

OKLAHOMA BOARD OF NURSING NEWSLETTER

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PRESIDENT'S MESSAGE CYNTHIA FOUST, RN, C, Ph.D.

Here we are with another opportunity to practice professional nursing in 2006. How does your nursing presence fit in with your nursing practice? In my view the practice and art of nursing that exists within our profession requires nursing presence. What is nursing presence? Am I merely speaking of that physical presence of the nurse during interaction with our patients? Or am I speaking of those attributes that exist within the core of the nurse patient relationship? Several nurse researchers have explored presence as being available or open in a situation with all of one's self, so that the other (patient) feels he or she is understood and supported to their full potential. Presence is considered a key concept in interpersonal, intrapersonal and transpersonal phenomena. This requires daily practice to find ways to enhance the therapeutic relationship with our patients. My own research extrapolated four concepts describing presence that includes value of self and others, transactional dialogue, connection and mutuality, and availability. Further the Oklahoma Board of Nursing members use their presence to provide oversight on nursing practice conducted in this state.

What are the attributes of presence nurses have reported in the litera-

ture through research? We struggle to describe presence because there are so many simultaneous events that occur. The nurse and the patient have a presence with self. However the event of the nurse and the patient in the therapeutic relationship incorporate transaction, valuing, connecting, and remembering that also are parts of presence. It is the experience of presence with others that produces opportunities for a whole person interaction.

When did you last examine the quality of the experience of your nurse-patient relationship? There are many variables a nurse might say impacts that ability to be present with a patient. Where is the time available to do so? How can I fit presence in with all the other tasks I am doing with and for the patient? There are several ideas I believe advance nursing presence in our practice. #1: We are all linked through a small number of people to everyone else. Our ability to intervene with our presence starts a chain of relationship events that ripple through our hospital, our community and beyond. As nurses connect with others throughout our state I have an overwhelming number

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of positive stories patients have shared that focus on a nurse's use of presence through their intervention. #2: When we value information we share with patients and want to be remembered for what we say we speak with emphasis. We use our presence to emphasize the information we give. Patients learn very quickly through our verbal and non-verbal interaction how to access the care they need. #3: The context through which we deliver our nursing presence impacts us and our patients in a powerful way. Our circumstances allow us to make choices about the way we are present with others.

So if we take these three ideas and apply them to Board functions it is significant that with our decisions we impact the lives of nurses and patients to

manage nursing care delivery. Further, the decisions the Board makes are based on a wealth and breadth of expertise of board members committed to the implementation of the Nursing Practice Act. So we use our presence to fulfill the Board's purpose to safeguard the public's health by ensuring that licensed nurses are qualified and competent to practice.

It has been my distinct honor to serve Oklahoma citizens this past year as President of the Board and as a member these past four years. On behalf of the Board thank you for your nursing presence in your practice and for the good work you do.

OKLAHOMA NURSES SERVE AS MEMBERS OF NCLEX ITEM DEVELOPMENT PANELS

The National Council of State Boards of Nursing, which is responsible for the development and administration of the licensure examinations for R.N.'s and L.P.N.'s, is dependent on the commitment of nurses throughout the country to maintain high standards for the assessment of nursing competence at the entry level. The National Council Licensure Examination (NCLEX) is continually reviewed to ensure it remains a valid instrument to measure preparation for current nursing practice. Each year, nurses volunteer their time as members of the NCLEX Item Development Panels, which meet at various times throughout the year. These nurses develop new exam items and review items that have previously been developed for relevancy to current practice. The nurse volunteers must meet the high standards of National Council of State Boards of Nursing to be chosen for the panel. If they are selected, they are paid for their expenses to participate in the panel, which usually last 3-5 days.

The Oklahoma Board of Nursing would like to recognize the following Oklahoma nurses who have been selected for an NCLEX Item Development Panel. We would also like to thank the employers of these nurses, who have allowed them the time off that is necessary to be able to participate in this valuable experience.

Sheila St. Cyr, R.N.
Jones, OK

Sara Bricken, L.P.N.
Tulsa, OK

Deborah Flowers, R.N.
Coleman, OK

If you are interested in serving on an item development panel, please check the National Council of State Boards of Nursing website: www.ncsbn.org. An online application form is available.

MANDATORY?! ONLINE LICENSURE RENEWAL



Now that we have your attention - welcome to the 21st century! Yes, the Board of Nursing has implemented a new and improved online renewal process & while we hesitate to use the term ‘mandatory’, we would say that online renewal is **strongly** encouraged. Why is this process strongly encouraged you might ask; especially those of you who are somewhat vocal about your reluctance to use a computer for any reason, much less licensure renewal?

Online renewal is a good thing because:

- ☞ It’s really quick and easy – you can renew your license within minutes! (speed is especially important for those of us who may procrastinate and wait until the last possible moment to renew...in fact you can renew online up to midnight on the day of your current expiration date).
- ☞ All you need is a computer with internet access to log on to <http://www.ok.gov/nursing>, your renewal letter with your assigned personal identification number (PIN) & license number, and a MasterCard, Visa or checking account number.
- ☞ You don’t have to wait on the mail delivery system.
- ☞ Upon successful completion of your online renewal, your new effective date of licensure will be uploaded to the website for online licensure verification within two business days.
- ☞ It’s a safe & secure process (Really! We have taken steps to safeguard your privacy with implementation of special security questions, PIN numbers, etc. that have been approved by the Office of State Finance).
- ☞ You can print out a confirmation page verifying the date you submitted your license renewal online.
- ☞ Advanced practice recognition and prescriptive authority may be renewed online as well! There is a convenient link on the website to print out supervising physician agreements for completion and submission to the Board following completion of the online renewal process.
- ☞ The online questions & instructions are clear and concise. All questions must be answered in order

to complete the process which virtually eliminates submission of an incomplete renewal.

