licensed practical nurses (LPN) to administer this therapy. She stated opposition to HB 3071 because it does not allow LPN's to receive additional training and the opportunity to demonstrate their competence to perform these tasks. If advanced education is not recognized, LPN's will not be able to respond to changes in the health care industry that are taking place. The Organization of Executives Nurses is concerned with the restrictions on administering IV medications as prohibited by rules/regulations set by the Board of Nursing. They would strongly recommend that LPN's who have satisfactorily completed an advance course of instruction be authorized to administer IV medications under the direction of the registered professional nurse. She answered questions. Attention was called to IV Therapy Guidelines provided in her hand-out.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 a.m./p.m. on March 4, 1992

HEARINGS CONTINUED ON HB 3071.

Jackie Jorgensen, Kansas Organization of Nurse Executives, offered handout (Attachment No. 6). She spoke in opposition to restrict LPN's from starting IVs. This amendment to HB 3071 would significantly affect rural hospitals such as Northwest Kansas Medical Center in Goodland, Kansas where she is the Director of Nursing. She explained a pilot program that had been implemented in their facility and detailed the components, i.e., staffing that includes one LPN having completed a post-graduate IV therapy course;; LPNs to start IVs under the direction of a physician or registered professional nurse. She explained the results, i.e., evaluation; response to the program. Other rural hospitals are considering implementing such programs and utilize the LPNs for IV therapy services. She asked members to consider the defeat of HB 3071, and noted LPNs with proper education are competent to administer IV therapy. She drew attention to the competency checklist in her handout. Ms. Jorgensen answered questions.

Shirley Otto, Clinical Oncology Nurse Specialist, representing the Intravenous Nurses Society, offered hand-out (Attachment No. 7). She stated there are a number of questions Committee might wish to consider as is deliberates HB 3071. The Intravenous Nurses Society identifies the role of the LPN as an important one in the delivery of IV therapies. They plan to develop an LPN certification examination by 1994, and have started a research project to determine the scope of IV therapy practice for the LPN and how it will differ from that of the registered nurse. In her view, LPNs can safely administer IV therapy. Policies and procedures are now in place to authorize LPNs to administer selected IV therapies as directed by a registered nurse. She detailed the educational instruction, competency check list that is required and with this accomplished, the LPN should be allowed to initiate IV therapy. Language limiting the LPN from doing so is in HB 3071. She recommended the bill be defeated because the LPNs role in administration of IV medications is not clearly defined. She answered numerous questions.

Lois Mallory, Administrator of Health Occupations Education programs in the Wichita Area Vocational Technical School (WAVTS), spoke directly to Section 1 (7) of HB 3071 since it addresses the LPN and IV therapy. She noted the changes in health care delivery over the years and frequent requests for education for IV therapy for LPNs has created a waiting list for this education. The curriculum used was modeled after the competency based curricula developed by Oklahoma and Missouri. Both of these states allow LPNs to perform IV therapy. Their curriculum was approved by the Kansas State Board of Education. She detailed requirements.

She noted at the present time it is within the scope/function of LPNs to administer IV as long as they work under the direction of an RN or physician. To restrict this practice would dramatically effect health care delivery in both urban and rural areas, and in hospitals and longterm care institutions. She urged defeat of HB 3071. Attention was given to the course description on IV therapy for LPNs in her hand-out as she answered questions. (See (Attachment No. 8)).

Michelle Hinds, Kansas Nurses Association (Attachment No.9), noted support for some of the elements in HB 3071, i.e., censure of licensees; to expand current options for the Board from revocation, limitation and suspension of licenses, the Board can more effectively discipline licensees that violate the Nurse Practice Act. The Association is also supportive of the change on page 1, line 29 regarding the inability to practice with reasonable skill and safety. She detailed recommended changes i.e., adding a new number (7) to replace line 40, page 1 through line 3, page 2. She stated the process of initiating IV's should be the responsibility of RNs or physicians. She answered questions.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 423-S Statehouse, at 1:30 a/m/p.m. on March 4, 1992

HEARINGS CONTINUED ON HB 3071.

Elizabeth Taylor, Federation of Licensed Practical Nurses detailed the long process of work from individuals from Kansas Nurses Association, Nurse Educators, Mental Health Technicians, hospitals, the Hospital Association, and the Federation of Licensed Practical Nurses Association have hashed many times over the responsibilities of the LPN within the health care system. The definition proposed on page 1, lines 40 through page 2, line 3 is the language we all agreed to after long months of debate. Medical/nursing times are rapidly changing. The proposed language in HB 3071 best meets the needs of the care provider and the public at large. She is concerned "turf" issues still remain. She detailed this concern. She views the language in HB 3071, while approved by all interested parties after long, hard, negotiation, as the most appropriate language to allow the LPN to function as trained while still serving under the supervision of the RN. She stated support.

HEARINGS CLOSED ON HB 3071.

HEARINGS BEGAN ON HB 2964.

Rep. Bryant (Attachment No. 10) noted HB 2964 will provide flexibility to the administration of the Kansas Nursing Student Scholarship Program. This program is still less than 3 years old, and it has become apparent that there are areas that need further consideration, i.e., sub (d) on page 2, the transfer of sponsorship. He cited specific examples and detailed benefits if the flexibility in this scholarship program is granted. He views this legislation as a way to provide authority to allow a scholarship recipient to repay the sponsor if for some reason he/she must move away from the state or away from his/her education facility before completion of his/her education. He detailed recommendations and urged support. Rep. Bryant answered questions.

Mr. Ted Ayres, General Counsel, Kansas Board of Regents, offered hand-out, (Attachment No. 11). He stated in January, 1992, the Nursing Scholarship Advisory Committee recommended the following changes in the current nursing law, i.e., to allow less than full-time employment when both sponsor and scholarship recipient agree the service requirement can be pro-rated to represent one year of full time employment; require no repayment when sponsors willingly release students and students fulfill service requirements in rural areas. In his view, new section (d) on page 2, lines 24-36 will accomplish this goal. He recommended favorable consideration of HB 2964.

Attachment No. 12 is written testimony from Tom Bell, Kansas Hospital Association. (Attachment No. 13) is written testimony from Terri Roberts, Kansas Nurses Association.

Chair appointed a sub-Committee on HB 3071 to work on concerns of those interested parties between now and this Friday noon with Rep. Amos as Chair, Rep. Flower and Rep. Cozine serving as well.

Chair announced Thursday, Committee will meet at 12:30 p.m. and Friday Committee will meet at 12:00 noon.

Meeting adjourned at 3:17 p.m.

Note: (see Attachment No. 14), fiscal note on HB 2964.

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
Topeka, Kansas 66612-1256
913-296-4929



Patsy L. Johnson, R.N., M.N.
Executive Administrator
913-296-3068

To: The Honorable Representative Carol Sader, Chairperson and
Members of the Public Health & Welfare Committee

From: Patsy Johnson, R.N., M.N.
Executive Administrator
Kansas State Board of Nursing

Date: March 4, 1992

Re: HB 3070

Thank you for allowing me to speak on HB 3070. In addition to some revisions in the language suggested by the Revisor of Statutes, the Board had several other changes which will assist us in planning for the future. The first change in K.S.A. 65-1115(b)(1) (page 1, lines 35, 36) and K.S.A. 65-1116(B)(1) (page 3, line 2, 3) remove the word "written" in conjunction with the licensure examination for professional and practical nurses. This change was suggested as a legal clarification from the attorney general's office. In the next five years, the national licensure examination will be administered by computer rather than the regular pencil and paper examination. The change in language will prevent any possible legal problems over the computer examination.

There are two changes proposed for the licensed mental health technician (LMHT) statutes. Although the reason is not quite understood by the Board, administration of tube feedings by LMHT's was prohibited in K.S.A. 65-4202(b)(2) (page 4, lines 9-14). The Board does not feel there should be any restriction of this activity for LMHT's and wishes this restriction removed. The procedure will be taught in the educational programs again.

There has not been a need for a 60-day permit for the LMHT since LMHT's do not endorse into the state but have to take the Kansas licensure examination. With the provision to allow a 60-day permit while a licensee completes continuing education requirements for reinstatement, then a statute provision for the 60-day permit is needed (page 5, line 8-10).

*PHell
3-4-92
Attn #1
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Janette Pucci, R.N., M.S.N.
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Diane Glynn, R.N., J.D.
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New Section 6 (page 5, line 38) provides for an administrative fine to be assessed in some disciplinary cases. With the caseload up from 40 to 400 complaints per year in the last four years, new procedures are being researched and implemented in order to process the cases in the smoothest way and shortest time possible. Since other agencies use administrative fines, the Board felt this method could be utilized by this agency as well. An example of when an administrative fine might be imposed is unlicensed practice. A nurse or mental health technician lets a license lapse and then continues to practice unlicensed, sometimes knowingly, but often unknowingly. There have been 47 cases this fiscal year. The licensee usually admits to the unlicensed practice when contacted. In these cases, the person would acknowledge the infraction, pay the fine, and complete the reinstatement procedure. If the person did not want to follow this procedure, then the licensee would have the right to hearing. The use of an administrative fine would not be used in lieu of suspension or revocation when the case is of a more serious nature in which there is a safety factor to the public. It is hoped this will decrease time periods that licensees are without licenses due to waiting for committee or hearing times.

In the new Section 7 (page 6, line 8) the investigation practices are delineated more specifically. This will support the access to records, compel testimony of witnesses, and maintain confidentiality of patient records. Essentially this is what is being done at the present time.

I hope you pass HB 3070 out of committee favorably.

I will be glad to answer questions.

Thank you.

PLJ:sb

PKell
3-4-92
Atlm #1
pg 272



KANSAS FEDERATION OF LICENSED PRACTICAL NURSES, INC.

Affiliated with NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES, INC.

933 Kansas Avenue Topeka, KS 66612 913-354-1605

TESTIMONY PRESENTED IN SUPPORT OF HB 3070 & HB 3071

March 4, 1992

presented to the House Public Health & Welfare Committee
Honorable Representative Carol Sader, Chairman

presented by Elizabeth E. Taylor, Legislative Consultant to KFLPN

SUPPORT FOR HB 3070 - The KFLPN offers its support of HB 3070 allowing the Kansas State Board of Nursing to assess administrative fines and allowing the KSBN to investigate and levy proceedings against nurses not in compliance with the law.

LPNs believe that where responsibility as defined by the law is not being upheld, the professional not acting responsibly should be held to that responsibility and that the regulating body should have these authorities.

SUPPORT FOR HB 3071 - KFLPN sat on an 18-month long Task Force of the Kansas State Board of Nursing which concluded just weeks ago. Also on that Task Force were representatives from KSNA, Nurse Educators, Mental Health Technicians, several hospitals, the Hospital Association and others who hashed and hashed many times over the responsibilities of the LPN within the health care system. The definition you see on page 1, lines 40 through page 2, line 3 is the language **WE ALL AGREED TO AFTER THOSE LONG MONTHS OF DEBATE**. The KFLPN upholds its agreement then as our agreement still today.

Medical/nursing times are rapidly changing. All levels of nursing have become expected to perform and a higher and higher level. The time has come (and it did come over the last 18 months of deliberation and negotiation among all of the interested parties) that the language of the bill **BEST MEETS THE NEEDS OF THE CARE PROVIDER AND THE PUBLIC AT LARGE**.

