



LEGISLATION AND RULES COMMITTEE

BOARD OF NURSING
ROOM 121B, 1400 EAST WASHINGTON AVENUE, MADISON WI
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September 21, 2015

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions and deliberations of the Committee. A quorum of the Board may be present during the committee meeting.

8:00 a.m.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Approval of Agenda (1)**
- B. Legislation and Administrative Rules Matters – Discussion and Consideration**
 - 1) Review Draft of N5 and 6, Relating to Renewal and Standards of Practice **(2-20)**
 - 2) Proposals for Amending N8, Relating to Advanced Practice Nurse Prescriber **(21-23)**
 - 3) Legislative Changes to Chapter 441
 - 4) Update on Legislation and Pending or Possible Rule-Making Projects
- C. Public Comments**

ADJOURNMENT OF LEGISLATION AND RULES COMMITTEE MEETING

{NOTE: N 5 will be moved to N 2 as subchapter V. We will be further discussing modifications to N 6.}

TEXT OF RULE

SUBCHAPTER V
RENEWAL

N 2.40 **Renewal.** (1) **GENERAL.** A person with an expired credential may not reapply for a credential using the initial application process.

(2) **RENEWAL WITHIN 5 YEARS.** A person renewing the license within 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and an applicable late renewal fee.
- (b) Pay a nursing workforce survey fee of \$4.
- (c) Complete the nursing workforce survey to the satisfaction of the board.

(3) **RENEWAL AFTER 5 YEARS.** This subsection does not apply to credential holders who have unmet disciplinary requirements or whose credential has been surrendered or revoked. A person renewing the credential after 5 years shall do all of the following:

- (a) Pay the renewal fee as determined by the department under s. 440.03(9)(a), Stats. and the late renewal fee.
- (b) Pay a nursing workforce survey fee of \$4.
- (c) Complete the nursing workforce survey to the satisfaction of the board.
- (d) Meet one of the following requirements:
 1. Documentation of employment requiring a nursing license within the last five years.
 2. Completion of a board approved nursing refresher course or education equivalent to a nursing refresher course. A nursing refresher course requires a limited license for the purpose of completing the clinical component of the course.

N 2.41 **Reinstatement.** A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years or whose credential has been surrendered or revoked may apply to have the credential reinstated in accordance with all of the following:

- (1) Evidence of completion of the requirements in N 2.40(3) if the license has not been active within 5 years.
- (2) Evidence of completion of the disciplinary requirements, if applicable.
- (3) Evidence of rehabilitation or change in circumstances warranting reinstatement.
- (4) Add revocation language.

Definition of delegated APNP act
Performing delegation and delegating

Chapter N 5

RENEWAL OF LICENSE

N 5.01 Authority and intent.

N 5.02 Definitions.

N 5.03 Current license required for practice.

N 5.07 Duplicate renewal card.

N 5.08 Renewal after 5 years.

N 5.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08, 227.11, 440.08 (3) (b), and 441.01 (3), Stats., and interpret ss. 440.08 (3) (b), 441.06 (3), (4), 441.10 (3) (b), (c) and 441.15 (3) (b), Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify the requirements and procedures for renewal of the license of a registered nurse, an advanced practice nurse prescriber, a licensed practical nurse, or a nurse–midwife, for obtaining a duplicate renewal card, and for notifying the bureau of health service professions of name or address changes.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. (2), Register, May, 1990, No. 413, eff. 6–1–90; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; am. (1), Register, June, 1993, No. 450, eff. 7–1–93; am. (2), Register, February, 1995, No. 470, eff. 3–1–95; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

N 5.02 Definitions. As used in this chapter:

(1) “Bureau” means bureau of health service professions within the department of safety and professional services.

(2) “Certificate” means a certificate of an advanced practice nurse prescriber.

(3) “Certificate holder” means a person holding a certificate as an advanced practice nurse prescriber.

(4) “Department” means the department of safety and professional services.

(5) “License” means a license of a registered nurse, licensed practical nurse or nurse mid–wife.

(6) “Licensee” means a person licensed as a registered nurse, licensed practical nurse under s. 441.10, Stats., or nurse mid–wife.

Note: The bureau and department are located at 1400 East Washington Avenue, Madison, Wisconsin. The mailing address for the bureau and department is P.O. Box 8935, Madison, Wisconsin 53708–8935.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. (1), r. (2), (3), (7) and (8), renum. (4) to (6) to be (2) to (4) and am. (3) and (4), Register, May, 1990, No. 413, eff. 6–1–90; renum. (2) to (4) to be (4) to (6) and cr. (2) and (3), Register, February, 1995, No. 470, eff. 3–1–95; corrections in (1), (4) made under s. 13.92 (4) (b) 6., Stats., Register February 2012 No. 674.

N 5.03 Current license required for practice.

(1) REGISTERED NURSES. Except as provided for in s. N 3.05 (4) (c), no person may practice or attempt to practice professional nursing, nor use the title, letters or anything else to indicate that he or she is a registered or professional nurse unless he or she has been granted a license under s. 441.06 (1), Stats., and holds a current license.