- ☞ For those without home computers; some employers have internet access for clinical staff licensure renewal. If that isn’t an option, local libraries have internet computer access available to the public – remember online licensure renewal only takes a few minutes.
- ☞ Technical assistance is available!

The Oklahoma Board of Nursing has worked extensively with our website partners at Your Oklahoma to develop & implement this new and improved online renewal process. The old paper renewal notices are now a thing of the past. Renewal letters with detailed online renewal instructions and PIN numbers were developed and implemented in November for January renewals. Our percentage of online renewals has increased from an average of 25-30% to 79% for the month of December.

Paper Renewals Challenges/Delays:

- ✎ Paper renewals sometimes get lost in the mail.
- ✎ Incomplete renewals are returned to the licensee delaying the process.
- ✎ Procrastination often results in a crisis situation and perhaps a trip to the Board office to prevent lapse of license.
- ✎ Paper renewals take longer to process – the Oklahoma Board of Nursing technically has 14 calendar days to process paper renewals.
- ✎ Incorrect fee – renewals with incorrect fees are returned to the licensee.

We stand ready to assist you in the transition to this streamlined renewal process as does our website provider, OK.Gov. Welcome to the 21st century and positive change!

* Exceptions to the online renewal process will only be made upon receipt of a written request and self-addressed, stamped envelope at least one month before the expiration date of your license.

PEER ASSISTANCE PROGRAM

The Peer Assistance Program was implemented in November, 1994, under the supervision and control of the Board of Nursing. This Program is a voluntary alternative to formal disciplinary action whose purpose is to assist in the rehabilitation of licensed nurses who have abused drugs and/or alcohol. This approach allows the Board to retain control of nursing practice for the protection of the public, while allowing the nurse the opportunity for confidentiality if they self-refer.

How does the program promote protection of the public? The nurse in the program agrees to voluntarily stop nursing practice until it is agreed between

the Peer Assistance Committee and the nurse that they are able to resume practice. Additionally, they agree to stop practice in the event of relapse or at the request of the program for relapse behaviors. Because of this the program is able to remove an impaired nurse from practice very quickly. Last year the average time between application to the program and implementation of a contract with a nurse was less than 11 days. Once under contract, noncompliance issues, which may be precursors to relapse, were addressed on average within 6 days and those nurses identified with relapse were directed to stop the practice of nursing in less than 24 hours.

PERCENTAGE BY PARTICIPATION		TOTAL CASES	COMPLETIONS	TERMINATIONS
LICENSURE LEVEL	RN	67%	86%	55%
	LPN	32%	14%	45%
	APN	1%	0%	0%
GENDER	Female	78%	79%	89%
	Male	22%	21%	11%
REFERRAL	Self	44%	39%	45%
	Board	56%	61%	55%

Those nurses identified as failing to remain abstinent during this time (relapse rates) comprised only 7% of the participants in the program. The average annual relapse rate for participants in the program for the past 5 years is 12%.

If you or someone you know has a substance abuse problem, please contact the program at 405/525-2277. All inquiries are treated confidentially. You might be helping to preserve not only a license but a life.

LAURA CLARKSON RECEIVED GOLDEN HEART AWARD

On June 11, 2005, Laura Clarkson, Peer Assistance Program Coordinator, was presented the Golden Heart Award from the Valley Hope Association for Alcohol, Drug and Related Treatment Services. According to Jimmy Johnson, Community Relations Specialist at Valley Hope, this award is given to those individuals showing compassion, dedication, and respect in helping the addicted person get the help they want. Mr. Johnson went on to say, “[Ms. Clarkson’s] approach in helping others is an example of how to treat the people that are affected with this disease. She truly has the talents, grace and

tough love that are needed to stay true to her convictions. The people that come to her feel that they are heard. They may not agree with the reasons they were sent to her, but they leave with the feeling that someone listened.”

Laura Clarkson, R.N., has been the Coordinator for the Peer Assistance Program at the Oklahoma Board of Nursing for seven years, joining the Board staff after several years of experience working with chemical dependency clients. The Board members and staff congratulate Ms. Clarkson on this achievement.

WHAT I WANT TO KNOW IS ...

There is a wealth of information available to nurses on the Oklahoma Board of Nursing website: www.ok.gov/nursing. The Board has developed a series of guidelines and position statements to answer many of your most common questions and concerns about nursing practice. We encourage you to use this online resource as a first step to finding the information you need.