The KFLPN is sorry to see that we are still, in this room, not beyond the "turf" issues of yesterday and cannot get beyond the issue of control. The LPN has always worked under the supervision of an RN, and we believe we should remain under that supervision (direct or indirect). We also believe that the LPN with appropriate training should be allowed to perform as she has been trained to perform and not be withheld from being a more necessary part of health care delivery simply because the RN wants control beyond what they have today. The RN will still be the supervisor of the LPN. The RN will still be the one to make the decision of what she delegates to the LPN. The RN will still be responsible for knowing the capacity of her LPN support team. Why then should the LPN not be allowed to perform as she has been trained under continued supervision. The language of HB 3071 allows the LPN to do just this, perform as she has been trained while still under some supervision by the RN.

We believe the language of HB 3071, while approved by all interested parties after long, hard, negotiation, is the most appropriate language to allow the LPN to function as she has been trained while still serving under the supervision of the RN. **We fully support HB 3071.**

*PHW
3-4-92
Att # 2*

Michelle Hinds



FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.
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March 4, 1992

**HB 3070 ACT CONCERNING GRANTING THE BOARD OF NURSING
AUTHORITY TO IMPOSE ADMINISTRATIVE FINES;
CONCERNING INVESTIGATIONS AND PROCEEDINGS CONDUCTED BY THE
BOARD.**

Chairperson Sader and members of the House Public Health and Welfare Committee, my name is Michele Hinds and I am the current President of the Kansas State Nurses' Association.

The Kansas State Nurses' Association supports the changes in HB 3070 that would give flexibility to the Kansas State Board of Nursing to offer computerized testing for purposes of licensure.

We are very excited that the National Council of State Boards of Nursing and the Board of Nursing are proceeding with the development of computerized testing for Schools of Nursing graduates.

The Administrative Fines being proposed in new Section 6 (line 38, page 5) will provide an alternative for the Board to use when non-intentional technical violations occur to the Nurse Practice Act. Again, this expands the limited list of options revocation, limitation and suspension now available to the Board. We support this new language.

PHW
3-4-92
Attn # 3

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Patsy L. Johnson, R.N., M.N.
Executive Administrator
913-296-3068

To: The Honorable Representative Carol Sader, Chairperson
and Members of the Public Health & Welfare Committee

From: Patsy L. Johnson, R.N., M.N.
Executive Administrator
Kansas State Board of Nursing

Date: March 4, 1992

Re: HB 3071

Thank you for allowing me to testify to HB 3071 on behalf of the Board of Nursing. The grounds for disciplinary action has been updated for all Board of Nursing licensees in HB 3071. The disciplinary action section for registered nurse anesthetists has been moved into K.S.A. 65-1120 (a) so all nurses are covered in this part of the statute (page 1, line 20).

K.S.A. 65-1120 for professional and practical nurses and K.S.A. 65-4209 for licensed mental health technicians have been revised so that both statutes are similar in language. A new action "publicly censure" has been added to both statutes as another method that can be utilized following hearing. A limitation on the LMHT's license was also added (page 3, line 17). The language for habitually intemperate in the use of alcohol and addicted to the use of habit forming drugs has been revised to reflect the language used in the risk management laws K.S.A. 65-4924(a) (page 1, lines 30-33).

A new section has been added so that action may be taken on a licensed practical nurse's license if certain intravenous therapies (I.V.) are performed. The language in HB 3071 was arrived at through a collaborative effort of the Board, various nursing organizations, and some experts in the field of I.V. therapy. Over the last two years, the Board office has had many, many telephone inquires as to certification of LPN's for I.V. therapy. Since there is no certification process required by the Board, there has been many concerns as to practice and education. The Department of Education and several nursing organizations including the Board of Nursing have met to establish guidelines for an I.V. therapy

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att #4
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curriculum. Community colleges and vocational schools get approval for I.V. therapy courses through the Department of Education. The curriculum is now being sent to those who are requesting it. The nursing community felt that there should be some restrictions, particularly of more critical procedures or agents being administered. The change in this statute reflects those concerns (page 1-2, lines 40-43, 1-2). Restriction of specific drugs will be addressed through rule and regulation.

In summary, some slight additions have been made to the disciplinary language and restrictions placed on I.V. therapy for LPN's. We hope that you will approve HB 3071.

I will be glad to answer any questions.

Thank you.

PLJ:sb

PHW
3-4-92
Att #4
2-2



Kansas Organization of Nurse Executives
P. O. Box 2308
Topeka, KS 66601

Testimony

presented to the

House Public Health and Welfare Committee

by the

Kansas Organization of Nurse Executives

March 4, 1992

*Sister
Kathleen*

Good afternoon. My name is Sister Kathleen Andrews. I am the Vice President for Patient Care Services at Central Kansas Medical Center at Great Bend and Larned, Kansas. On behalf of the Kansas Organization of Nurse Executives (KONE), I want to thank you for this opportunity to speak in opposition to H.B. 3071.

First, I want to tell you about KONE and myself. KONE is a statewide organization comprised of approximately 200 nurse executives and nurse managers. I am the president-elect of the organization. I have been a registered professional nurse for 31 years. My work experience includes 17 years in clinical practice, 10 years in nursing education and 4 years as a hospital nurse executive.

H.B. 3071 is an act concerning disciplinary actions by the Kansas State Board of Nursing. We are concerned about Section 1 Paragraph (7) which would allow the board to discipline licensed practical nurses. The new paragraph is as follows:

"(7) unless delegated under subsection (g) of K.S.A. 65-2872 and amendments thereto, to have only a license to practice as a practical nurse and to be found guilty of (a) administering blood and blood products, human plasma fractions, antineoplastic agents, investigational or intravenous medications as prohibited by rule and regulation, (b) infusing by central venous catheter or (c) initiating total parenteral nutrition."

This proposal raises a number of technical questions and policy issues surrounding the role of the licensed practical nurse in intravenous therapy.

1. Why should LPNs be involved in the administration of intravenous therapy?

The practice of practical nursing as defined by K.S.A. 65-1113 (d) (2) provides that an LPN may perform nursing tasks and responsibilities within the framework of supportive and restorative care under the direction of a registered nurse, a physician or a dentist. As defined here, LPNs are allowed to administer intravenous therapy.

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As medical science advances and the demands for health care in Kansas grow, the scope of nursing practice, in general, and of practice of practical nursing in particular, is expanding. Therefore, it will continue to be necessary that the licensed practical nurse engage in the limited administration of intravenous therapy fluids.

2. What is intravenous therapy?

Administration of intravenous therapy is the therapeutic infusion and/or injection of substances through the venous system consisting of activity which includes: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, planning, intervening and evaluating. We think the registered professional nurse should be able to delegate certain of these activities to experienced, qualified appropriately educated licensed practical nurses in keeping with the registered nurse's professional judgement and standards that are set in the agency providing the intravenous therapy service.

3. How much education is needed to prepare LPNs for administration of intravenous therapy?

Basic practical nursing programs do not include the full scope of IV therapy administration in their curricula. A post-graduate course of instruction is needed to teach the skills and knowledge for intravenous therapy. The Kansas State Board of Education recently developed guidelines for a post-graduate IV therapy course that is 48 hours in length. The guidelines, which are attached for your review, identify the course components and call for testing and evaluation of the students' competencies at the completion of the course. These guidelines are supported by the Kansas State Board of Nursing and are used by the Board of Education to review IV therapy courses offered by vocational technical schools and community colleges. KONE supports the guideline.

4. Why should H.B. 3071 be defeated?

H.B. 3071 enumerates certain aspects of IV therapy which may not be performed by the LPN. It does not allow LPNs to receive additional training and demonstrate their competence to perform any of these tasks. If advanced education is not recognized, LPNs will not be able to respond to changes in the health care industry.

We are especially concerned about the provision which restricts LPNs from "administering . . . IV medications as prohibited by rules and regulations" set by the Board of Nursing. Approximately 90% percent of hospital patients are treated with IV medications. We fear the rules and regulations to prohibit LPNs from administering IV medications would be unduly restrictive and would lead to staffing problems in hospitals. Severe restrictions would create an artificial shortage of RNs in some institutions.

We believe that H.B. 3071 should be defeated because the LPN's role in administering IV medications is not clearly delineated in the bill. We strongly recommend that LPNs who have satisfactorily completed an advanced course of instruction be authorized to administer IV medications under the direction of the registered professional nurse.

Thank you for considering our comments. I would be happy to answer any questions that you may have.

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3-4-92
Att #5
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IV THERAPY COURSE GUIDELINES
APPROVED BY THE KANSAS STATE BOARD OF EDUCATION
DECEMBER 1991

Please note: These guidelines may be revised to reflect substantive changes in the legal scope of practice for LPN's.

PHW
3-4-92
Att #5
3-6

DECEMBER, 1991

IV THERAPY COURSE GUIDELINES

The following IV therapy course guidelines were prepared by a task force comprised of representatives from nursing associations, hospitals, long term care facilities, vocational technical schools, community colleges, the Kansas State Board of Education and the Kansas State Board of Nursing. The guidelines have been reviewed by the Kansas State Board of Nursing and approved by the Kansas State Board of Education. The Board of Education will use the guidelines as review criteria for applications submitted by area vocational technical schools or community colleges to offer an IV therapy course.

A. Limitations: The core IV therapy course will not teach students to perform the following functions:

1. Initiating anti-neoplastic agents.
2. Initiating blood and blood products.
3. Initiating TPN.
4. Administration of IV push medications (administration of selected medications could be taught in additional course of study).
5. Central venous catheter management.

B. Pre-requisites for admission

1. Must be a licensed nurse.
2. Schools and/or community colleges may establish other pre-requisites according to institutional policy.

C. Length of course

1. The course shall be a minimum of 48 contact hours and must include clinical instruction.

D. Course components: The course shall include the following components:

1. Review of the Kansas Nurse Practice Act and the policies and procedures of the clinical agency where practical experience is received including scope of practice.
2. Anatomy and physiology applied to IV therapy.
3. Relationship between intravenous fluid treatment administration and the body's hemostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance and cellular physiology.

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4. Principles of infection control in intravenous fluid treatment administration.
5. Identification of various types of equipment used in intravenous fluid treatment administration with content related to criteria for use of each and means of trouble-shooting for malfunctions.
6. Principles of compatibility and incompatibility of drugs and solutions.
7. Nursing management of special intravenous fluid treatment administration procedures that are commonly used in the clinical setting, such as heparin lock.
8. Procedures for venipuncture, including psychological preparation, site selections, skin preparation, puncture, anchor, collection of equipment and documentation.
9. Maintenance of intravenous fluid treatment administration system: discontinuing intravenous fluid treatment administration, monitoring infusion, changing containers and tubing, care of site, etc.
10. Nursing management of the patient receiving drug therapy, including actions, interactions, adverse reactions, methods of administration and assessment.
11. Signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for those complications.
12. Calculations of fluid and drug administration rates.
13. Psychosocial aspects of IV therapy throughout the life-span.

E. Clinical supervision of students

1. By the instructor of record employed by an area vocational technical school or community college as an adult education teacher.
2. By a preceptor who has been oriented to course content and course expectations and who functions under an agreement between the teaching institution and the clinical facility.

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3. No more than five (5) students per instructor will be allowed in the clinical setting.

F. Class enrollment

1. Maximum enrollment shall not exceed ten (10) per class.

G. Instructor qualifications

1. Current licensure as a registered nurse.
2. Occupational experience of no less than 4000 hours within the last three years.

H. Testing and Evaluation:

1. The student shall achieve a passing grade of 80% or better on a final exam consisting of written and clinical components.
2. The clinical exam shall include evaluation of the achievement of the clinical objectives of the course.
3. The instructor shall complete the final records and the record sheet shall include competencies and scores.

I. Competency Check List:

1. The Competency Profile developed by the Kansas State Board of Education - Competency Based Center will be available for determining competencies of students enrolled in the IV therapy course.
2. It is suggested that a copy of the completed profile be given to each student at the completion of the course.