(2) LICENSED PRACTICAL NURSES. Except as provided for in s. N 3.05 (4) (d), no person may hold himself or herself out as a licensed practical nurse nor use the title or letters “Licensed Practical Nurse” or “L.P.N.,” unless he or she has been granted a license under s. 441.10 (3) (a) or (d), Stats., and holds a current license.

(3) NURSE–MIDWIVES. No person may practice or attempt to practice nurse–midwifery, nor use the title or letters “Certified Nurse–Midwife” or “C.N.M.,” “Nurse–Midwife” or “N.M.,” or anything else to indicate that he or she is a nurse–midwife unless he or she has been granted a license under s. 441.15 (3) (a), Stats., and holds a current license.

(4) ADVANCED PRACTICE NURSES. No person may use the title “advanced practice nurse” or append to his or her name the letters “A.P.N.” unless he or she meets the qualifications described in s. N 8.02 (1).

(5) ADVANCED PRACTICE NURSE PRESCRIBERS. No person may practice or attempt to practice as an advanced practice nurse prescriber or use the title “advanced practice nurse prescriber” or append to his or her name the letters “A.P.N.P.,” or otherwise indicate that he or she is certified to practice as an advanced practice nurse prescriber unless he or she is both currently certified under s. 441.16 (2), Stats., and is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse–midwife, certified registered nurse anesthetist or clinical nurse specialist.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. Register, May, 1990, No. 413, eff. 6–1–90; cr. (4) and (5), Register, February, 1995, No. 470, eff. 3–1–95.

N 5.07 Duplicate renewal card. (1) A duplicate renewal card may be issued to a registered nurse, advanced practice nurse prescriber, licensed practical nurse or nurse–midwife whose card has been lost, stolen, or destroyed, or whose name or address has been changed, upon the filing with the bureau of an application for duplicate renewal card. The application shall include:

(a) A completed identification statement supplied by the bureau, which includes the reason for requesting the duplicate card;

(b) Fee specified in s. 440.05 (7), Stats.; and,

(c) Returned current renewal card if the duplicate card is requested due to name or address change.

(2) A duplicate renewal card issued for lost, stolen or destroyed cards shall be marked “duplicate”.

History: Cr. Register, September, 1985, No. 357, eff. 10–1–85; am. (1) (intro.), Register, February, 1995, No. 470, eff. 3–1–95.

N 5.08 Renewal after 5 years. (1) The board may, in the exercise of its discretion, require a credential holder who has failed to renew his or her license within 5 years after its renewal date to demonstrate continued competence in the practice of nursing as a prerequisite to credential renewal.

(2) (a) The board may require demonstration of competence by various methods, including but not limited to written or oral examination, documentation of nursing work in other jurisdictions, or documentation of current education or experience in the field. Any examination or education required under this section shall not be more extensive than the educational or examination requirements for an initial credential from the board.

(b) An applicant for renewal who has failed to renew his or her license within 5 years, and who is unable to document nursing work in other jurisdictions, or document current education or experience in the field, may apply to the board for a limited license to enable the applicant to complete a nursing refresher course approved by the board. Upon successful completion of an approved nursing refresher course, the license–holder may petition the board for reinstatement of a full license.

(3) An advanced practice nurse certified to issue prescription orders who has failed to renew the certificate within 5 years after its renewal date shall, as a condition for renewal, show evidence of meeting all current requirements for a certificate under s. N 8.03.

History: Cr. Register, June, 1993, No. 450, eff. 7-1-93; cr. (3), Register, February, 1995, No. 470, eff. 3-1-95; cr. (2) (b), Register, December, 2000, No. 540, eff. 1-1-01.

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

N 6.01 Authority and intent.

N 6.02 Definitions.

N 6.03 Standards of practice for registered nurses.

N 6.04 Standards of practice for licensed practical nurses.

N 6.05 Violations of standards.

Note: Chapter N 10 as it existed on September 30, 1985 was renumbered Chapter N 6, effective 10–1–85.

N 6.01 Authority and intent. (1) This chapter is adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 and 441.001 (3) and (4), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

History: Cr. Register, May, 1983, No. 329, eff. 6–1–83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1990, No. 413; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register June 2006 No. 606.

N 6.02 Definitions. As used in this chapter,

(1) “Basic nursing care” means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) “Basic patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

- (a) The patient’s clinical condition is predictable;
- (b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,
- (c) The patient’s clinical condition requires only basic nursing care.

(3) “Complex patient situation” as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

- (a) The patient’s clinical condition is not predictable;
- (b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,
- (c) The patient’s clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(4) “Delegated medical act” means acts delegated to an R.N. or L.P.N. by a physician, podiatrist, dentist or optometrist.

(5) “Delegated nursing act” means acts delegated to an L.P.N. or less-skilled assistant by an R.N.

(6) “Direct supervision” means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) “General supervision” means regularly to coordinate, direct and inspect the practice of another.

(8) “Nursing diagnosis” means a judgment made by an R.N. following a nursing assessment of a patient’s actual or potential health needs for the purpose of establishing a nursing care plan.

(9) “Patient” means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) “Protocol” means a precise and detailed written plan for a regimen of therapy.

(11) “R.N.” means a registered nurse licensed under ch. 441, Stats.

(12) “L.P.N.” means a licensed practical nurse licensed under ch. 441, Stats.