- 1. What are the duties a nurse is actually allowed to perform?** The first place to start is always the “Oklahoma Nursing Practice Act” and “Rules of the Board”. Both are available online under **Nursing Practice Act and Rules**. Please also see the **Guidelines** for “Decision-Making Model for Determining RN/LPN “Scope of Practice”. After you have accessed these resources, answer the questions on the Decision-Making Model to help you find the answer.
- 2. What is abandonment?** There is a clarifying statement about abandonment under **Guidelines**.
- 3. What violations by a nurse must I report to the Board?** The “Guidelines for Reporting Violations of the Oklahoma Nursing Practice Act” are available under **Investigation/Discipline**. The form for reporting violations is also there.
- 4. How do I renew my license?** Please try our new Online Renewal process. It was created to help streamline the procedure. Access this under **Online Renewal**.
- 5. How can I find out if a nurse has been disciplined by the Board?** Fill out and return a “Written Verification of Licensure” found in the **Forms** section.
- 6. Is there an easy way to look up violations for the Nursing Practice Act?** Under **Investigations/Discipline** See “Violations”. This is a synopsis of prohibited acts.
- 7. What duties can I delegate to an aide?** An initial inquiry begins with **Guidelines** and the title: “Delegation of Nursing Functions to Unlicensed Persons.” Both the “Nursing Practice Act” and the “Rules” also address this matter.
- 8. Can we employ a nursing student?** Under **Guidelines**, look for the title, Guidelines for Employment of Individuals Enrolled in or Non-Licensed Graduates of Nursing Education Programs”.
- 9. Is there anything available on patient assessment?** Under **Guidelines** see the “Patient Assessment Guidelines”. See also the Nursing Practice Act” Reference section.



Information for Nurses In Long-Term Care and Community Settings

Pain Assessment

In accordance with the Nursing Home Care Act (“Act”), specifically 63 O.S. §§ 1-1918B: “On and after July 1, 2005, every nursing facility licensed pursuant to the Nursing Home Care Act shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The nursing facility shall ensure that pain assessment is performed in a consistent manner that is appropriate to the patient. The pain assessment shall be noted in the patient’s chart in a manner consistent with other vital signs.” This amendment to the Act provided for the State Board of Health to promulgate rules, pursuant to recommendations issued by the State Advisory Council on Pain Management, for assessing and documenting pain.

On September 15, 2005, the Oklahoma State Department of Health adopted rules through emergency rulemaking, and the Governor signed the rules on October 6, 2005. They were effective immediately.

Based on these new rules, nursing facilities have to establish standards for assessing and documenting pain experienced by nursing facility residents. The facility nursing policies and procedures have to address pain assessment and treatment of the residents. Requirements for nursing care were amended to establish a frequency for pain assessment and to require record keeping. Provisions on resident assessments and care plans were amended to specify minimums for individualized pain assessment. Facility staff training requirements for pain recognition, pain screening and pain management are established in this rule also. The new rules may be accessed online at:<http://www.health.state.ok.us/Program/ltc/310-675.eme.pdf>.

Chapter 677 Nurse Aide Training and Certification:

The amendments to Subchapter 13 of the State Board of Health Rules(310:677:13-1 to 11) established competency and practice standards for

medication aides, created a list of skills and functions that medication aides may perform, specified certification and recertification requirements or medication aides, provided criteria and procedures for approval of training programs and established procedures for administrative sanctions against certified medication aides. Emergency adoption of these rules and all necessary documentation were signed by the Governor on December 22, 2005.

These rules permit certified medication aides (“CMA”)with **advanced** training and demonstrated competency, to perform the following skills under certain conditions: administer insulin injections; administer medications and nutrition via nasogastric and gastrostomy tubes; and administer oral metered dose inhalers and nebulizers. The CMA must complete the initial certification program prior to completing the advanced training program.

A CMA is eligible to perform the duties of a CMA for the following employers: nursing facility or continuum of care facility, specialized facility; residential care home, adult day care facility and assisted living center. Each CMA must function under the supervision of a licensed nurse or physician. The new rules also identify duties the CMA shall not perform. CMA’s skills shall be reviewed annually for performance competency. The amended rules for CMAs may be accessed online at:

<http://www.health.state.ok.us/prc/677CM102105W95.pdf>.

Chapter 675 Nursing and Specialized Facilities:

A new subchapter (Subchapter 19) of the State Board of Health Rules (310:675:19-1 to 8) was created to establish standards for training and registration of **feeding assistants** in Oklahoma in accordance with 42 Code of Federal Regulations Parts 483 and 488. Emergency adoption of these rules and all necessary documentation were signed by the Governor on December 22, 2005.

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"Feeding assistant" means an individual who is paid to feed residents by a facility or who is used under an arrangement with another agency or organization and meets the requirements cited in 42 CFR Parts 483 and 488 [63:1-1951(F)(1)]. The facility must ensure that a feeding assistant only assists residents who have **no complicated feeding problems**, such as difficulty swallowing, recurrent lung aspirations or tube or parental/IV feedings. The facility must base resident selection on the charge nurse's assessment and on the resident's latest assessment and plan of care.

The new rules specify training requirements and documentation of successful completion of an approved training course for the feeding assistant. A Feeding Assistant Registry shall be maintained by the State Department of Health. The new rules may be accessed online at: <http://www.health.state.ok.us/prc/675feeding.pdf>.

NEW BOARD MEMBER APPOINTED BY GOVERNOR

A new Board member has been appointed to the Oklahoma Board of Nursing by Governor Brad Henry. Melinda Laird, M.S., R.N., is Vice-President of Patient Care at Mercy Memorial Health Center in Ardmore, OK. Ms. Laird obtained her Bachelor of Science in Nursing from East Central University and her Master of Science in Nursing from the University of Oklahoma. Prior to accepting her current position, Ms. Laird held leadership and staff nurse positions on patient care units in Ardmore, Ada, and Oklahoma City. In addition to her new responsibilities with the

Board of Nursing, Ms. Laird has served as President of the Oklahoma Organization of Nurse Executives, on the Board of Directors for the Oklahoma Nurses Association, and as President of the ECU College of Nursing Alumni. She has previously represented OONE and ONA on the Board's Nursing Education and Practice Advisory Committee and on the Continuing Competence Task Force. Ms. Laird was appointed to the Board of Nursing for a five-year term, representing nursing service administration. We welcome her to the Board!