J. Certificate of Completion:

Shall be provided to the student according to the education institutional policy and procedure.

Addendum: Specific guidelines for Advanced IV Therapy Training Courses have not been adopted. Health care providers requiring advanced IV therapy courses should contact the nearest area vocational technical school or community college for appropriate procedures to facilitate the training program needed.

PHAW
3-4-92
Att #5
6-6



Kansas Organization of Nurse Executives
P. O. Box 2308
Topeka, KS 66601

Jackie Jorgensen

Testimony
presented to the
House Public Health and Welfare Committee
by the
Kansas Organization of Nurse Executives

March 4, 1992

Chairperson Sader and members of the committee, my name is Jackie Jorgensen. I have been the Director of Nursing at Northwest Kansas Medical Center in Goodland, Kansas, since 1982. My hospital is a small rural facility with 49 licensed beds. Historically we budget for an average daily census of 23 patients. I serve on the Board of Directors of the Kansas Organization of Nurse Executives, better known as KONE.

Thank you for this opportunity to speak to the committee on behalf of KONE. I have traveled more than 300 miles to give you my comments concerning H.B. 3071. This bill would allow the Kansas State Board of Nursing to discipline licensed practical nurses who are found guilty of administering certain aspects of IV therapy. I understand that you will be asked to amend this bill to restrict LPNs from starting IVs. The implications of this request to amend the bill are quite significant for rural hospitals such as mine.

Four months ago we implemented a pilot program to assess the advantages and disadvantages of expanding the LPN scope of practice to include limited administration of IV therapy. We started the pilot program because our patient census varies considerably from day to day. During periods of low census we staff the hospital with one RN and two LPNs and two or three nursing assistants. In this situation, it would be beneficial to patient care if the LPNs could assist the RN by starting an IV infusion.

Our pilot program includes the following components and initial outcomes:

- * One LPN completed a post-graduate IV therapy course. A competency checklist completed during this course is attached for your review.

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- * Nursing policies and procedures were revised to authorize LPNs who are in the pilot program to start IVs under the direction of a physician or a registered professional nurse.
- * The initial LPN in the program was assigned to the afternoon shift.
- * After three months the first phase of the program was evaluated and a decision was made to ask three additional LPNs to enroll in a post-graduate IV therapy course offered by the Western Kansas Health Education Center in Hays. They agreed.
- * We made this decision because we found no patient complaints about the IV therapy services provided by the first LPN in the program. Furthermore, no adverse effects were found and no incidents were reported about this practice. The nursing staff, both RNs and LPNs, and the medical staff had nothing but positive comments about this program.

We will continue to evaluate this LPN IV therapy program. If it is successful, we will consider additional educational preparation to give LPNs the skills and knowledge required to administer certain IV medications.

I can tell you that many other small rural hospitals have implemented or are considering implementing programs similar to the one I have described. There is a growing need for IV therapy services in Kansas and LPNs can be prepared to administer these services safely. Please don't restrict LPNs from the competent administration of IV therapy. I urge you to defeat H.B. 3071.

I would be happy to address any questions.

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LESSON PLAN: 5

COURSE TITLE: INTRAVENOUS FLUID THERAPY

UNIT VII INTRAVENOUS FLUID THERAPY MAINTENANCE

EVALUATION ITEMS: _____ NAME OF STUDENT: _____

CARE OF INFUSION SITE

EQUIPMENT:

1. Anatomical model with cannula and dressing in place
2. Isopropyl alcohol (70%) or povidone-iodine solution
3. Antimicrobial agent
4. Gauze dressing
5. Label
6. Transparent dressing
7. Tape
8. Protective gloves

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DID THE STUDENT:	YES	NO
<u>Gauze Dressing</u>		
1. Wash hands.	<input checked="" type="checkbox"/>	
2. Explain procedure to patient.	<input checked="" type="checkbox"/>	
3. Put on protective gloves.	<input checked="" type="checkbox"/>	
4. Stabilize cannula and remove tape and dressing from site.	<input checked="" type="checkbox"/>	
5. Visually inspect site for evidence of developing complications.	<input checked="" type="checkbox"/>	
6. Cleanse site with alcohol or povidone-iodine solution and allow to dry.	<input checked="" type="checkbox"/>	
7. Apply antimicrobial agent, if applicable.	<input checked="" type="checkbox"/>	
8. Apply sterile dressing and secure with tape.	<input checked="" type="checkbox"/>	
9. Remove gloves.	<input checked="" type="checkbox"/>	
10. Reapply original label inscribed with insertion information to dressing, recopy if soiled or nonocclusive.	<input checked="" type="checkbox"/>	
11. Apply tape label denoting dressing change information with date, time, and initials.	<input checked="" type="checkbox"/>	


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DID THE STUDENT:	YES	NO
<u>Transparent Dressing</u>		
1. Wash hands.	(A)	
2. Explain procedure to patient.	(A)	
3. Put on protective gloves.	(A)	
4. Stabilize cannula and remove existing transparent dressing.	(A)	
5. Visually inspect site for evidence of developing complications.	(A)	
6. Apply scant amount of antimicrobial agent to site, if applicable.	(A)	
7. Apply sterile transparent dressing.	(A)	
8. Remove gloves.	(A)	
9. Recopy insertion data on new label and apply to dressing.	(A)	
10. Apply small strip of tape denoting dressing change information with date, time, and initials.	(A)	
<u>Post-Dressing Change</u>		
1. Remove contaminated dressing and rubbish from room and dispose of according to approved institutional policy.	(A)	
2. Charge for supplies used.	(A)	
3. Document procedure.	(A)	

The student has satisfactorily completed the procedure "CARE OF INFUSION SITE" according to the steps outlined.


 Instructor's/Charge Personnel's Signature
 (Verifying Satisfactory Completion)

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LESSON PLAN: 5

COURSE TITLE: INTRAVENOUS FLUID THERAPY

UNIT VIII PHARMACOLOGICAL CONSIDERATIONS OF

INTRAVENOUS MEDICATION

EVALUATION ITEMS: _____ NAME OF STUDENT: _____

PIGGYBACK ADMINISTRATION OF IV DRUGS VIA HEPARIN LOCK

EQUIPMENT:

1. Small container of medicant fluid
2. Secondary solution administration set
3. Anatomical model with established heparin lock
4. Alcohol swabs
5. Syringe containing 1 ml normal saline
6. 20 and 23 gauge 1/2 - 3/4" needle (sterile)
7. Syringe representing 1 cc heparinized saline
8. IV standard
9. Tape

DID THE STUDENT:	YES	NO
1. Wash hands.		
2. Close clamp on secondary administration set.		
3. Remove cover from spike on secondary administration set.		
4. Squeeze drip chamber while inserting spike into piggyback container.		
5. Suspend container.		
6. Squeeze and release drip chamber until half-filled.		
7. Remove protector from needle.		
8. Partially open roller clamp and prime tubing slowly.		
9. Close clamp and recover needle.		
10. Label secondary administration set.		
11. Prepare heparin lock medication port with antiseptic for one (1) minute.		

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DID THE STUDENT:	YES	NO
12. Insert needle of syringe with N/S into heparin lock medication port. Aspirate for blood return and flush over (1) minute checking patency of heparin lock.		
13. Insert needle of administration set and secure with courtesy tape.		
14. Open secondary administration set control clamp and adjust flow rate.		
15. Examine site for any signs of complications.		
<u>After drug has been administered:</u>		
16. Close control clamp on secondary administration set.		
17. Remove needle from heparin lock while stabilizing the lock.		
18. Replace used needle with sterile needle with cover intact to secondary administration set.		
19. Aseptically flush heparin lock with N/S over one (1) minute.		
20. Aseptically flush heparin lock with heparinized solution over one (1) minute.		
21. Document medication and heparin flush.		

The student has satisfactorily completed the procedure "PIGGYBACK ADMINISTRATION OF IV DRUGS VIA HEPARIN LOCK" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

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LESSON PLAN: 6

COURSE TITLE: INTRAVENOUS FLUID THERAPY

UNIT VI ADMINISTRATION OF INTRAVENOUS FLUID THERAPY

EVALUATION ITEMS

NAME OF STUDENT 

INSERTION OF A HEPARIN LOCK

EQUIPMENT:

1. Anatomical model
2. Winged-tip heparin lock
3. Over-the-needle catheter (ONC)
4. Injection cap
5. Syringe containing normal saline
6. Syringe containing heparinized saline
7. Tape
8. Dressing
9. Alcohol sponges
10. Tourniquet
11. Protective gloves
12. Puncture-proof container
13. Antimicrobial agent

DID THE STUDENT:	YES	NO
1. Identify the patient.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Control the environment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Provide privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Adjust lighting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Adjust height of bed, if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Wash hands.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Assess patient's surgical/medical history.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Based on assessment, select vein.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Apply tourniquet.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Apply measures to dilate vein.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Palpate vein.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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DID THE STUDENT:	YES	NO
9. Release tourniquet.	OS	
10. Arrange supplies in order of sequential use in accessible place.	OS	
a. Open cannula package.	OS	
b. Tear tape.	OS	
c. Prepare dressing.	OS	
11. Place protective paper towel or cloth under proposed site.	OS	
12. Clip excessive hair.	OS	
13. Apply tourniquet.	OS	
14. Palpate vein.	OS	
15. Cleanse site.	OS	
a. Clean center to periphery.	OS	
b. Clean for at least one minute with friction.	OS	
c. Allow to dry.	OS	
16. Insert winged-tip heparin lock.	OS	
a. Put on protective gloves.	OS	
b. Explain procedure to patient.	OS	
c. Cleanse injection cap with alcohol over one (1) minute.	OS	
d. Aseptically flush air from tubing and needles of heparin lock with N/S.	OS	
e. Prepare dressing.	OS	
f. Inform patient of stick.	OS	
g. Pinch wings together and insert needle, bevel up.	OS	
h. Ascertain blood return and advance needle into vein.	OS	
i. Release tourniquet.	OS	
j. Place tape perpendicular to wings of device.	OS	

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DID THE STUDENT:	YES	NO
k. Cleanse injection cap with alcohol and inject one (1) ml N/S over one (1) minute, observing for infiltration.	JS	
l. After ascertaining patency, aseptically inject one (1) ml heparinized saline over one (1) minute.	JS	
m. Tape wings and apply antimicrobial agent to site.	JS	
n. Remove gloves.	JS	
o. Apply label and dressing.	JS	
p. Advise patient of restrictions/precautions.	JS	
q. Dispose of equipment.	JS	
r. Document procedure.	JS	
17. Insert ONC catheter/immediate conversion to heparin lock.		
a. Wash hands.	JS	
b. Cleanse injection cap with alcohol over one (1) minute.	JS	
c. Aseptically flush air from injection cap with N/S.	JS	
d. Prepare dressing.	JS	
e. Put on protective gloves.	JS	
f. Inform patient of stick.	JS	
g. Aseptically insert catheter, bevel up.	JS	
h. Ascertain blood return.	JS	
i. Advance stylet slightly.	JS	
j. Advance catheter.	JS	
k. Release tourniquet.	JS	
l. Remove stylet.	JS	
m. Place stylet in puncture-proof container.	JS	
n. Securely attach injection cap to catheter hub.	JS	
o. Anchor cannula with tape.	JS	

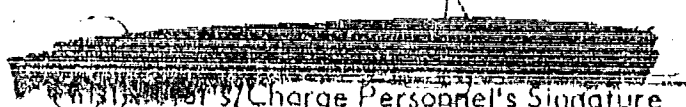
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DID THE STUDENT:	YES	NO
p. Cleanse injection cap with alcohol one (1) minute.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q. Inject one (1) ml N/S over one (1) minute while observing for infiltration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r. Once patency is ascertained, aseptically inject one (1) ml heparinized saline over one (1) minute.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s. Apply antimicrobial agent to site and apply dressing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
t. Remove gloves.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
u. Apply labels.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Type, gauge and length of cannula	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Date and time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Name/initials	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v. Advise patient of restrictions/precautions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
w. Dispose of equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x. Document procedure.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The student has satisfactorily completed the procedure "INSERTION OF A HEPARIN LOCK" according to the steps outlined.