History: Cr. Register, May, 1983, No. 329, eff. 6–1–83; reprinted to correct error in (7), Register, July, 1983, No. 331; am. (5) and (12), Register, May, 1990, No. 413, eff. 6–1–90; CR 00–167: am. (2) (intro.), (3) (intro.) and (4), Register August 2001 No. 548, eff. 9–1–01.

N 6.03 Standards of practice for registered nurses.

(1) **GENERAL NURSING PROCEDURES.** An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.’s or less skilled assistants.

(d) *Evaluation.* Evaluation is the determination of a patient’s progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) **PERFORMANCE OF DELEGATED MEDICAL ACTS.** In the performance of delegated medical acts an R.N. shall:

(a) Accept only those delegated medical acts for which there are protocols or written or verbal orders;

(b) Accept only those delegated medical acts for which the R.N. is competent to perform based on his or her nursing education, training or experience;

(c) Consult with a physician, podiatrist, dentist or optometrist in cases where the R.N. knows or should know a delegated medical act may harm a patient; and,

(d) Perform delegated medical acts under the general supervision or direction of a physician, podiatrist, dentist or optometrist.

(3) **SUPERVISION AND DIRECTION OF DELEGATED NURSING ACTS.** In the supervision and direction of delegated nursing acts an R.N. shall:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised;

(b) Provide direction and assistance to those supervised;

(c) Observe and monitor the activities of those supervised; and,

(d) Evaluate the effectiveness of acts performed under supervision.

History: Cr. Register, May, 1983, No. 329, eff. 6–1–83; am. (1) (c) and (2) (intro.), Register, May, 1990, No. 413, eff. 6–1–90; CR 00–167: am. (2) (c) and (d), Register August 2001 No. 548, eff. 9–1–01.

N 6.04 Standards of practice for licensed practical nurses. (1) **PERFORMANCE OF ACTS IN BASIC PATIENT SITUATIONS.** In the performance of acts in basic patient situations, the L.P.N.

shall, under the general supervision of an R.N. or the direction of a physician, podiatrist, dentist or optometrist:

- (a) Accept only patient care assignments which the L.P.N. is competent to perform;
- (b) Provide basic nursing care;
- (c) Record nursing care given and report to the appropriate person changes in the condition of a patient;
- (d) Consult with an R.N., physician, podiatrist, dentist or optometrist in cases where an L.P.N. knows or should know a delegated nursing or medical act may harm a patient; and,
- (e) Perform the following other acts when applicable:
 1. Assist with the collection of data;
 2. Assist with the development and revision of a nursing care plan;
 3. Reinforce the teaching provided by an R.N., physician, podiatrist, dentist or optometrist and provide basic health care instruction; or,
 4. Participate with other health team members in meeting basic patient needs.

(2) PERFORMANCE OF ACTS IN COMPLEX PATIENT SITUATIONS. In the performance of acts in complex patient situations the L.P.N. shall:

- (a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.
- (b) Perform delegated nursing or medical acts beyond basic nursing care under the direct supervision of an R.N., physician,

podiatrist, dentist or optometrist. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepare the L.P.N. to competently perform these assignments.

(3) ASSUMPTION OF CHARGE NURSE POSITION IN NURSING HOMES. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall:

- (a) Follow written protocols and procedures developed and approved by an R.N.;
- (b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.; and,
- (c) Accept the charge nurse position only if prepared to competently perform this assignment based on his or her nursing education, including education, training or experience or active involvement in education or training for responsibilities not included in the basic L.P.N. curriculum.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; CR 00-167: am. (1) (intro.), (d), (e) 3., (2) (a) and (b), Register August 2001 No. 548, eff. 9-1-01.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

History: Cr. Register, May, 1983, No. 329, eff. 6-1-83; am. Register, May, 1990, No. 413, eff. 6-1-90.

CHAPTER 6
NURSING PRACTICE FOR
REGISTERED NURSES/LICENSED PRACTICAL NURSES

655—6.1(152) Definitions.

“Accountability” means being obligated to answer for one’s acts, including the act of supervision.

“Advanced registered nurse practitioner (ARNP)” means a nurse with current licensure as a registered nurse in Iowa or who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in 2000 Iowa Acts, House File 2105, section 8, and is also registered in Iowa to practice in an advanced role. The ARNP is prepared for an advanced role by virtue of additional knowledge and skills gained through a formal advanced practice education program of nursing in a specialty area approved by the board. In the advanced role, the nurse practices nursing assessment, intervention, and management within the boundaries of the nurse-client relationship. Advanced nursing practice occurs in a variety of settings, within an interdisciplinary health care team, which provide for consultation, collaborative management, or referral. The ARNP may perform selected medically delegated functions when a collaborative practice agreement exists.

“Basic nursing education” means a nursing program preparing a person for initial licensure to practice nursing as a registered nurse or licensed practical nurse.

“Board” as used in this chapter means the Iowa board of nursing.

“Certified clinical nurse specialist” means an ARNP prepared at the master’s level who possesses evidence of current certification as a clinical specialist in an area of nursing practice by a national professional nursing association as approved by the board.