UPDATE YOUR LICENSE INFORMATION ONLINE

Did you know that in addition to renewing your license online, you may also check and update your address online? In addition, certain statistical information related to employment status and highest degree held is maintained by the Board for statistical purposes and may be updated online. Information on employment fields, full- or part-time work status, and highest degree held by nurses is compiled and the aggregate results are used by researchers, educational institutions, and employers in planning to meet nursing workforce needs.

We would like to encourage all nurses to review the information on file with the Board regarding your address, employment status, and highest degree held to ensure that the information on file for you is current and accurate. You may do this by go-

ing to our website: www.ok.gov/nursing. Please click on the link for "Change Address" (even if you simply want to review your address and not necessarily change it!). You will need to provide an email address so that a PIN number can be sent to you that will allow you to access your information. You will also be given the opportunity to establish security questions that will further enhance security of your personal information. After receiving your PIN number, you will be able to review and make updates to your address, employment status, and highest degree held as needed.

Please remember that all nurses are required to notify the Board of any change of address within 30 days of the change [485:10-7-9, 485:10-9-9].

Epidural Guidelines for the Registered Nurse

At the November 2005 Board meeting, the Oklahoma Board of Nursing ("Board") accepted recommendations from the Nursing Education and Nursing Practice Advisory Committee to revise two guidelines related to epidural catheters: *Guidelines for the Registered Nurse in Administration, Management and Monitoring of Epidural Medications* and *Guidelines for the Registered Nurse Monitoring Obstetrical Patients Receiving Analgesia/Anesthesia by Catheter Techniques*. Pursuant to a requested decision from a facility on whether it is within the scope of practice for a registered nurse to discontinue an **intrathecal catheter**, research on this matter was conducted and reviewed by the Nursing Education and Nursing Practice (NE & NP) Advisory Committee at its meeting on October 10, 2005.

After articles on intrathecal catheters, epidural catheters and Position Statements (which are available online and were discussed at the NE & NP Advisory Committee), were reviewed, the Committee recommended to the Board the following revisions:

1. *Guidelines for the Registered Nurse in Administration, Management and Monitoring of Epidural Medications*: change the title of the guide-

lines to include the names of the catheter techniques; add definitions for analgesia/anesthesia by catheter techniques; add education/training for Registered Nurses administering medications via catheter techniques to the list of qualifications in the current guidelines; and, add the responsibilities for the Registered Nurse monitoring the care of the patient receiving analgesia/anesthesia by catheter techniques, including the removal of catheters. Other editorial changes were made to broaden these guidelines to include the catheter techniques listed in the revised title of the guidelines and not just epidural catheters.

2. *Guidelines for the Registered Nurse Monitoring Obstetrical Patients Receiving Analgesia/Anesthesia by Catheter Techniques*: change title of the guidelines to include the names of the catheter techniques, and add the word "Infusion" to the guideline to denote the type of pump listed.

All recommendations by the Nursing Education and Nursing Practice Advisory Committee were approved by the Board. The revised guidelines may be accessed online at: <http://www.ok.gov/nursing>.

CHANGE OF ADDRESS

I need to report my change of address to the Oklahoma Board of Nursing:
 Address changes may also be made on the Board's website
www.ok.gov/nursing

Send to:	Oklahoma Board of Nursing 2915 N. Classen, Suite 524 Oklahoma City, OK 73106
Fax to:	(405) 962-1821

CERTIFICATE NUMBER _____ or SOCIAL SECURITY NUMBER _____

NAME _____ SIGNATURE (required) _____

NEW ADDRESS _____

OLD ADDRESS _____

In accordance with OAC 485:10-7-9 & 485:10-9-9, it is the legal duty of a licensed nurse to notify the Oklahoma Board of Nursing of a change of address in writing within 30 days of the change.

ADVANCED PRACTICE NURSING IN OKLAHOMA

The Oklahoma Board of Nursing receives many calls regarding roles of advanced practice nurses, including questions about their ability to prescribe medications. The purpose of this article is to assist you in understanding types, scope of practice, and requirements for advanced practice nurses in Oklahoma.

The *Oklahoma Nursing Practice Act* establishes the legal authority for advanced practice in Oklahoma. The *Act* defines an advanced practice nurse as “a licensed registered nurse who has successfully completed a formal program of study approved by the Board which is designed to prepare registered nurses to perform in an expanded role in the delivery of health care, is nationally certified by an appropriate certifying body, recognized by the Board, and has received a certificate of recognition from the Board” [OS §567.3a.5]. Four types of advanced practice nurses are recognized by the Board:

1. Advanced Registered Nurse Practitioners (ARNP)
2. Clinical Nurse Specialists (CNS)
3. Certified Nurse Midwives (CNM)
4. Certified Registered Nurse Anesthetists (CRNA)

The largest of the advanced practice groups is the Advanced Registered Nurse Practitioner group, with 687 ARNPs recognized in Oklahoma. ARNPs provide comprehensive health care to clients across the life-span as delineated by their specialty category of practice, including health promotion and maintenance, prevention of illness, diagnosis and prescription, management of health care, guidance and counseling, consultation and collaboration, and referral. To become an ARNP, one must complete a formal program of study in the area of certification and pass the certification examination.

The second largest group of advanced practice nurses is the Certified Registered Nurse Anesthetists group, with 472 CRNAs in Oklahoma. CRNAs administer anesthesia under the supervision of a medical doctor,

an osteopathic physician, podiatric physician or a dentist under conditions in which timely onsite consultation is available. CRNAs have completed an educational program in nurse anesthesia accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. They must take and pass a certification examination within one year following completion of the educational program.