Instructor's/Charge Personnel's Signature
(Completion)
10-16-91
Date

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LESSON PLAN: 6

COURSE TITLE: INTRAVENOUS FLUID THERAPY

UNIT VII INTRAVENOUS FLUID THERAPY MAINTENANCE

EVALUATION ITEMS: _____ NAME OF STUDENT: _____

HEPARIN FLUSH

EQUIPMENT:

1. Anatomical model with pre-inserted heparin lock
2. Syringe with 1 ml normal saline
3. Syringe with 1 ml heparinized saline
4. Alcohol sponges
5. Puncture-proof container

DID THE STUDENT:	YES	NO
1. Wash hands.	BG	
2. Explain procedure to patient.	BG	
3. Verify injection cap securely attached to cannula.	BG	
4. Cleanse injection cap with alcohol for one (1) minute.	BG	
5. Using syringe containing NS, insert needle into cap and aspirate for blood return.	BG	
6. Inject NS over one (1) minute.	BG	
7. Insert needle of heparinized saline into injection cap and inject over one (1) minute.	BG	BG
8. Place syringes and needles in puncture-proof container.	BG	
9. Remove used and contaminated equipment from area and dispose of.	BG	
10. Charge for supplies used.	BG	
11. Document procedure.	BG	

The student has satisfactorily completed the procedure "HEPARIN FLUSH" according to the steps outlined.

 INSTRUCTOR'S/Charge Personnel's Signature
 (Verifying Satisfactory Completion)
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LESSON PLAN: 6

COURSE TITLE: INTRAVENOUS FLUID THERAPY

UNIT VIII PHARMACOLOGICAL CONSIDERATIONS OF
INTRAVENOUS MEDICATION

EVALUATION ITEMS: _____ NAME OF STUDENT: _____

PIGGYBACK ADMINISTRATION OF INTRAVENOUS DRUGS VIA SECONDARY LINE WITH ESTABLISHED PRIMARY LINE

EQUIPMENT:

1. Established primary IV fluid with primary line
2. Small container of mediant fluid
3. Secondary solution administration set
4. Alcohol swabs
5. Tape
6. 20-23 gauge 3/4"-1" needle
7. Puncture-proof needle container
8. Tubing change label

DID THE STUDENT:	YES	NO
1. Wash hands.		
2. Close clamp on secondary administration set.		
3. Remove cover from spike on secondary administration set.		
4. Squeeze drip chamber while inserting spike into piggyback container.		
5. Suspend container.		
6. Squeeze and release drip chamber until half-filled.		
7. Remove protector from needle, partially open roller clamp and prime tubing slowly.		
8. Close clamp and recover needle.		
9. Label secondary administration set.		
10. Prepare primary line's lower "Y"-port (secondary port) with antiseptic for one (1) minute.		
11. Insert needle of secondary administration set.		
12. Secure needle to port with tape courtesy tab.		

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DID THE STUDENT:	YES	NO
13. Open secondary administration set control clamp and adjust flow rate for piggyback medication.		
<u>After drug has been administered:</u>		
14. Close control clamp on secondary administration set.		
15. Detach piggyback connection.		
16. Remove used needle and place in puncture-proof needle container.		
17. Place new needle with protective cover on secondary administration set.		
18. Place secondary administration set out of patient's reach.		
19. Document.		

The student has satisfactorily completed the procedure "PIGGYBACK ADMINISTRATION OF IV DRUGS VIA SECONDARY LINE WITH ESTABLISHED PRIMARY LINE" according to the steps outlined.

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

Date

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LESSON PLAN: 7

COURSE TITLE: INTRAVENOUS FLUID THERAPY

UNIT VII INTRAVENOUS FLUID THERAPY MAINTENANCE

EVALUATION ITEMS:

NAME OF STUDENT: 

DISCONTINUANCE OF IV INFUSION

EQUIPMENT:

1. IV-accessed anatomical model
2. Sterile sponges
3. Sterile dressing
4. Tape
5. Protective gloves

DID THE STUDENT:	YES	NO
1. Prepare for discontinuance.	PP	
a. Check order.	PP	
b. Wash hands.	PP	
c. Explain procedure to patient.	PP	
d. Close control clamp.	PP	
e. Put on protective gloves.	PP	
2. Remove cannula.	PP	
a. Stabilize cannula and remove tape and dressing.	PP	
b. Visually inspect site for evidence of local complications.	PP	
c. Place sterile sponge over site.	PP	
d. Quickly and smoothly remove cannula.	PP	
e. Elevate extremity and apply pressure to site.	PP	
f. Apply dressing to site.	PP PHAW	
g. Verify cannula was removed in entirety.	PP	
h. Remove gloves/wash hands.	PP	

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DID THE STUDENT:	YES	NO
3. Instruct patient.	07	
a. Leave dressing 24 hours.	07	
b. Avoid rubbing, scratching or bumping site.	07	
c. Notify nurse if renewed bleeding or develops pain/discomfort should develop.	07	
4. Complete post-discontinuation procedures.	07	
a. Dispose of equipment properly.	07	
b. Charge for supplies used.	07	
c. Document procedure properly.	07	

The student has satisfactorily completed the procedure "DISCONTINUANCE OF IV INFUSION" according to the steps outlined.

[Redacted Signature Line]

Instructor's/Charge Personnel's Signature
(Verifying Satisfactory Completion)

10/21/91
Date

[Redacted Signature Line]

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MAR 04 1992

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Donald A. Wilson
President

Testimony
presented to the
House Public Health and Welfare Committee

by
Shirley Otto. RN, MSN, OCN, CRNI

March 4, 1992

Good afternoon. My name is Shirley Otto. I am the Clinical Oncology Nurse Specialist for St. Francis Regional Medical Center in Wichita, Kansas. I want to thank you for this opportunity to speak in opposition to House Bill 3071.

I have been asked by the Kansas Hospital Association to testify as a "technical expert" in the field of IV therapy. I have been certified in Oncology Nursing since 1986 and in intravenous therapy nursing since 1989. My publications include a Pocket Guide to Intravenous Therapy. As an oncology nurse specialist, I develop educational programs for the nursing staff on intravenous therapy, chemotherapy administration, pain management and psychosocial needs of the patient. I also provide consultation on these aspects of nursing care to nurses in Wichita and in many rural areas of Kansas.

H.B. 3071 authorizes the Board of Nursing to discipline LPNs for engaging in certain aspects of IV therapy. There are a number of questions you need to consider as you think about this bill.

Can the LPN be prepared to safely administer IV therapy services? To answer this question, you may turn to the experts... who are the members of the Intravenous Nurses Society (INS). This organization (which is comprised of more than 5000 nurses from 50 states) has identified the role of the LPN as an important one in the delivery of IV therapies. The INS plans to develop an LPN certification examination by 1994. The INS has already started a research project to determine the scope of IV therapy practice for the LPN and how it will differ from that of the RN. These differences will be assessed through job analysis research.

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At my institution we have found that LPNs can safely administer IV therapy. Policies and procedures are in place to authorize LPNs to administer selected IV therapies as directed and supervised by a registered professional nurse. Upon hire or orientation to a clinical unit, the LPN must attend an approved IV therapy course. Upon completion of the course, the LPN receives 16 hours of clinical instruction which is supervised by a staff nurse or a clinical nurse specialist, such as myself. A competency check list must be completed before the LPN is assigned to administer IV therapies. This program has been in place for more than two years at St. Francis Regional Medical Center and no unusual circumstances have occurred.

Should limits be placed on the LPNs scope of practice in intravenous therapy? This is a difficult question and it is my chief concern about H.B. 3071. It is my professional opinion that the knowledge and skills for safe practice can be taught in a 48 hour course accompanied by supervised clinical practice. I strongly recommend that LPNs who complete a course of instruction and demonstrate their clinical competence should be allowed to initiate IV therapy.

A limitation in H.B. 3071 that I am especially concerned about is IV medications. Specifically, H.B. 3071 restricts LPNs from administering those IV medications identified in rules and regulations set by the Board of Nursing. I encourage you to defeat this bill until health care providers and the Board of Nursing have agreed on the provisions and the limitations to be imposed on the practice of LPNs in the administration of IV medications.

In closing I recommend that H.B. 3071 be defeated because the LPN's role in administration of IV medications is not clearly defined.

I would be happy to answer any questions you may have.

KRH:NMSG

P. Hall
3-4-92
Attn #7
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Certification

INCC developing new certification program for LPNs

The Intravenous Nurses Certification Corporation (INCC) has begun to develop a program that will offer board certification for licensed practical nurses (LPNs) involved in the practice of intravenous nursing.

Having identified the role of LPNs as an important one in the delivery of intravenous therapies, the Certification Corporation plans to provide an LPN certification program by 1994 to assess entry-level I.V. nursing competency.

The certification will remain active for three years, after which nurses will need to re-apply for certification. Recertification will be based on proof of continued competency through meeting clinical eligibility requirements and participating in criterion-based continuing education.

Intravenous nursing certification for LPNs will mirror the INCC board certification program that is in place for registered nurses (RNs) in the I.V. specialty. However, the scope of practice for the LPN will differ from those of the RN, and these differences will be assessed through job analysis research. Test specifications for the LPN Certification Examination will be developed from the results of this research.

In addition, the Certification Corporation recently conducted a preliminary survey of the elected and appointed officials of INS, in order to collect information on the knowledge, skills, and abilities of LPNs practicing in the intravenous specialty. The survey was sent to 100 intravenous nurses, and there was a 45 percent return rate.

INCC is currently establishing a National LPN Board of Examiners, which will be responsible for the development and administration of the LPN Certification Examination. INS Past President Ann Corrigan, CRNI, of Powder Springs, Ga., has been appointed the chairperson of this board, and she is currently interviewing candidates for the new board. The LPN Board of Examiners is scheduled to have its first meeting early in 1992.

Both LPNs and RNs involved in I.V. nursing will develop and write questions relevant to the specialty practice, which will be submitted to the new Board of Examiners. These questions will go through an extensive review process prior to their final incorporation into the LPN Certification Examination.

The National LPN Board of Examiners will approve the LPN Certification Examination, and then submit it to a Relevancy Committee comprised of I.V. nurses, both RNs and LPNs, for review to assure that the examination is relevant to the specialty practice. The LPN Board of Examiners will include I.V. nurses, both RNs and LPNs, and its members will represent a geographic cross-section of the United States.

INCC is offering a Self-Assessment Examination to intravenous LPNs. The 50-item examination covers the categories that have been initially identified within the specialty practice.

The Self-Assessment Examination will provide LPNs with a tool to assess their knowledge of the I.V. nursing specialty, prior to the actual administration of the first LPN Certification Examination in September, 1994.

RN Board of Examiners reviews 1991 Certification Examination results, updates reference list

The National RN Board of Examiners recently reviewed the report of the consulting psychometrician for the 1991 Intravenous Nurses Certification Examination, which gives a statistical analysis of the demographics of this year's 1991 test candidates.