“Certified nurse-midwife” means an ARNP educated in the disciplines of nursing and midwifery who possesses evidence of current certification by a national professional nursing association approved by the board. The certified nurse-midwife is authorized to manage the care of normal newborns and women, antepartally, intrapartally, postpartally or gynecologically.

“Certified nurse practitioner” means an ARNP educated in the disciplines of nursing who has advanced knowledge of nursing, physical and psychosocial assessment, appropriate interventions, and management of health care, and who possesses evidence of current certification by a national professional nursing association approved by the board.

“Certified registered nurse anesthetist” means an ARNP educated in the disciplines of nursing and anesthesia who possesses evidence of current certification by a national professional nursing association approved by the board.

“Competence in nursing” means having the knowledge and the ability to perform, skillfully and proficiently, the functions within the role of the licensed nurse.

“Expanded intravenous therapy certification course” means the Iowa board of nursing course required for licensed practical nurses to perform procedures related to the expanded scope of practice of intravenous therapy.

“Midline catheter” means a long peripheral catheter in which the distal end resides in the mid to upper arm, but the tip terminates no further than the axilla.

“Minimum standards” means standards of practice that interpret the legal definition of nursing as well as provide criteria against which violations of the law can be determined.

“Nursing diagnosis” means a judgment made by a registered nurse, following a nursing assessment of individuals and groups about actual or potential responses to health problems, which forms the basis for determining effective nursing interventions.

“Nursing facility” means an institution as defined in Iowa Code chapter 135C. This definition does not include acute care settings.

“Nursing process” means ongoing assessment, nursing diagnosis, planning, intervention, and evaluation.

“Peripheral intravenous catheter” means a catheter three inches or less in length.

“Peripherally inserted central catheter” means a soft flexible central venous catheter inserted into an extremity and advanced until the tip is positioned in the vena cava.

“*Proximate area*” means that the registered nurse analyzes the qualifications of the licensed practical nurse in relationship to nursing needs of the client in determining the appropriate distance within the building and the time necessary to be readily available to the licensed practical nurse.

“*Unlicensed assistive personnel*” is an individual who is trained to function in an assistive role to the registered nurse and licensed practical nurse in the provision of nursing care activities as delegated by the registered nurse or licensed practical nurse.

This rule is intended to implement Iowa Code chapter 152.
[ARC 9329B, IAB 1/12/11, effective 2/16/11]

655—6.2(152) Minimum standards of nursing practice for registered nurses.

6.2(1) The registered nurse shall recognize and understand the legal implications within the scope of nursing practice. The scope of nursing practice considered to be minimum standards of nursing practice shall not be interpreted to include those practices currently ascribed to the advanced registered nurse practitioner.

6.2(2) The registered nurse shall utilize the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes:

- a. Nursing assessments about the health status of an individual or group.
- b. Formulation of a nursing diagnosis based on analysis of the data from the nursing assessment.
- c. Planning of nursing care which includes determining goals and priorities for actions which are based on the nursing diagnosis.
- d. Nursing interventions implementing the plan of care.
- e. Evaluation of the individual’s or group’s status in relation to established goals and the plan of care.

6.2(3) The registered nurse shall conduct nursing practice by respecting the rights of an individual or group.

6.2(4) The registered nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

6.2(5) The registered nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

- a. Performing or supervising those activities and functions which require the knowledge and skill level currently ascribed to the registered nurse and seeking assistance when activities and functions are beyond the licensee’s scope of preparation.
- b. Assigning and supervising persons performing those activities and functions which do not require the knowledge and skill level currently ascribed to the registered nurse.
- c. Using professional judgment in assigning and delegating activities and functions to unlicensed assistive personnel. Activities and functions which are beyond the scope of practice of the licensed practical nurse may not be delegated to unlicensed assistive personnel. For the purposes of this paragraph, “unlicensed assistive personnel” does not include certified emergency medical services personnel authorized under Iowa Code chapter 147A performing nonlifesaving procedures for which those individuals have been certified and which are designated in a written job description, after the patient is observed by a registered nurse.
- d. Supervising, among other things, includes any or all of the following:
 - (1) Direct observation of a function or activity.
 - (2) Assumption of overall responsibility for assessing, planning, implementing, and evaluating nursing care.
 - (3) Delegation of nursing tasks while retaining accountability.
 - (4) Determination that nursing care being provided is adequate and delivered appropriately.
- e. Executing the regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the registered nurse shall exercise professional judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out, based on the registered nurse’s professional judgment, accountability shall include but need not be limited to the following:

(1) Timely notification of the physician who prescribed the medical regimen that the order(s) was not executed and reason(s) for same.

(2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

f. Wearing identification which clearly identifies the nurse as a registered nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

655—6.3(152) Minimum standards of practice for licensed practical nurses.

6.3(1) The licensed practical nurse shall recognize and understand the legal implications within the scope of nursing practice. The licensed practical nurse shall perform services in the provision of supportive or restorative care under the supervision of a registered nurse or physician as defined in the Iowa Code.

6.3(2) The licensed practical nurse shall participate in the nursing process, consistent with accepted and prevailing practice, by assisting the registered nurse or physician. The licensed practical nurse may assist the registered nurse in monitoring, observing and reporting reactions to therapy.