Clinical Nurse Specialists are the third largest group of advanced practice nurses in Oklahoma, with 198 currently holding recognition. CNSs hold master’s degrees in nursing with preparation in an area of clinical specialization. CNSs also must be certified in their specialty by passing a certification examination. Their roles include serving as an expert clinician in the provision of direct patient care, managing the care of patients with complex nursing problems, integrating clinical practice, education, consultation and research, and referring patients to other services.

The smallest group of advanced practice nurses recognized in Oklahoma is the Certified Nurse Midwife group, with 45 CNMs holding recognition. CNMs complete a specialized educational program in nurse midwifery meeting the requirements of the American College of Nurse Midwives. Their roles include management of care of normal newborns and women during the antepartum, intrapartum, and postpartum periods and for gynecological needs, in accordance with standards defined by the American College of Nurse Midwives.

Master’s prepared ARNPs, CNSs, and CNMs in Oklahoma have the opportunity to apply for prescriptive authority recognition, if they have completed specified educational requirements in pharmacotherapeutics, clinical application, and use of pharmacological agents applicable to their scope of practice. Prescriptive authority recognition allows the ARNP, CNS, or CNM to prescribe medications, treatments, and other medical supplies, under the supervision of a licensed medical or osteopathic

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physician. While direct, on-site supervision is not required, the physician must be readily available to the advanced practice nurse for referral, consultation and collaboration. Each advanced practice nurse holding prescriptive authority privileges must maintain an agreement with the supervising physician on file at the Board office. Advanced practice nurses with prescriptive authority may prescribe drugs and medical supplies not on an exclusionary formulary within their scope of practice. A 7-day supply of Schedule III-V drugs may be prescribed only if the advanced practice nurse has registered with the DEA. In order to maintain prescriptive authority, the advanced practice nurse must complete continuing education in pharmacotherapeutics applicable to their scope of practice during each renewal cycle.

Because of the nature of CRNA practice, the rules related to prescriptive authority are slightly different for advanced practice nurses holding CRNA recognition. The CRNA may apply for authority to order, select, obtain, and administer drugs, after meeting

specified educational requirements. This authority allows the CRNA to order, select, obtain and administer anesthesia-related drugs, gases and devices that are included on an inclusionary formulary during the perioperative and peribstretical periods so as to maintain the patient in sound physiologic status. Schedule II-V drugs may be selected, ordered, obtained, and administered if the CRNA has registered with the DEA. An agreement with a supervising physician is not required, but as stated earlier, all CRNAs practice under the supervision of a medical doctor, an osteopathic physician, podiatric physician or a dentist under conditions in which timely onsite consultation is available.

The total number of advanced practice nurses recognized in Oklahoma has increased by 24% in the last five years. Advanced practice nurses practice in a variety of acute care, long-term care, and community-based settings, providing safe and effective care within their scopes of practice.

**ORDER FORM FOR THE
OKLAHOMA NURSING PRACTICE ACT & RULES**

Mail to: _____

Enclosed is my personal check, cashier's check or money order, payable to the Oklahoma Board of Nursing in the amount of _____ for _____ copy/copies (at a cost of \$15.00 each) of the *Oklahoma Nursing Practice Act & Rules*

Certificate Number _____

Please return this form with your payment to: Oklahoma Board of Nursing, 2915 N. Classen Blvd., Suite 524, OKC, OK 73106

INFORMATION FOR ADVANCED PRACTICE NURSES

Declaratory Ruling Regarding Advanced Practice Nurses Administering Anesthetic Blocks (1/25/05)

In January 2005, the Oklahoma Board of Nursing (“Board”) issued a Declaratory Ruling in response to an amended petition of Lee Slater, J.D., on behalf of the Oklahoma Nurse Practitioners and the Oklahoma Chapter of the American College of Nurse-Midwives, requesting a decision as to whether it is within the current scope of practice of the Advanced Registered Nurse Practitioner (“ARNP”) or Certified Nurse-Midwife (“CNM”) to administer the following blocks: digital blocks, pudendal blocks during the intrapartum or immediate postpartum period, and penile blocks for the purposes of circumcision – provided that the ARNP or CNM has been formally educated and/or trained or has demonstrated competence to perform the proper techniques for the procedure.

The Board concluded and declared it is within the current scope of practice of the ARNP or CNM to administer digital blocks, to administer pudendal blocks during intrapartum or immediate postpartum period, and to administer penile blocks for purposes of circumcision, provided the ARNP or CNM has been formally educated and/or trained and has demonstrated competence to perform the proper techniques for the procedure.

National Certifying Bodies for Advanced Practice Nurses (09/29/05)

In September 2005, the Oklahoma Board of Nursing

(“Board”) revised the approved list of national certifying bodies for certification examinations taken by advanced practice nurses. The following changes were approved: **added** HIV/AIDS Nursing Certification Board to administer the Advanced AIDS Certification Registered Nurse examination; **changed** the name of the National Certification Board of Pediatric Nurse Practitioners to Pediatric Nursing Certification Board, Inc.; and, **changed** the name of Nephrology Nursing Certification Board to Nephrology Nursing Certification Commission. The revised list of approved certifying bodies and approved examinations may be accessed at: <http://www.ok.gov/nursing>.