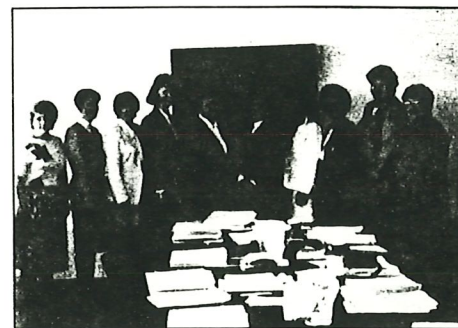
The RN Board of Examiners met from Oct. 27-30 at the National Office in Belmont, Mass. This was the first meeting for new member Vicki Nesland, CRNI, of Washington state.

At this meeting, the Examiners reviewed the Certification Bulletin and the Study Guide, and considered some possible revisions. The Board also reviewed the videotaped educational series on preparing for the Certification Examination, and revised its list of references for the annual examination, adding the following three texts:

Silver, Henry and C. Kemp. Handbook of Pediatrics, 15th ed. Connecticut: Appleton and Lange, 1987.

Editors from the American Society of Hospital Pharmacists (ASHP). American Hospital Formulary Service Drug Information. Bethesda, Maryland.

Rombeau, John L., Caldwell, Michael D. Clinical Nutrition: Parenteral Nutrition, Vol. II, W.B. Saunders, Philadelphia, Pennsylvania, 1986.



Left to right: Linda Bednarczyk, CRNI, Donna Baldwin, CRNI, Patricia O'Mara, CRNI, Judy Terry, CRNI, Gloria Pelletier, CRNI, Rose Anne Lonsway, CRNI, Michealle Wetteland, CRNI, Teresa Wachs, CRNI, and Sharon Horrigan, CRNI.

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3-4-92
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1991 Presidential Report

Nancy Delisio, CRNI
1990-91 INS President

I chose the theme "Take Time" to reflect the need for health care professionals to be more cognizant of their time-management responsibilities. Because of the demanding nature of our profession, we all need to take time to improve the quality of patient care, address our continuing education needs, promote the development of our profession and the I.V. specialty, and pursue our personal goals. With my tenure as President of INS drawing to a close, I realize how very apt this presidential theme is.

The increasing demands of our professional environment make time management an important component of delivering high-quality patient care. Clinical techniques are constantly being improved, the technology with which we practice our specialty is advancing rapidly, and the diverse practice areas that encompass the nursing profession and the I.V. specialty are becoming more specialized and complex. While it benefits any health care professional to take time for all aspects of their personal and professional lives, I believe that no one can practice successfully as a professional nurse without addressing time management deliberately and consciously.

In serving as the association's President and Chairperson of the Board of Directors this past year, I had to practice what I chose to preach. An important element of the 1991 Annual Meeting theme is the need for I.V. nurses to take time for participation in INS. There is a time commitment to be made, particularly in serving on boards and committees, and it does involve volunteerism. But the benefits of active involvement in this association are awesome. I hope you will all consider the immeasurable returns that your contributions to INS offer, and join me in striving to further our cause.

It has been an important experience for me to represent INS at several national meetings this year, and to preside over many developments that will have a profound effect on the future of our organization. As the

INS representative on the Health Policy Committee of the National Federation of Nursing Specialty Organizations, I participated in the formulation of strategies for addressing state and federal legislation and regulatory issues that directly affect our specialty. One of those issues was the recent effort of many state licensing boards to exclude I.V. nurses and other nurses from the areas of epidural pain management and I.V. conscious sedation, an important trend because it affects the areas of practice responsibility for all RNs, and it is a restriction of a major practice area for I.V. nurses. As part of our new legislative initiative, we will continue to monitor important issues like this one.

This past year, in an effort to increase the awareness of potential problems posed by substance abuse among nursing professionals, INS adopted the American Nurses' Association position statement on substance abuse. This position clearly describes the various forms of substance abuse, and provides direction for nursing intervention of the problem. Also, the INS Ethics Committee, led by Lynn Hadaway, finalized the *Intravenous Nursing Code of Ethics*. The Code was published in the March/April 1991 issue of the *Journal of Intravenous Nursing*, and it will be presented by Ms. Hadaway at a formal educational session tomorrow.

INS membership has increased by a substantial margin over the past year, primarily due to the efforts of our members who participate in the annual recruitment campaigns. The 1991 campaign, "Recruitment 1000: Strength in Members," will focus on the importance of building a strong membership base for our organization's involvement in legislative and regulatory lobbying, promoting the I.V. specialty, and increasing the quality of patient care in I.V. nursing. In order to be effective in all these areas, the number of INS members must continue to grow.

Chapter membership has increased, and there were

three new chapters instituted this year, bringing our total to 45. There are currently more than 1500 INS members in local chapters, and we have eight chapters in formation that are very close to gaining full chapter status. There has been a more structured implementation of the chapter formation process, and a greater sharing of knowledge that has transcended practice settings. INS members appear to have developed a greater understanding and appreciation of the importance of local chapter membership. In addition, three new specialty practice groups in the areas of patient education, entrepreneurship, and procedures were added to the nine that already existed.

As part of the continuing scrutiny of an important clinical issue, Past President Cheryl Gardner represented INS this year at the meetings of the Central Venous Catheter Working Group's Nursing Subcommittee, which is promoting the importance of FDA product problem reporting, particularly regarding CVC complications. INS will be directly involved in that promotional campaign. Also, the Nursing Subcommittee will be preparing a video program on CVC complications, and details about purchasing that video will be announced later this year in our INS publications.

At the 1989 Annual Meeting, INS members discussed the feasibility of incorporating the LPN into the practice of I.V. nursing in a limited clinical role. As directed by the membership at that time, the Board of Directors moved forward to pursue the goal of providing an entry-level examination for LPNs involved in the delivery of I.V. therapies. The LPN/LVN Task Force, of which I was also a member, was formed to conduct research and gather background information on the LPN's role in I.V. nursing, an issue that will impact our specialty and our organization for many years to come. More than 800,000 LPNs are working in the health care industry today, a figure that reinforces our desire to bring their ranks into the practice of I.V. nursing. In light of the growing demand for infusion services, there can be no question that these colleagues have an important place in our specialty practice. To encourage that end result, INS has established an educational scholarship for LPNs who have expressed interest in the I.V. specialty. The first INS scholarship for LPNs will be presented at the annual meeting of the National Federation for Licensed Practical Nurses later this year.

The LPN/LVN Task Force has now completed its assignment, and we have disbanded. I am very pleased to report that the Board of Directors is now seeking nominees for a National Board of Examiners to oversee the coordination and implementation of a national entry-level LPN exam in our specialty.

The promotion of our Certification Corporation in early 1991 has been incredibly successful. We have had a substantial increase in the number of inquiries about the

Certification Examination, and we expect to administer that exam to a much larger number of I.V. nurses this September. In one of my final acts as President, I have circulated my column from the March 1991 edition of *INS Newslines* to a number of general nursing publications, in an attempt to clarify the definition of professional nursing certification, and to further promote our own Certification Corporation.

Finally, in what is surely one of the highlights of my presidential term, the latest revision of the *Intravenous Nursing Standards of Practice* was finally completed and published last September. As a member of the Standards Review Committee, I am particularly proud to see the fruits of nearly five years of labor. The *Revised 1990 Intravenous Nursing Standards of Practice* is a thorough, authoritative legal document that defines the I.V. nurse's scope of practice, and the autonomy, accountability, and responsibility of the entire I.V. nursing specialty practice. The revised edition of this document will also be presented in an educational session later this week. Not surprisingly, the National Office staff has reported to me that the demand for this publication has been absolutely staggering.

The reaction of our members to the revision of the *Standards*, and to one revision in particular, prompted the appointment of a five-member Phlebitis Task Force at the annual Chapter Management Workshop last year in Utah. That task force has already conducted an extensive review of the literature pertaining to phlebitis rates and the frequency with which I.V. administration sets should be changed. That research uncovered no new findings, however, and the task force is continuing its investigation of that issue.

This report may give the impression that I single-handedly accomplished everything that had the name of the Intravenous Nurses Society in front of it, but anyone who has been in this organization for a while knows that it doesn't work that way. I was fortunate to have help from more than 5,000 dedicated, industrious professionals who have the distinction of membership in our association, and I am very aware of the vast generosity of many of our rank-and-file members, who work on the local level to promote INS and the I.V. specialty.

In addition, I would like specifically to thank my committee chairpersons, chapter leaders, and my colleagues on the Board of Directors for providing the leadership and support that made this past year such a success.

This year's Annual Meeting will address new technologies, current issues, and up-to-date clinical procedures that will help keep you at the forefront of today's practice of intravenous nursing. All of us this morning are in the enviable position of networking with our peers, enjoying valuable personal and professional interaction,

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Lois Mallory

TESTIMONY
PRESENTED TO THE
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
BY THE
WICHITA AREA VOCATIONAL TECHNICAL SCHOOL
MARCH 4, 1992

Chairperson Sader and members of the committee, my name is Lois Mallory. I am the administrator of Health Occupations Education programs at the Wichita Area Vocational Technical School (WAVTS). We have both a generic Practical Nursing program and an Intravenous Therapy (IV) program for LPNs as well as other programs, such as Medical Laboratory Technician, Dental Assisting, Surgical Technology and Pharmacy Technician.

I welcome this opportunity to address the committee regarding H.B. 3071, specifically, Section 1 (7) since it addresses the LPN and IV therapy. It may be helpful to the committee to have a little history as to how we became involved in offering IV Therapy classes for LPNs. In 1990 we were approached by members of the Long Term Care/Nursing Home community and were asked to initiate classes for their employees in IV Therapy. Changes in the health care delivery system introduced residents to long term care facilities who were requiring/receiving IVs. Additional requests were received from rural and urban hospitals. Since September 1990, we have trained approximately 200 LPNs in IV Therapy. Students have come from Wichita and 40 surrounding communities; such as, Conway Springs, Winfield, Herington and Lindsborg.

Presently we have a waiting list of approximately 50 individuals and four nursing homes who have personnel who would like to take IV therapy programs. We have been limited in the number of classes we have had because of lack of clinical space available -- local hospitals provided clinicals for their employees and therefore had the first option for classes. Recently the chief executive nursing service administrators of St. Francis Regional Medical Center, St. Joseph Medical Center, and HCA Wesley Medical Center agreed to make their facilities available for training in IV therapy to LPNs from long term care facilities and institutions in rural areas.

The curriculum used by the WAVTS was modeled after the competency based curricula developed by Oklahoma and Missouri. In both these states LPNs do perform IV therapy

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and have done so for a number of years (in Missouri it is noted on the LPN license whether or not he/she may administer IVs). Our curriculum was approved by the Kansas State Board of Education. The 48 hour program includes 30 hours of theory, 6 hours simulated laboratory experience and 12 hours of actual clinical experience. Students receive a "Competency Profile" at the completion of the program. This program also meets the guidelines approved by the Kansas State Board of Nursing. There are now five (5) other KSBE approved courses in Kansas: Kansas City Kansas AVTS, Independence Community College, Neosho County Community College, Pratt Community College and Manhattan AVTS.

At the present time it is within the scope and function of LPNs in Kansas to administer IVs as long as they work under the direction of a Registered Nurse, a physician or a dentist (as they must in all practice), are competent in the procedure and work within the policies of their particular institutions.

H.B. 3071, Section 1, (7) addresses some areas regarding IV administration and the LPN which I support. The majority of these areas represent a consensus from a recent IV Therapy task force including members from the Kansas State Board of Nursing, Kansas State Board of Education, Kansas Hospital Association, urban and rural health care providers (both acute and long term care) and educators. The bill, however, does not clearly delineate the role of the LPN in IV medication administration. It speaks to disciplinary action taken to LPNs who administer "...intravenous medications as prohibited by rules and regulations." This general statement could have a definite impact on the role of the LPN in certain work settings. Furthermore, I understand that you will be asked to amend this bill to restrict LPNs from even starting IVs. Such action would have a dramatic effect on the health care delivery to both urban and rural areas and hospital and long term care institutions.