6.3(3) The licensed practical nurse shall not perform any activity requiring the knowledge and skill ascribed to the registered nurse, including:

a. The initiation of or assessment related to procedures/therapies requiring the knowledge or skill level ascribed to the registered nurse.

b. The initiation of intravenous solutions, intravenous medications and blood components.

c. The administration of medicated intravenous solutions, intravenous medications and blood components.

d. The initiation or administration of medications requiring the knowledge or skill level currently ascribed to the registered nurse.

6.3(4) A licensed practical nurse, under the supervision of a registered nurse, may engage in the limited scope of practice of intravenous therapy. The licensed practical nurse shall be educated and have documentation of competency in the limited scope of practice of intravenous therapy. Limited scope of practice of intravenous therapy may include:

a. Addition of intravenous solutions without adding medications to established peripheral intravenous sites.

b. Regulation of the rate of nonmedicated intravenous solutions to established peripheral intravenous sites.

c. Administration of maintenance doses of analgesics via the patient-controlled analgesia pump set at a lock-out interval to established peripheral intravenous sites.

d. Discontinuation of peripheral intravenous therapy.

e. Administration of a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, to an established peripheral lock, in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit.

6.3(5) When nursing tasks are delegated by the registered nurse to the licensed practical nurse in a certified end-stage renal dialysis unit, the facility must have a written policy that defines the practice and written verification of the education and competency of the licensed practical nurse in accordance with the facility's written policy. Nursing tasks which may be delegated to the licensed practical nurse for the sole purpose of hemodialysis treatment include:

a. Initiation and discontinuation of the hemodialysis treatment utilizing any of the following established vascular accesses: central line catheter, arteriovenous fistula, graft.

b. Administration, during hemodialysis treatment, of local anesthetic prior to cannulation of the vascular access site.

c. Administration of prescribed dosages of heparin solution or saline solution utilized in the initiation and discontinuation of hemodialysis.

d. Administration, during hemodialysis treatment via the extracorporeal circuit, of the routine intravenous medications erythropoietin, Vitamin D Analog, intravenous antibiotic solutions prepackaged

by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse, and iron, excluding any iron preparation that requires a test dose. The registered nurse shall administer the first dose of erythropoietin, Vitamin D Analog, antibiotics, and iron.

6.3(6) The licensed practical nurse may provide nursing care in an acute care setting. When the nursing care provided by the licensed practical nurse in an acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, a registered nurse or physician must be present in the proximate area. Acute care settings requiring the knowledge and skill ascribed to the registered nurse include, but are not limited to:

- a. Units where care of the unstable, critically ill, or critically injured individual is provided.
- b. General medical-surgical units.
- c. Emergency departments.
- d. Operating rooms. (A licensed practical nurse may assist with circulating duties when supervised by a registered nurse circulating in the same room.)
- e. Postanesthesia recovery units.
- f. Hemodialysis units.
- g. Labor and delivery/birthing units.
- h. Mental health units.

6.3(7) The licensed practical nurse may provide nursing care in a non-acute care setting. When the nursing care provided by the licensed practical nurse in a non-acute care setting requires the knowledge and skill level currently ascribed to the registered nurse, the registered nurse or physician must be present in the proximate area. The non-acute care settings requiring the knowledge and skill level ascribed to the registered nurse include, but are not limited to:

- a. Community health. (Subrules 6.6(1) and 6.6(4) are exceptions to the "proximate area" requirement.)
- b. School nursing. (Subrules 6.6(2) and 6.6(3) are exceptions to the "proximate area" requirement.)
- c. Occupational nursing.
- d. Correctional facilities.
- e. Community mental health nursing.

6.3(8) The licensed practical nurse shall conduct nursing practice by respecting the rights of an individual or group.

6.3(9) The licensed practical nurse shall conduct nursing practice by respecting the confidentiality of an individual or group, unless obligated to disclose under proper authorization or legal compulsion.

6.3(10) The licensed practical nurse shall recognize and understand the legal implications of accountability. Accountability includes but need not be limited to the following:

- a. Performing those activities and functions which require the knowledge and skill level currently ascribed to the licensed practical nurse and seeking assistance when activities and functions are beyond the licensee's scope of preparation.
- b. Accepting responsibility for performing assigned and delegated functions and informing the registered nurse when assigned and delegated functions are not executed.
- c. Executing the medical regimen prescribed by a physician. In executing the medical regimen as prescribed by the physician, the licensed practical nurse shall exercise prudent judgment in accordance with minimum standards of nursing practice as defined in these rules. If the medical regimen prescribed by the physician is not carried out based on the licensed practical nurse's prudent judgment, accountability shall include but need not be limited to the following:

(1) Timely notification of the physician who prescribed the medical regimen that said order(s) was not executed and reason(s) for same.

(2) Documentation on the medical record that the physician was notified and reason(s) for not executing the order(s).

d. Wearing identification which clearly identifies the nurse as a licensed practical nurse when providing direct patient care unless wearing identification creates a safety or health risk for either the nurse or the patient.

This rule is intended to implement Iowa Code chapters 152 and 152E.
[ARC 9329B, IAB 1/12/11, effective 2/16/11]

655—6.4(152) Additional acts which may be performed by registered nurses.