Oklahoma Health Care Authority, Medical Providers-Fee for Service

Oklahoma Health Care Authority Rules for Nurse Midwives and Advanced Practice Nurses were revised to clarify provider requirements for providers who practice in states **other than** Oklahoma. Prior to this revision, reimbursement could be made only to Advanced Practice Nurses and Nurse Midwives who are registered with the Oklahoma Board of Nursing, preventing payments to qualified providers who serve Oklahoma’s Medicaid eligible recipients in bordering states. The revision to the rules [317:30-5-225 & 317:30-5-375] allow reimbursement to out of state providers who are appropriately licensed in the state in which they practice and who have a current contract with the Oklahoma Health Care Authority.

PROTECT THE SECURITY OF YOUR ONLINE INFORMATION!

DO NOT SHARE YOUR PIN NUMBER WITH ANOTHER PERSON. ONLY YOU SHOULD ACCESS AND ENTER YOUR RENEWAL OR UPDATE PERSONAL INFORMATION ON THE BOARD’S WEBSITE.

CONSCIOUS SEDATION GUIDELINES FOR REGISTERED NURSES

The Oklahoma Board of Nursing (“Board”) has approved revisions to the *Guidelines for the Registered Nurse Managing and Monitoring Conscious Sedation*. The revised guidelines are the result of the extensive work of a task force on conscious sedation, which made recommendations to the Board’s Nursing Education and Nursing Practice Advisory Committee. Membership to the task force was open – any interested party was invited to attend and participate. More than 20 people attended one or more of the meetings, including nurses employed in perioperative care areas, outpatient surgical centers, procedural laboratories, nurse administrators, and CRNAs. Both urban and rural health care centers were represented by nurses in these meetings. At its February 25, 2005, meeting, the Nursing Education and Nursing Practice Advisory Committee reviewed the recommendation of the task force, as well as information that was presented to the task force on the use of propofol. The committee voted to revise the *Guidelines for Registered Nurse Managing and Monitoring Conscious Sedation* to add the statement: “When used in general anesthesia or conscious/moderate sedation, any and all drugs whereby the drug manufacturer’s

general warning advises the drug should be administered and monitored by persons experienced in the use of general anesthesia who are not involved in the conduct of the surgical and/or diagnostic procedures shall not be administered by a licensed nurse who is not a Certified Registered Nurse Anesthetist.”

In making their recommendation, the Nursing Education and Nursing Practice Advisory Committee expressed their intent to allow for evolving practice while at the same time, ensuring that nurses practice in accordance with recognized standards by following recommendations of the drug manufacturer in the use of medications.

After hearing testimony for and against revising the *Guidelines for the Registered Nurse Managing and Monitoring Conscious Sedation* in September 2005, the Board approved the recommended revisions to the current guidelines at the November 2005 meeting. In addition, selected references for the guidelines were updated. The guidelines may be accessed online at: <http://www.ok.gov/nursing>.

RULES REVISIONS PROPOSED FOR THE OKLAHOMA BOARD OF NURSING

At the January 24-26, 2006, Board meeting, the Board voted to adopt proposed revisions to the *Oklahoma Board of Nursing Rules* and to continue with the rulemaking process. A summary of the proposed rules follows.

The proposed revisions identify practice requirements for licensure by endorsement and clarify requirements for foreign-educated applicants and for issuance of a temporary license. Other revisions are to ensure that Air Force medics applying for practical nurse licensure meet educational requirements. New rules address requirements for reinstatement of Advanced Unlicensed Assistant certification. Several rule revisions are proposed related to advanced practice nurse and prescriptive authority recognition. The proposed rules clarify national certification requirements for advanced practice nurses applying for initial and continuing recognition and requirements for

advanced practice nurses to receive temporary recognition. In addition, education and national certification for Advanced Registered Nurse Practitioners and Clinical Nurse Specialists are addressed and a category for the Acute Care Pediatric ARNP is added. Other revisions clarify categories of education for advanced practice nurses applying for and holding prescriptive authority and add information regarding initial educational requirements for prescriptive authority. In addition, a statement regarding the need for a supervising physician is added to emphasize statutory requirements. Finally, requirements for initial application for authority to order, select, obtain and administer drugs by Certified Registered Nurse Anesthetists are clarified.

The proposed rules may be reviewed on the Board’s website: www.ok.gov/nursing.

Orientation to the Oklahoma Board of Nursing for Licensed Nurses

What: The Oklahoma Board of Nursing is presenting a workshop entitled *Orientation to the Oklahoma Board of Nursing for Licensed Nurses*. Topics include the functions of the Board, the Peer Assistance Program, nursing practice and advance practice issues, the Board’s role in the regulation of nursing education, licensure issues, and the investigative process.

When: Date: Wednesday, April, 19, 2006
Registration/Check-In: 9:30a.m. - 10:00 a.m.
Workshop Hours: 10:00 a.m.—3:30 p.m.

Where: St. John Medical Center
1923 S. Utica Avenue
Tulsa, Oklahoma 74104-6502

Cost: \$35.00 registration fee includes all workshop materials and breaks. Advanced registration is Required. Your registration must be received in the Board office on or before April 1, 2006. Confirmation of receipt of registration and directions to the facility will be mailed to you.

Questions: Contact Louise Drake, RN, MHR, at 405-962-1800

Registration Form

**Orientation to the OK Board of Nursing for Licensed Nurses
Wednesday, April 19, 2006
9:30 a.m.— 3:00 p.m.**

Name _____ Area Code/Phone # _____

Address _____ City/State/Zip _____

Name of Employer _____

License Number _____

Registration Fee: \$35.00 Make checks payable to the Oklahoma Board of Nursing.