I recommend that H.B. 3071, as presented, be defeated and that LPNs who successfully complete a Kansas State Board of Education program in IV therapy be allowed to administer IVs under the direction of a Registered Nurse and within the policy of the institution which they work.

Thank you very much for allowing me to present my concerns to this committee. I will try to answer any questions you might have.

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WICHITA AREA VOCATIONAL TECHNICAL SCHOOL
Health Occupations Education

- I. Course Title: IV Therapy for LPNs
- II. Course Description:

Today, millions of patients are receiving intravenous therapy. The need for qualified personnel to provide the best quality care to patients has prompted this course.

The purpose of the 48 hour LPN IV Therapy course shall be to prepare licensed practical nurses to perform limited intravenous fluid therapy treatment utilizing the knowledge, skills, and competencies required to perform such therapy safely. It should be noted that institutional policies and protocol define the role of the LPN in intravenous fluid therapy in that institution.

- III. Prerequisites: Current LPN licensure
Evidence of professional liability insurance
Documentation of TB skin test and rubella vaccination or rubella titer
One year occupational experience
- IV. Teaching and Learning Methods:
- A. Lecture and discussion
 - B. Assigned reading
 - C. Demonstration and return demonstration
 - D. Audiovisual aids
 - E. Clinical experience

V. Teaching Aids:

- A. Textbook: Intravenous fluid therapy course for the licensed practical nurse. (1988). Columbia, Missouri: Instructional Materials Laboratory, University of Missouri-Columbia.
- B. Resource book: Galliart, B. (1983). Intravenous therapy. Stillwater, Oklahoma: Oklahoma State Dept. of Vocational and Technical Education
- C. Library Resources
- D. Films, filmstrips, transparencies, handouts, and computer simulations
- E. Equipment and supplies for demonstration and return demonstration

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VI. Teaching Facilities

- A. Classroom, nursing laboratory, and computer laboratory
- B. Riverside Hospital

VII. Means of Evaluation:

- A. Unit and final exams
- B. Clinical evaluations
- C. Return demonstrations

VIII. Units of Instruction

- A. History of IV Therapy
- B. Legal Implications of IV Therapy
- C. Anatomy and Physiology as Applied to IV Therapy
- D. Fluid and Electrolytes
- E. Fluid Imbalances
- F. Electrolytes - Functions and Imbalances
- G. Intravenous Fluids
- H. Infection Control
- I. Intravenous Equipment
- J. Local Complications
- K. Systemic Complications
- L. Intravenous Fluid Therapy Maintenance
- M. Initiating IV Therapy
- N. Documentation
- O. Principles of Geriatric Infusion Therapy
- P. Intravenous Drug Administration

IX. Hours:

Theory	- 30 hours
Simulated Lab	- 6 hours
<u>Clinical</u>	<u>- 12 hours</u>
	48 hours

X. Requirements:

- A. Class attendance, class participation, and a grade of 75 percent or better
- B. Satisfactory evaluation of clinical performance

XI. Contact hours:

As an approved provider of Continuing Education by the Kansas State Board of Nursing, WAVTS presents this offering for 32 contact hours of credit applicable for relicensure for participants who attend the entire offering. Provider #LT0047-052.

XII. Bibliography:
(see attachment)

**WICHITA AREA VOCATIONAL TECHNICAL SCHOOL
LPN IV THERAPY**

HISTORY OF IV THERAPY

- . Discuss the development of IV therapy.

LEGAL IMPLICATIONS OF IV THERAPY

- . Discuss state policy regarding the role of the LPN in IV therapy.
- . Identify legal considerations of IV therapy.
- . Discuss principles to assist in avoiding legal action when performing IV therapy.
- . List patient's rights.
- . Identify considerations when interpreting IV orders.

ANATOMY AND PHYSIOLOGY AS APPLIED TO INTRAVENOUS THERAPY

- . Identify four functions of the skin.
- . Discuss and identify the three layers of the skin.
- . Discuss anatomy of the circulatory system.
- . Differentiate between veins and arteries.
- . Identify superficial veins of the upper extremities.
- . Identify structure and function of the cardiopulmonary system.
- . Identify related factors that can cause alterations of the cardiopulmonary system.
- . Discuss the role of blood in the body.
- . Identify blood components.
- . Identify and discuss pathophysiology as related to IV therapy.

FLUID AND ELECTROLYTE

- . Discuss the role of fluids in the body.
- . Identify the function of water.
- . Identify percentages of body weight which is made up of water.
- . List two fluid compartments.
- . Discuss normal fluid balance.
- . Identify the regulatory mechanism which maintains fluid balance.
- . Discuss composition of body fluid.
- . Identify general functions of electrolytes.
- . Define and discuss acid-base balance.
- . Identify and discuss the function of buffer systems.
- . List major organs involved in homeostasis.

FLUID IMBALANCES

- . List conditions which may alter fluid balance.
- . List nursing measures to maintain fluid balance.
- . Discuss hypervolemia.

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ELECTROLYTES - FUNCTIONS AND IMBALANCES

- . Identify functions and imbalances of the major electrolytes.
- . Identify official requirements of IV fluids.
- . Discuss specific IV fluids, their metabolic effect, and implications for use.

LOCAL COMPLICATIONS

- . Identify common local complications associated with IV therapy.
- . Discuss preventive measures and appropriate nursing interventions when complications are suspected.

SYSTEMIC COMPLICATIONS

- . Identify common systemic complications associated with IV therapy.
- . List preventive measures and nursing interventions when complications are suspected.

INTRAVENOUS EQUIPMENT

- . Discuss the advantages/disadvantages of plastic intravenous fluid containers.
- . Discuss the advantages/disadvantages of glass fluid containers.
- . Describe different types of intravenous tubing.
- . Identify types and uses of parenteral filters.
- . Identify considerations when choosing an IV cannula.
- . Discuss the use of electronic infusion devices.
- . Discuss the use of intermittent infusion devices.

INFECTION CONTROL

- . List extrinsic/intrinsic sources for IV contamination.
- . Discuss preventive measure for infection control.
- . Discuss maintenance, nursing measures for infection control.

DOCUMENTATION

- . List five elements of good documentation.
- . Document initiation of IV infusion.
- . Document adding sequential containers of IV fluids.
- . Document changing IV tubing.
- . Document changing site dressing.
- . Document monitoring infusion.
- . Document discontinuation of IV therapy.
- . Document discontinuation of therapy due to complications.
- . Document arrival on unit with pre-existing IV.
- . Document IV fluids as intake.

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INITIATING IV THERAPY

- . Identify patient teaching needs prior to IV therapy.
- . List needed equipment to initiate IV therapy.
- . Discuss preparation for venipuncture.
- . Discuss evaluation of IV sites.
- . List venipuncture steps.
- . Perform venipuncture.

INTRAVENOUS FLUID THERAPY MAINTENANCE

- . Identify factors altering the IV flow rate.
- . Calculate flow rates.
- . Discuss maintenance measures for ongoing IV therapy.
- . Discuss the use of armboards and restraints during IV therapy.
- . Discuss frequency and observations of site dressing changes.
- . List steps of IV site dressing change.
- . List steps of discontinuing intravenous infusion.
- . List factors to observe when monitoring continuous intravenous infusion.

INTRAVENOUS DRUG ADMINISTRATION

- . List objectives of drug administration.
- . Identify the advantages and disadvantages of the IV route for medication administration.
- . Discuss factors which affect drug response.
- . Identify and define types of drug incompatibilities.
- . Identify measures to prevent drug incompatibilities.
- . Identify factors affecting drug incompatibilities.
- . List the five rights of medication administration.
- . Identify modes of intravenous administration.
- . Identify types of adverse drug reactions.
- . Discuss nursing responsibilities while caring for patient receiving IV drug therapy.

PRINCIPLES OF GERIATRIC INFUSION FLUID THERAPY

- . List age-related changes affecting IV therapy.
- . Discuss considerations when administering IV therapy to the geriatric patient.

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OCCUPATIONAL PROFILE
 WICHITA AREA VOCATIONAL-TECHNICAL SCHOOL
 WICHITA, KANSAS

SAMPLE JANE M

111-22-3333

DATE ISSUED 03/03/92

DIRECTIONS: THE NUMERICAL RATING FOR EACH TASK INDICATES THE
 OCCUPATIONAL COMPETENCY OF THE STUDENT.

INTRAVENOUS THERAPY

RATING SCALE: 4 SKILLED - PERFORMS TASK INDEPENDENTLY
 3 MODERATELY SKILLED - PERFORMS TASK WITH LIMITED
 SUPERVISION
 2 LIMITED SKILL - PERFORMS TASK WITH CLOSE SUPERVISION
 1 EXPOSURE - RECEIVED INSTRUCTION, BUT HAS NOT
 DEVELOPED SKILL
 N NO INSTRUCTION ON TASK

ROLES AND RESPONSIBILITIES:

N INTERPRETS AND COMMUNICATES DOCTOR'S ORDERS
 N DOCUMENTS SPECIFIC PROCEDURES ACCURATELY
 N RELATES ROLE OF LPN IN IV THERAPY

CONSIDERATIONS FOR IV THERAPY:

N RECOGNIZES PROBLEMS WITH FLUID BALANCE

PREPARATION AND ASSESSMENT FOR IV THERAPY:

N COLLECTS PATIENT DATA PERTINENT TO IV THERAPY
 N PERFORMS PROPER HANDWASHING
 N MAINTAINS MEDICAL ASEPSIS

SOLUTIONS AND CONTAINERS:

N DISTINGUISHES AMONG IV SOLUTIONS
 N FOLLOWS CORRECT PROCEDURE IN CHOOSING AN IV SOLUTION

EQUIPMENT AND SUPPLIES:

N CHOOSES APPROPRIATE TUBING FOR ORDERED THERAPY
 N USES INFUSION PUMP
 N ASSEMBLES IV TUBING
 N REMOVES AIR FROM TUBING

INITIATION OF IV THERAPY:

N CALCULATES FLOW RATES
 N DOCUMENTS VENIPUNCTURE PROCESS
 N PERFORMS VENIPUNCTURE USING AN OVER-THE-NEEDLE CATHETER
 N INSERTS SALINE LOCK
 N CONVERTS IV TO SALINE LOCK

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PROBLEMS AND COMPLICATIONS:

- N EVALUATES PROBLEMS AND COMPLICATIONS OF IV THERAPY
- N CONFIRMS PLACEMENT AND PATENCY OF OVER-THE-NEEDLE CATHETER
- N REESTABLISHES PRESCRIBED FLOW RATE

MONITORING AND MAINTENANCE OF THE IV:

- N PERFORMS DAILY CARE FOR IV SITE AND TUBING
- N REPLACES IV TUBING WITH IV IN PLACE
- N DISCONTINUES IV NEEDLE OR CATHETER
- N MAINTAINS PROPER FLOW RATE
- N CHANGES FLUID CONTAINER
- N MAINTAINS SALINE LOCK

IV MEDICATIONS:

- N USES REFERENCE MATERIAL TO DETERMINE INCOMPATIBILITIES
- N INTERVENES APPROPRIATELY WITH INCOMPATIBILITIES
- N DETERMINES INFUSION TIME FOR ORDERED MEDICATION
- N SCHEDULES THE ADMINISTRATION OF DRUGS
- N CALCULATES DRUG DOSES AND DILUTIONS
- N ADMINISTERS IV MEDICATION ACCORDING TO POLICY

PERSONAL CHARACTERISTICS:

- RATING SCALE: 4 EXCELLENT 1 UNACCEPTABLE
 3 SATISFACTORY N NO EVALUATION
 2 NEEDS IMPROVEMENT

- N ASSUMES INITIATIVE
- N EXHIBITS DEPENDABILITY
- N ATTENDS REGULARLY
- N DEMONSTRATES PUNCTUALITY
- N PRACTICES POSITIVE HUMAN RELATIONS
- N DEMONSTRATES ADAPTABILITY/FLEXIBILITY
- N SOLVES PROBLEMS AND MAKES DECISIONS
- N DISPLAYS APPROPRIATE ATTIRE AND GROOMING

 . INTRAVENOUS THERAPY
 . CERTIFICATE AWARDED 05/31/91
 . DATE .
 . THIS OCCUPATIONAL PROFILE IS NOT OFFICIAL UNLESS
 . IT BEARS THE SCHOOL SEAL.
 . SIGNATURE .