6.4(1) A registered nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

6.4(2) A registered nurse, licensed pursuant to Iowa Code chapter 152, may staff an authorized ambulance, rescue, or first response service provided the registered nurse can document equivalency through education and additional skills training essential in the delivery of out-of-hospital emergency care. The equivalency shall be accepted when documentation has been reviewed and approved at the local level by the medical director of the ambulance, rescue, or first response service in accordance with the form adopted by the Iowa department of public health bureau of emergency medical services. An exception to this subrule is the registered nurse who accompanies and is responsible for a transfer patient.

This rule is intended to implement Iowa Code section 147A.12 and chapters 136C and 152.

655—6.5(152) Additional acts which may be performed by licensed practical nurses.

6.5(1) A licensed practical nurse shall be permitted to supervise unlicensed assistive personnel under the provisions of Iowa Code section 152.1(4) "b."

a. Supervision, among other things, includes any or all of the following:

- (1) Direct observation of a function or activity.
- (2) Delegation of nursing tasks while retaining accountability.
- (3) Determination that nursing care being provided is adequate and delivered appropriately.

b. Supervision shall be in accordance with the following:

(1) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in an intermediate care facility for the mentally retarded or in a residential health care setting.

(2) A licensed practical nurse working under the supervision of a registered nurse shall be permitted to supervise in a nursing facility.

The licensed practical nurse shall be required to complete a curriculum which has been approved by the board and designed specifically for the supervision role of the licensed practical nurse in a nursing facility. The course must be presented by a board-approved nursing program or an approved provider of continuing education. Documentation of the completion of the curriculum as outlined in this subparagraph shall be maintained by the licensed practical nurse.

(3) A licensed practical nurse shall be entitled to supervise without the educational requirement outlined in subparagraph 6.5(1) "b"(2) if the licensed practical nurse was performing in a supervisory role on or before October 6, 1982. The licensed practical nurse being employed in a supervisory role after the enactment of these rules shall complete the curriculum outlined in subparagraph 6.5(1) "b"(2) within six months of employment.

(4) A licensed practical nurse working under the supervision of a registered nurse may direct the activities of other licensed practical nurses and unlicensed assistive personnel in an acute care setting in giving care to individuals assigned to the licensed practical nurse. The registered nurse must be in the proximate area.

6.5(2) A licensed practical nurse shall be permitted to practice as a diagnostic radiographer while under the supervision of a licensed practitioner provided that appropriate training standards for use of radiation-emitting equipment are met as outlined in 641—42.1(136C).

6.5(3) A licensed practical nurse shall be permitted to perform, in addition to the functions set forth in subrule 6.3(4), procedures related to the expanded scope of practice of intravenous therapy upon completion of the board-approved expanded intravenous therapy certification course.

6.5(4) To be eligible to enroll in the course, the licensed practical nurse shall:

- a. Hold a current unrestricted Iowa license or an unrestricted license in another state recognized for licensure in this state pursuant to the nurse licensure compact contained in Iowa Code chapter 152E.
- b. Have documentation of 1040 hours of practice as a licensed practical nurse.
- c. Be practicing in a licensed hospital, a nursing facility or a certified end-stage renal dialysis unit whose policies allow the licensed practical nurse to perform procedures related to the expanded scope of practice of intravenous therapy.

6.5(5) The course must be offered by an approved Iowa board of nursing provider of nursing continuing education. Documentation of course completion shall be maintained by the licensed practical nurse and employer.

6.5(6) The board-approved course shall incorporate the responsibilities of the licensed practical nurse when providing intravenous therapy via a peripheral intravenous catheter, a midline catheter and a peripherally inserted central catheter (PICC) to children, adults and elderly adults. When providing intravenous therapy, the LPN shall be under the supervision of a registered nurse. Procedures which may be performed if delegated by the registered nurse are as follows:

- a. Initiation of a peripheral intravenous catheter for continuous or intermittent therapy using a catheter not to exceed three inches in length.
- b. Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of premixed electrolyte solutions or premixed vitamin solutions. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
- c. Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of solutions containing potassium chloride that do not exceed 40 meq per liter and that do not exceed a dose of 10 meq per hour. The first dose shall be administered by the registered nurse. The solutions must be prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse.
- d. Administration, via a peripheral intravenous catheter, midline catheter, and a PICC line, of intravenous antibiotic solutions prepackaged by the manufacturer or premixed and labeled by a registered pharmacist or registered nurse. The first dose shall be administered by the registered nurse.
- e. Maintenance of the patency of a peripheral intravenous catheter, midline catheter, and a PICC line with a prefilled heparin or saline syringe flush, prepackaged by the manufacturer or premixed by a registered pharmacist or registered nurse.
- f. Changing the dressing of a midline catheter and a PICC line per sterile technique.