Mail Registration Form and Fee to: **Attention: Mrs. Joan Misenheimer
Oklahoma Board of Nursing
2915 N.Classen Blvd., Suite 524
Oklahoma City, OK 73106**

REPORT OF NURSE POPULATION IN OKLAHOMA—FY2005

The nurse population report (RN and LPN) in Oklahoma for FY2005 is compiled from information provided by the licensee at the time of licensure or renewal of license through June 30, 2005, for registered nurses and licensed practical nurses.

The summary shows the current fiscal year (2005) and the data for the preceding three years. Questions or comments regarding this information should be directed to the Executive Director of the Oklahoma Board of Nursing.

SUMMARY REPORT

	2005 Report		2004 Report		2003 Report		2003 Report	
	RN	LPN	RN	LPN	RN	LPN	RN	LPN
RESIDING IN OKLAHOMA								
Employed	*	*	24,189	12,136	23,601	12,143	24,057	12,356
Not Employed	*	*	5,060	3,818	5,222	3,524	3,833	3,323
Total	30,496	16,098	29,249	15,954	28,823	15,667	27,890	15,679
RESIDING OUT OF STATE								
Employed	*	*	2,330	532	2,298	545	2,231	540
Not Employed	*	*	1,471	414	1,364	417	1,149	419
Total	6,514	943	3,801	946	3,662	962	3,380	959
GRAND TOTAL	34,635	17,043	33,050	16,900	32,485	16,629	31,270	16,638

* Data on employment of nurse is currently not available

**AVERAGE AGE OF LICENSED NURSES
RESIDING IN OKLAHOMA**

<u>LICENSED/DEGREE</u>	<u>AGE</u>
ALL NURSES	44
LPN	44
RN	44
ASSOCIATE DEGREE IN NURSING	44
BACHELOR DEGREE IN NURSING	40
BACHELOR DEGREE OTHER	49
MASTERS DEGREE IN NUSING	48
MASTERS DEGREE OTHER	51
Ph.D. IN NURSING	52
Ph.D. IN OTHER	53

**REGISTERED AND LICENSED PRACTICAL NURSES
RESIDING IN OKLAHOMA BY GENDER**

<u>Gender</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Registered Nurse	2,312	28,184	30,496
Licensed Practical Nurses	973	15,125	16,098
Total	43,309	43,309	46,594

**INITIAL APPLICATIONS FOR OKLAHOMA LICENSURE BY EXAMINATION
(Includes First Time and Rewrite Candidates)**

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Registered Nurse	1,498	1,392	1,494	1,573	1,831	↑16.4%/↑22.2%
Licensed Practical Nurse	1,177	1,338	1,531	1,367	1,439	↑5.3%/↑22.3%
Total Candidates	2,675	2,730	3,025	2,940	3,270	↑11.2%/↑22.2%
#Candidates Reporting Arrests	100	160	276	263	254	↓3.4%/↑154%

INITIAL APPLICATIONS FOR LICENSURE BY ENDORSEMENT

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Registered Nurse	635	688	637	851	838	↓1.5%/↑32%
Licensed Practical Nurse	205	164	146	195	199	↑2.1%/↑2.9%
TOTAL	840	852	783	1,046	1,037	↓0.9%/↑23.5%

NUMBER OF ADVANCED PRACTICE NURSES RECOGNIZED IN OKLAHOMA

	FY2001	FY2002	FY2003	FY2004	FY2005	1 & 5 Year Variance
Advanced Registered Nurse Practitioners	492	510	626	648	687	↑6%/↑39.6%
Certified Nurse Midwives	30	30	37	42	45	↑7.1%/↑50%
Clinical Nurse Specialists	134	140	183	190	198	↑4.2%/↑47.8%
Certified Registered Nurse Anesthetists	410	409	414	437	472	↑8%/↑15.1%
TOTAL	1,066	1,089	1,260	1,317	1,402	↑6.5%/↑31.5%

OPEN MEETING NOTICE

All Oklahoma Board of Nursing meetings are open to the public except those portions which may be in Executive Session. The first day of Board meetings begins at 5:30 p.m., with the second and third day beginning at 8:00 a.m. All actions of the Board are taken in open session. Nurses, members of other professional disciplines, students and the public are invited to attend. Groups who plan to attend should schedule their attendance in advance with the Board office to ensure seating is available.

There is an Open Forum on the first day of each Board meeting. Anyone wishing to address the Board about a nursing issue should contact Kim Glazier, Executive Director, requesting to be placed on the agenda for the Open Forum.

Committee meetings are also open to the public. Please call ahead of time if you plan to attend as dates, times, and location may change. The committee meetings are cancelled and rescheduled if it is determined a quorum will not be present.