 FOR ADDITIONAL INFORMATION 316-833-4370

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KSNA

the voice of Nursing in Kansas



FOR MORE INFORMATION CONTACT:

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Executive Director
Kansas State Nurses' Association
700 S.W. Jackson Suite 601
Topeka, Kansas 66603-3731
(913) 233-8638
March 4, 1992

HB 3071 ACT CONCERNING DISCIPLINARY ACTIONS BY THE KANSAS STATE BOARD OF NURSING

Chairperson Sader and members of the House Public Health and Welfare Committee, my name is Michele Hinds and I am the current President of the Kansas State Nurses' Association.

The Kansas State Nurses' Association supports many of the new elements in House Bill 3071 including the adoption of a new category of disciplinary action **public censure** of licensees. We believe that by expanding the current options for the Board of Nursing from **revocation, limitation and suspension** that the Board of Nursing can more effectively discipline licensees that violate the Nurse Practice Act. KSNA is also supportive of the change on page 1 line 29 that speaks to the inability to practice with reasonable skill and safety. This revised language mimics the Kansas Risk Management Law and provides consistency to both the Board of Nursing and licensees related to implementing mandatory reporting.

The Kansas State Nurses' Association has been working with the Kansas State Board of Nursing and other nursing groups to come to concensus on language that would provide specific direction to licensed practical nurses responsibilities related to IV (intravenous) infusions. A task force of representatives from various nursing organizations met for two months and drafted compromise language that was forwarded to the Board of Nursing. The Board of Nursing did not accept the proposed language and line 40, page 1 begins their recommendation for prohibitions to be placed on LPN's and IV Administration by them. KSNA believes it is absolutely essential that the statutory language provide LPN's and RN's with specific parameters for this area of practice. It is crucial in light of the broad delegation language that was passed out of this committee in HB 2882 that this be addressed in statute.

The Kansas State Nurses' Association proposes a new number (7) to replace line 40, page 1 through line 3, page 2. A copy of the new language is attached in the balloon.

Kansas State Nurses' Association Constituent of The American Nurses Association

700 S.W. Jackson, Suite 601 • Topeka, Kansas 66603-3731 • (913) 233-8638 • FAX (913) 233-5222
Michele Hinds, M.N., R.N.—President • Terri Roberts, J.D., R.N.—Executive Director

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Licensed Practical Nurses receive no formal education in their basic programs regarding the insertion of IV's and/or the administration of IV push medications and complex IV solutions. Basic fluid administration, such as D5W and the monitoring of fluid infusion is covered in basic LPN prepratory programs. Historically, LPN's have not been responsible for the administration of IV's. We believe that the practice setting has changed and that the administration of simple IV fluids is, with additional education such as an IV course, acceptable practice for LPN's. We do not however, believe that LPN's should be responsible for the administration of complex IV solutions such as blood and blood products, investigational medications, thrombolytic (blood thinning) solutions, antineoplastic (anti-cancer) medications, oxytoxins (labor inducing drugs) and cardiogenics (heart). Additionally, the administration of any IV Push Medication should be prohibited by LPN's. We further believe that the process of **initiating** IV's should be the responsibility of Registered Nurses and or Physicians.

The language that we have proposed addresses these concerns and gives strict parameters that all RN's and LPN's will understand. This is very important for the more than 8,500 LPN's and more than 24,000 RN's in Kansas that these responsibilities are clearly delineated. It will assist Directors of Nursing in Hospitals, Long-Term Care and Home Health in their work and staffing concerns. The voluntary nature of this provision will also assist LPN's who choose not to seek additional education and assume responsibility for IV's.

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HOUSE BILL No. 3071

By Committee on Public Health and Welfare

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KANSAS STATE NURSES ASSOCIATION
HB 3071 Balloon
March 3, 1992

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8 AN ACT relating to the board of nursing; concerning disciplinary
9 actions by the board; amending K.S.A. 1991 Supp. 65-1120 and
10 65-4209 and repealing the existing sections; also repealing K.S.A.
11 1991 Supp. 65-1161.

12
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 1991 Supp. 65-1120 is hereby amended to read
15 as follows: 65-1120. (a) *Grounds for disciplinary actions.* The board
16 shall have the power to *publicly censure, deny, revoke, limit or*
17 *suspend any license or certificate of qualification or authorization*
18 *to practice nursing as a registered professional nurse, as a licensed*
19 *practical nurse or, as an advanced registered nurse practitioner or*
20 *as a registered nurse anesthetist that is issued by the board or applied*
21 *for in accordance with the provisions of under this act in the*
22 *event that if the applicant or licensee is found after hearing:*

23 (1) To be guilty of fraud or deceit in practicing nursing or in
24 procuring or attempting to procure a license to practice nursing;

25 (2) to have been guilty of a felony if the board determines, after
26 investigation, that such person has not been sufficiently rehabilitated
27 to warrant the public trust;

28 (3) to have committed an act of professional incompetency;

29 (4) to be habitually intemperate in the use of alcohol or
30 addicted to the use of habit-forming drugs to be unable to practice
31 with reasonable skill and safety due to physical or mental disabilities,
32 including deterioration through the aging process, loss of motor skills
33 or abuse of drugs or alcohol;

34 (5) to be mentally incompetent;

35 (6) (5) to be guilty of unprofessional conduct;

36 (7) (6) to have willfully or repeatedly violated any of the pro-
37 visions of the Kansas nurse practice act or any rule and regulation
38 adopted pursuant to that under the act, including K.S.A. 65-1114
39 and 65-1122 and amendments thereto; or

40 (7) ~~unless delegated under subsection (g) of K.S.A. 65-2872 and~~
41 ~~amendments thereto, to have only a license to practice as a practical~~
42 ~~nurse and to be guilty of (a) administering blood and blood products,~~
43 ~~human plasma fractions, antineoplastic agents, investigational medi-~~

KNSA Proposed Language

(7) to have only a license to practice as a practical nurse and to be guilty of initiating an intravenous infusion and/or (a) administering blood and blood products, antineoplastic agents, investigational medications, human plasma fractions, oxytoxins, anesthetics, anticonvulsants, cardiovascular preparations, thrombolytics, intravenous push medications or (b) infusion via central venous catheter.

HB 3071

1 ~~ications or intravenous medications as prohibited by rule and reg-~~
2 ~~ulation, (b) infusing by central venous catheter or (c) initiating total~~
3 ~~parenteral nutrition, or~~

4 (8) to have a license to practice nursing as a registered nurse or
5 as a practical nurse publicly censured, denied, revoked, limited or
6 suspended by a licensing authority of another state, agency of the
7 United States government, territory of the United States or country
8 or to have other disciplinary action taken against the applicant or

WILLIAM M. BRYANT, D.V.M.
 REPRESENTATIVE, 106TH DISTRICT
 WASHINGTON, REPUBLIC AND
 WESTERN MARSHALL COUNTIES
 RURAL ROUTE 2
 WASHINGTON, KANSAS 66968



TOPEKA

HOUSE OF
 REPRESENTATIVES

REPUBLICAN AGENDA CHAIRMAN
 COMMITTEE ASSIGNMENTS
 RANKING MINORITY MEMBER: AGRICULTURE AND
 SMALL BUSINESS
 MEMBER: TRANSPORTATION

March 4, 1992
 Testimony on HB 2964
 House Public Health and Welfare Committee

Thank you madam chairman for allowing me to appear on H.B. 2964 which, if passed by this committee, will provide to a small degree, some much needed flexibility to the administration of the Kansas Nursing Student Scholarship Program.

I would describe the changes contained herein as minor but necessary fine tuning of a program in its infancy in our state. As you all know the Kansas Nursing Student Scholarship Program was implemented in 1989. Upon going through its first full cycle of students it has become apparent that there are a couple of areas that need further consideration.

I want to address specifically sub.(d) on page 2 of the bill which speaks to the transfer of sponsorship. I believe Mr. Ted Ayres, General Council for the Board of Regents, will address the other areas which I support also.

Two situations have arisen in my district which I would like to provide as examples to demonstrate the need for change. One moving into my district and one moving out.

Both of these women have fulfilled the basic intent of the program, but due to family circumstances they were unable to complete their term of service for their original sponsor. In both cases they found someone to repay the original sponsor and all parties were cordial and understanding; but our statute provides no authority for them to do that.

My first inclination was to amend the law to merely give the nurse scholarship advisory committee the flexibility to take care of such situations which have been few in number. Upon further consideration only limited flexibility is suggested as provided for in this section. These restrictions were felt necessary to prevent any intentional abuse of the proposed transfer provision and were proposed by the nursing scholarship advisory committee after they have struggled to come up with a workable solution for nearly a year now.

In closing I would only say that the changes proposed in H.B. 2964 only tend to make a good program better and would ask for your favorable consideration.

PH & W
 3-4-92
 Attn #10

The Testimony of

Ted D. Ayres
General Counsel
Kansas Board of Regents

before
THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE
1992 Legislative Session

in re
House Bill 2964

1:30 p.m.
March 4, 1992
Room 423-S
Kansas Statehouse

P.H.W.
3-4-92
attn #11.
1-5

Chairperson Sader and Members of the Committee:

My name is Ted D. Ayres and I am General Counsel to the Kansas Board of Regents. I am here this afternoon representing the Board of Regents.

I appear in support of House Bill 2964. I appreciate this opportunity to provide information and share discussion with members of the Committee.

The **Nursing Student Scholarship Program** was passed by the 1989 Kansas Legislature [L. 1989, ch. 223]. It is presently set forth at K.S.A. 1991 Supp. 74-3291 *et seq.* Responsibility for administration of this program was placed with the Board of Regents with a statutorily created **Nursing Scholarship Review Committee** to provide "oversight of the nursing student scholarship program" and be "advisory to the executive director and the state board of regents in the administration of such program," K.S.A. 74-3299(d).

Briefly, the statute provides for up to 250 new scholarships each year. The program provides for a cooperative arrangement between students, sponsors [adult care homes, medical care facilities, psychiatric hospitals and state agencies, K.S.A. 74-3292(e)] and the state. Of the 250 scholarships, 100 are allocated to nursing students whose sponsors are located in rural areas [any county of 20,000 or less - K.S.A. 74-3292(c)] and who are enrolled in a registered nurse program; 50 scholarships are allocated to those enrolled in a licensed practical nurse program; and 100 are designated for any nursing student who has a sponsor and who is studying to be a registered nurse, K.S.A. 74-3293(a).

PHW
MAR 04 1992
att # 11
2-5

The scholarship program requires that those with the greatest financial need be given priority, K.S.A. 74-3293(a). The scholarships are currently established at \$3,500 for those enrolled in an R.N. program and \$2,500 for those enrolled in an L.P.N. program.

As with any new program, certain difficulties have arisen with implementation of the program. Certain of those administrative difficulties are the catalyst for House Bill 2964.