6.5(7) Procedures which shall not be delegated by the registered nurse to the licensed practical nurse are as follows:

- a. Initiation and discontinuation of a midline catheter or a peripherally inserted central catheter (PICC).
- b. Administration of medication by bolus or IV push except maintenance doses of analgesics via a patient-controlled analgesia pump set at a lock-out interval.
- c. Administration of blood and blood products, vasodilators, vasopressors, oxytocics, chemotherapy, colloid therapy, total parenteral nutrition, anticoagulants, antiarrhythmics, thrombolytics, and solutions with a total osmolarity of 600 or greater.
- d. Provision of intravenous therapy to a client under the age of 12 or any client weighing less than 80 pounds, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).
- e. Provision of intravenous therapy in any other setting except a licensed hospital, a nursing facility and a certified end-stage renal dialysis unit, with the exception of those activities authorized in the limited scope of practice found in subrule 6.3(4).

This rule is intended to implement Iowa Code chapters 136C and 152.
[ARC 9329B, IAB 1/12/11, effective 2/16/11]

655—6.6(152) Specific nursing practice for licensed practical nurses.

6.6(1) The licensed practical nurse shall be permitted to provide supportive and restorative care in the home setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician. When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process shall be provided by the registered nurse.

6.6(2) The licensed practical nurse shall be permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student's health plan when under the supervision of and as delegated by the registered nurse employed by the school district.

6.6(3) The licensed practical nurse shall be permitted to provide supportive and restorative care in a Head Start program under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician if the licensed practical nurse were in this position prior to July 1, 1985.

6.6(4) The licensed practical nurse shall be permitted to provide supportive and restorative care in a camp setting under the supervision of a registered nurse, as defined in subrule 6.2(5), or a physician. When the licensed practical nurse provides care under the supervision of the registered nurse, the initial assessment and ongoing application of the nursing process are performed by the registered nurse. The licensed practical nurse is responsible for requesting registered nurse consultation as needed.

6.6(5) The licensed practical nurse shall be permitted to provide supportive and restorative care in a county jail facility or municipal holding facility operating under the authority provided by Iowa Code chapter 356. The supportive and restorative care provided by the licensed practical nurse in such facilities shall be performed under the supervision of a registered nurse, as defined in subrule 6.2(5). The registered nurse shall perform the initial assessment and ongoing application of the nursing process. The registered nurse shall be available 24 hours per day by teleconferencing equipment, and the time necessary to be readily available on site to the licensed practical nurse shall be no greater than ten minutes. This exception to the proximate area requirement is limited to a county jail facility or municipal holding facility operating under the authority of Iowa Code chapter 356 and shall not apply in any other correctional facility.

6.6(6) The licensed practical nurse shall be permitted to conduct height, weight and hemoglobin screening and record responses to health questions asked in a standardized questionnaire under the supervision of a registered nurse in a Women, Infants and Children (WIC) clinic. A registered nurse employed by or under contract to the WIC agency will assess the competency of the licensed practical nurse to perform these functions and will be available for consultation. The licensed practical nurse is responsible for performing under the scope of practice for licensed practical nurses and requesting registered nurse consultation as needed. This exception to the proximate area requirement is limited to WIC clinics and to the services permitted in this subrule.

This rule is intended to implement Iowa Code sections 17A.3 and 152.1.

655—6.7(152) Specific nursing practice for registered nurses. A registered nurse, while circulating in the operating room, shall provide supervision only to persons in the same operating room.

This rule is intended to implement Iowa Code section 152.1.

[Filed 3/11/81, Notice 12/10/80—published 4/1/81, effective 5/6/81¹]

[Filed emergency 12/2/81—published 12/23/81, effective 12/2/81]

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[Filed 9/15/00, Notice 7/12/00—published 10/4/00, effective 11/8/00]

[Filed 9/28/01, Notice 6/27/01—published 10/17/01, effective 11/21/01]

[Filed 6/6/03, Notice 4/2/03—published 6/25/03, effective 7/30/03]⁰

[Filed ARC 9329B (Notice ARC 8930B, IAB 7/14/10), IAB 1/12/11, effective 2/16/11]

⁰ Two or more ARCs

¹ Effective date of 5/6/81 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/29/81].
Effective date of Chapter 6 delayed by the Administrative Rules Review Committee 45 days after convening of the next General Assembly pursuant to §17A.8(9) [Published IAB 8/5/81].

² Effective date of 4/21/82 delayed 70 days by the Administrative Rules Review Committee [Published IAB 4/28/82]. Delay lifted by committee on June 9, 1982.

³ Amendments to 6.3(5), paragraphs “g” and “h,” and 6.6 effective 7/1/85, IAB 8/15/84.

⁴ Effective date delayed until adjournment of the 1993 General Assembly by the Administrative Rules Review Committee at its meeting held February 8, 1993; subrule 6.4(2) nullified by 1993 Iowa Acts, HJR 17, effective April 23, 1993.

R 338.10104 Delegation.

Rule 104. (1) Only a registered nurse may delegate nursing acts, functions, or tasks. A registered nurse who delegates nursing acts, functions, or tasks shall do all of the following:

- (a) Determine whether the act, function, or task delegated is within the registered nurse's scope of practice.
 - (b) Determine the qualifications of the delegatee before such delegation.
 - (c) Determine whether the delegatee has the necessary knowledge and skills for the acts, functions, or tasks to be carried out safely and competently.
 - (d) Supervise and evaluate the performance of the delegatee.
 - (e) Provide or recommend remediation of the performance when indicated.
- (2) The registered nurse shall bear ultimate responsibility for the performance of nursing acts, functions, or tasks performed by the delegatee within the scope of the delegation.