BOARD CALENDAR

Meeting Dates	Dates	Sites
Oklahoma Board of Nursing	Mar. 21, 22 & 23, 2006 May 23, 24 & 25, 2006 July 25, 26 & 27, 2006 Sept. 26, 27 & 28, 2006 Nov. 14, 15 & 16, 2006	Holiday Inn 2101 S. Meridian Oklahoma City, OK (405) 685-4000
Nursing Education & Nursing Practice	Feb. 27, 2006	Board Office
Board Issues Meeting	April 6, 2006	Doubletree Hotel Warren Place Tulsa, OK
CRNA Formulary Advisory Council	April 24, 2006	Board Office
Advanced Unlicensed Assistant Committee	May 11, 2006	Board Office
Advanced Practice Advisory Committee	August 1, 2006	Board Office
Formulary Advisory Council	Sept. 14, 2006	Board Office

Summary of Board Activities

During the **July, 2005** meeting, the Board:

- Directed Board staff to provide options on a mechanism by which the Board may address the rapid sequence intubation issue.
- Appointed LeeAnna Harkess, RN, CNM, to the Advanced Practice Advisory Committee.
- Reviewed survey visit reports and granted full approval status to the following programs:
 - Oklahoma State University-Okmulgee
 - Platt College PN Program, Tulsa
 - Platt College PN Program, Oklahoma City
 - Western Technology Center, Burns Flat
- Reviewed the 2004 NCLEX pass rate report for Southern Nazarene University, Bethany, and placed the program on conditional approval status for a period of one year.
- Reviewed and accepted the 2004 NCLEX pass rate report and survey visit follow-up report for Bacone College, Muskogee.
- Reviewed and accepted a report submitted by the Platt College, Tulsa, RN program and requested that a supplemental report be submitted in six months on the faculty development program for integration of new faculty into the ADN faculty role.

During the **September, 2005** meeting, the Board:

- Reviewed proposed revisions and related documentation for *Guidelines for the Registered Nurse Managing and Monitoring Conscious Sedation* and heard testimony from individuals in support of and in opposition to the revisions. Voted to table the decision until the November meeting to allow Board members time for review and analysis of information submitted.
- Revised advanced practice certifying body titles for the Pediatric Nurse Certification Board and the Nephrology Nursing Certification Commission. Voted to approve an Advanced HIV/AIDS Care Registered Nurse Certification through the HIV/AIDS Nursing Certification Board. Voted to delay consideration of the Acute Care Pediatric Nurse Practitioner Certification until the Acute Care Pediatric ARNP is added to the *Rules*.
- Accepted FY2005 annual reports submitted by nursing education programs. Requested progress reports on survey visit recommendations from Rose State College, Midwest City, and Oklahoma State University, Oklahoma City.
- Reappointed Terri Mills, RN, LPC, to the Peer Assistance Committee.
- Approved recommendations of the Peer Assistance Provider Committee regarding provider applications.

(Continued on page 18)

(Continued from page 17)

During the **November, 2005** meeting, the Board:

- Approved revisions to the following:
 - *Guidelines for the Registered Nurse Managing and Monitoring Conscious Sedation*
 - *Guidelines for the Registered Nurse in Administering, Managing and Monitoring Patients Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PECA Catheters)*
 - *Guidelines for the Registered Nurse Monitoring Obstetrical Patients Receiving Analgesia/Anesthesia by Catheter Techniques (Epidural, Intrathecal, Spinal, PECA Catheters)*
- Reviewed and accepted follow-up reports on 2004 NCLEX pass rate from Oklahoma City University, University of Tulsa, and Northwestern Oklahoma State University. Requested that a focus survey visit be conducted at NWOSU in Alva in Spring, 2006.
- Reviewed survey visit reports and granted full approval status to the following programs:
 - Oral Roberts University, Tulsa
 - Canadian Valley Technology Center, El Reno and Chickasha
 - Southern Oklahoma Technology Center, Ardmore
- Approved curriculum change request for Central Technology Center, Drumright and Sapulpa campuses.
- Approved the request by Southern Nazarene University, Bethany, to admit students while on Conditional Approval status. Capped the number of students to be admitted at 20, conditional upon the provision of additional full-time and adjunct faculty.
- Denied the curriculum change request of Southern Nazarene University, Bethany.

**Disciplinary actions taken by the
Oklahoma Board of Nursing can be
Reviewed on the Board's website:
www.ok.gov/nursing**

OFFICE STAFF

Kim Glazier, RN, M.Ed.	Executive Director
Gayle McNish, RN, EdD	Deputy Director for Regulatory Services
Deborah Bruce, JD	Deputy Director for Investigative Division
Laura Clarkson, RN, CARN	Peer Assistance Program Coordinator
Lajuana Crossland, RN, BSN	Nurse Investigator III
Jan Sinclair, RN, BSN	Nurse Investigator II
Deborah Ball, RN, MS	Nurse Investigator I
Louise Drake, RN, MHR	Associate Director for Nursing Practice
Carla Petty, RN, MPH	Licensing Manager
Sandra Ellis	Executive Secretary IV
Shelley Rasco	Legal Secretary II
Teena Jackson	Legal Secretary I
Andrea Story	Legal Secretary I
Joan Misenheimer	Regulatory Services Secretary II
Dana Edministen	Peer Assistance Program Legal Secretary I
Peggy Parker	Administrative Technician II
Richard Clark	Renewal Administrative Technician II
Janice Shaw	Examination Administrative Technician I
Stephanie Langs	Endorsement Administrative Technician I
Dana Hall	Receptionist Administrative Technician I

BOARD MEMBERS**Term Expires**

Cynthia Foust, PhD, RN, President	2006
Jackye Ward, MS, RN, Vice-President	2008
Heather Sharp, LPN, Secretary-Treasurer	2006
Deborah Booton-Hiser, PhD, ARNP	2006
Teresa Frazier, MS, RN	2007
Louise Talley, PhD, RN	2009
Melinda Laird, MS, RN	2010
Linda Coyer, LPN	2007
Janice O'Fields, LPN	2008
Lee Kirk, Public Member	Coterminously w/Governor
Roy Watson, PhD, Public Member	Coterminously w/Governor

**OKLAHOMA BOARD OF NURSING
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OKLAHOMA CITY, OK 73106
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