At its meeting on January 23, 1992, the Nursing Scholarship Advisory Committee asked that the following changes in the current nursing law be solicited:

1. Allow less than full-time employment when both sponsor and the scholarship recipient agree that the service requirement can be pro-rated to represent one year of full-time employment per year of scholarship fund.

I believe the change exemplified by the language at page 1, lines 32-35 accomplish this goal. In my opinion, this would permit something other than "full-time practice" [a minimum of 1,500 hours of work per year - K.A.R. 88-20-1(p)] to satisfy a service obligation and yet remain within the original intent of the law.

2. Require no repayment to the state when sponsors willingly release students and students fulfill their service requirements in a rural area.

In my opinion, the language added as a new subsection (d) at page 2, line 24-36, accomplishes this goal.

On behalf of the Board of Regents and the Nursing Scholarship Advisory Committee, I would recommend H.B. 2964 to you favorably for passage. I would be glad to stand for questions.

PHW
MAR 04 1992
Att # 11
3-5

ADVISORY NOTE:

On February 13, 1992, the Nursing Scholarship Advisory Committee met again. At that time, they requested my advice and assistance with regard to two additional areas of concern, i.e.

1. Funding additional urban nursing scholarship applicants when excess funds remain after funding rural applicants. Currently 29 urban students are on the waiting list. Other applicants have been discouraged from applying and it is estimated by staff that 50-60 students could be on waiting list.
2. Reducing the sponsorship share of scholarship funds for health care facilities with less than 100 beds. \$1,750 may be a barrier to small health care facilities in fragile economic environments. A \$1,000/2,500 or 1,250/2,250 ratio may increase sponsor participation.

I think the Committee and your staff should know that the House Appropriations Committee intends to introduce legislation to address these two specific concerns. A copy of a page of the report of the House Appropriations Committee Subcommittee #1, which was adopted yesterday afternoon by the full Committee, is attached hereto for your information.

PHAW
MAR 04 1992
Att # 11
4-5

7. Add \$40,000 from the Economic Development Initiatives Fund (EDIF) in FY 1993 to support the Kansas Council on Economic Education (KCEE). The Board of Regents requested \$100,000 from the EDIF. The Subcommittee notes that there is private sector funding for this program totaling approximately \$160,000 annually. The Subcommittee's recommendation would replace funding currently provided by Kansas State University. There would be no overall increase in the base funding for KCEE. The purpose of the KCEE is to improve the quality and increase the quantity of economics instruction in the elementary and secondary schools. Presently, each Regents campus has a Center for Economic Education. The financing provided by each campus varies. Coordination of the centers has been provided by Kansas State. The Subcommittee learned that the central coordinating function will be transferred to Wichita State University.
8. Introduce legislation to amend the nursing scholarship program as follows:
- a. To address the lack of qualified applicants with sponsors from rural areas, amend the current law to reduce rural sponsor costs by \$1,000 and provide that the state would assume the difference. Under the current law the statutory limit of each annual scholarship is \$3,500, half of which is from the State General Fund and half is from the student's sponsor.
 - b. To insure that all funding appropriated for the program is made available for nursing scholarships, amend the current law to provide that, if after October 15 of any given year there are not adequate rural applicants with sponsors, other applicants would be awarded any excess funds. The law specifically provides for a maximum of 250 new scholarships a year: 100 to students in professional nursing whose sponsors are located in rural areas; 50 to students in practical nursing programs offered by community colleges or area vocational schools; and 100 remaining scholarships to students in professional nursing programs.
9. The Subcommittee applauds the efforts of the Kansas Board of Regents to develop a strategy for mission development in the Kansas Regents System. The Subcommittee is supportive of the strategic themes and initiatives developed by the Board. The Subcommittee endorses the Board's review of the individual mission statements proposed by the Regents institutions and supports the concept of relating institutional mission to institutional funding.
10. The Subcommittee notes concern about the lack of uniform budgeting of various units by the individual Regents institutions and the lack of uniform reporting of certain statistical information which impedes the ability of the Legislature to make comparisons. The Subcommittee notes that the mission document states that a Task Force will be formed and

"will recommend by May 1, 1993, a standard data base designed by the institutions and easily understood by the Board, the staff, the institutions, and others, such as legislators, that addresses in an on-going manner matters of fundamental importance to accountability and management and that includes relevant data on each institution's cost

J. H. H. W.
MAR 04 1992

Att # 11

5-5



Memorandum

Donald A. Wilson
President

March 4, 1992

TO: House Public Health and Welfare Committee

FROM: Kansas Hospital Association

RE: **HOUSE BILL 2964**

The Kansas Hospital Association appreciates the opportunity to provide comments regarding House Bill 2964, dealing with the nursing student scholarship program. We support the provisions of this bill.

House Bill 2964 was introduced as the result of several problems that have developed in the relatively short time the nursing scholarship program has been in place. These problems fall into two basic categories:

- 1) Statutory requirements that the recipient must practice in the employment of the original sponsor, even when there may be extenuating circumstances; and
- 2) Statutory requirements that the recipient must practice "full time" for the sponsor after graduation, even when the staffing requirements of the sponsor might not justify additional full-time positions.

House Bill 2964 helps to address these problems by adding a measure of flexibility to the current law. We urge the Committee to support its passage.

Thank you for your consideration of our comments.

/cdc

DAW
3-4-92

Attn #12

KSNA

the voice of Nursing in Kansas



FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.
Executive Director
Kansas State Nurses' Association
700 S.W. Jackson Suite 601
Topeka, Kansas 66603-3731
(913) 233-8638
March 4, 1992

HB 2964 AN ACT CONCERNING THE NURSING STUDENT SCHOLARSHIP PROGRAM

Chairperson Sader and members of the House Public Health and Welfare Committee my name is Terri Roberts R.N. and I am a registered nurse in the state of Kansas and the Executive Director of the Kansas State Nurses' Association. Thank you for the opportunity to speak.

KSNA supports the increased flexibility to the Nursing Student Scholarship Program that these amendments proposed in HB 2964 provide. We understand the limitation to rural service requirements and believe that this is consistent with the intent of the original 1990 legislation.

KSNA also supports greater flexibility in the awarding of scholarships, from the funds appropriated in years where their are insufficient numbers of Rural or Urban candidates (100 each). When there are vacant slots then there should be a mechanism that would permit the awarding of scholarships to student in another category (Rural or Urban) if there are more than 100 applicants.

The current vacancy rate for RN's statewide is 6.2%. More than half of the vacancies identified by the Kansas Hospital Association in their June 1991 statistical report show that those vacancies were in the Wichita catchment area. The 1990 RN vacancy rate was 9.2%

a:hb2964
Testimony 1992

AKC
3-4-92
Attn # 13
1-3

Kansas State Nurses' Association Constituent of The American Nurses Association

700 S.W. Jackson, Suite 601 • Topeka, Kansas 66603-3731 • (913) 233-8638 • FAX (913) 233-5222
Michele Hinds, M.N., R.N.—President • Terri Roberts, J.D., R.N.—Executive Director

STUDENT FINANCIAL AID TASK FORCE

JANUARY 1992

KANSAS NURSING SCHOLARSHIP PROGRAM

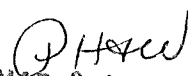
	<u>1991-92</u>	<u>1990-91</u>	<u>1989-90</u>
Applications received	433	506	350+
Incomplete LPN applications	10		
Incomplete RPN-Rural appls	5		
Late/No Need/Incomplete appls for RPN-Urban	65		
RPN-Urban appls w/need on waiting list	29		
Awards	324	361	186
LPN Recipients	46	37	41
LPN Renewals	2	2	
RPN Recipients (Rural)	68	83	
RPN Renewals (Rural)	34	35	
RPN Recipients (Urban)	101	145	
RPN Renewals (Urban)	73	55	

(As of 01-22-92 there are 4 LPN and 32 RPN-Rural openings)

Appropriations	\$662,593	772,966	435,000
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Award amounts	\$ 2,500 (LPN Recipients)	\$ 3,500 (RPN Recipients)	
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119 recipients are presently in service.
 23 recipients are presently in repayment.
 60 recipients have fulfilled their obligation by service.
 10 recipients have fulfilled their obligation by repayment.


 MAR 04 1992
 Nursing\nrsinfo
 Att # 13
 2-3

Item	Ethnic Minority Scholarships				
	Actual FY 1991	Estimate FY 1992	Gov. Rec. FY 1992	Request FY 1993	Gov. Rec. FY 1993
Dollar Amount:					
All Funds	\$ 196,500	\$ 198,651	\$ 198,651	\$ 352,500	\$ 315,000
State General Fund	196,500	194,535	194,535	352,500	315,000
Discontinued Attendance Fund	3,576	4,116	4,116	0	0
Maximum Grant	1,500	1,500	1,500	1,500	1,500
No. of Students					
New	71	42	42	100	75
Renewal	60	88	88	135	135

6. **Nursing Scholarships.** The Nursing Scholarship Program was created in 1989 for the purpose of assisting nursing students with financial needs. Each person who receives a scholarship also must have a sponsor (a medical facility, an adult care home, a state agency that employs nurses, or a psychiatric hospital) that also provides assistance to the student. Upon completing a nursing program (either diploma, associate degree, or practical nursing), the recipient must work as a nurse for the sponsor for the amount of time the scholarship was provided, or else repay both the state and the sponsor. The statutes provide for a maximum of 250 new scholarships a year: 100 to students in professional nursing programs whose sponsors are located in rural areas; 50 students in practical nursing programs offered by community colleges or area vocational schools; and 100 remaining scholarships for students in professional nursing programs. The statutory limit of each annual scholarship is \$3,500, half of which is from the State General Fund and half from the student's sponsor. [Because practical nursing programs are less expensive, the Board has determined that the amount of each scholarship should not exceed \$2,500.] The scholarships are renewable for the duration of the nursing education program and the statutes direct the Board to give consideration to minority applicants.

BSN

6. For FY 1993, the Governor concurs. For FY 1992, the Governor recommends that the approved FY 1992 State General Fund amount of \$830,998 be reduced by \$75,000 to \$755,998. Expenditures from the matching funds are also reduced by \$75,000. The Governor recommends the current year reduction because there is \$129,843 in uncommitted funds due to difficulties in finding qualified applicants from rural areas.

P.H.W.
3-4-92
attn #.13
Pg 343

STATE OF KANSAS



DIVISION OF THE BUDGET

Room 152-E
State Capitol Building
Topeka, Kansas 66612-1578

(913) 296-2436
FAX (913) 296-0231

JOAN FINNEY, GOVERNOR
GLORIA M. TIMMER, Director

February 28, 1992

The Honorable Carol Sader, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Sader:

SUBJECT: Fiscal Note for HB 2964 by Representatives
Bryant, et al.

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2964 is respectfully submitted to your committee.

HB 2964 concerns the Board of Regents' Nursing Student Scholarship Program. The bill would allow scholarship recipients to repay their obligation by practicing on a full-time equivalent basis, as specified by rule and regulation adopted by the Board of Regents.

In addition, sponsorship of a scholar could be transferred from the original sponsor to another sponsor upon agreement of both sponsors and the recipient, provided that the scholarship requires service in a rural area. Such transfer would require approval by the Executive Director of the Board of Regents.

HB 2964 has no fiscal impact. It relates only to rules concerning fulfillment of the obligation of the scholarship. Actual expenditures for the program are determined by the appropriation process.

Sincerely,

A handwritten signature in cursive script that reads "Gloria M. Timmer".

Gloria M. Timmer
Director of the Budget

cc: Marvin Burris, Regents

372

Handwritten notes:
JH
3-4-92
Attm #14