History: 1989 AACS; 2003 AACS.

Chapter 1. Title and Purpose

Chapter 2. Definitions

As used in Chapters 3 through 11 of this Act, unless the context thereof requires otherwise:

- a. “Dual relationship” means when a nurse is involved in any relationship with a patient in addition to the therapeutic nurse-patient relationship.
- b. “NCLEX-PN®” means the National Council Licensure Examinations for Practical Nurses.
- c. “NCLEX-RN®” means the National Council Licensure Examinations for Registered Nurses.
- d. “Nursing faculty” means individuals employed full or part time by an academic institution who are responsible for developing, implementing, evaluating and updating nursing program curricula.
- e. “Preceptor” means an individual at or above the level of licensure that an assigned student is seeking who may serve as a teacher, mentor, role model, or supervisor in a clinical setting.
- f. “Professional boundaries” means the space between the nurse’s power and the patient’s vulnerability; the power of the nurse comes from the professional position and access to private knowledge about the patient; establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the patient’s needs.
- g. “Professional-boundary crossing” means a deviation from an appropriate boundary for a specific therapeutic purpose with a return to established limits of the professional relationship.
- h. “Professional-boundary violation” means failure of a nurse to maintain appropriate boundaries with a patient and key parties.
- i. “Sexualized body part” means a part of the body not conventionally viewed as sexual in nature that evokes arousal.

Chapter 3. Scope of RN and LPN/VN Practice

3.1.1 Standards Related to Licensed Practical/Vocational Nurse (LPN/VN) Professional Accountability

The LPN/VN:

- a. Practices within the legal boundaries for practical nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.
- b. Demonstrates honesty and integrity in nursing practice.
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and licensed practical nursing standards.
- d. Accepts responsibility for individual nursing actions, competence, decisions and behavior in the course of practical nursing practice.
- e. Maintains competence through ongoing learning and application of knowledge in practical nursing practice.
- f. Reports violations of the act or rules by self or other licensees.

3.1.2 Standards Related to LPN/VN Scope of Practice

The LPN/VN, practicing under the supervision of an RN, advanced practice registered nurse (APRN), licensed physician or other authorized licensed health care provider:

- a. Participates in nursing care, health maintenance, patient teaching, counseling, collaborative planning and rehabilitation, to the extent of his/her generic and continuing education and experience.
- b. Conducts a focused nursing assessment, which is an appraisal of the patient’s health status and needs that contributes to ongoing data collection.
- c. Plans for patient care, including:
 1. Planning episodic nursing care for a patient whose condition is stable or predictable.
 2. Assisting the registered nurse or supervising physician in identification of patient needs and goals.
 3. Determining priorities of care together with the supervising registered nurse or physician.
- d. Demonstrates attentiveness and provides patient surveillance and monitoring.
- e. Seeks clarification of orders when needed.
- f. Assists and contributes in the evaluation of the patient-centered health care plan.
- g. Obtains orientation/training for competency when encountering new equipment and technology or unfamiliar care situations.
- h. Recognizes patient characteristics that may affect the patient’s health status.
- i. Implements nursing interventions and prescribed medical regimens in a timely and safe manner.
- j. Documents nursing care provided accurately and timely.

- k. Collaborates and communicates relevant and timely patient information with patients and other health team members to ensure quality and continuity of care, including:
 - 1. Patient status and progress.
 - 2. Patient response or lack of response to therapies.
 - 3. Changes in patient condition.
 - 4. Patient needs and special requests.
- l. Takes preventive measures to promote an environment that is conducive to safety and health for patients, others and self.
- m. Respects patient diversity and advocates for the patient's rights, concerns, decisions and dignity.
- n. Maintains appropriate professional boundaries.
- o. Participates in the health teaching required by the patient and family.
- p. Participates in systems, clinical practice and patient care performance improvement efforts to improve patient outcomes.
- q. Contributes to evaluation of the plan of care by:
 - 1. Gathering, observing, recording, and communicating patient responses to nursing interventions.
 - 2. Modifying the plan of care in collaboration with a registered nurse based on an analysis of patient responses.
- r. Assigns and delegates nursing activities. The LPN shall:
 - 1. Assign nursing care within the LPN scope of practice to other LPNs.
 - 2. Delegate to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an LPN shall ensure that the:
 - a. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task;
 - b. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions;
 - c. Results of the task are reasonably predictable;
 - d. Task does not require assessment, interpretation, or independent decision making during its performance or at completion;
 - e. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening;
 - f. LPN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task
 - g. LPN provides supervision and feedback to the UAP; and
 - h. LPN observes and communicates the outcomes of the delegated task.
- s. Functions as a member of the health care team, contributing to the implementation of an integrated patient-centered health care plan.
- t. Acts as an advocate for the patient.
- u. Assumes responsibility for nurse's own decisions and actions.
- v. Attends to patient concerns or requests.

3.2.1 Standards Related to Registered Nurse (RN) Professional Accountability

The RN:

- a. Practices within the legal boundaries for nursing through the scope of practice authorized in the Nurse Practice Act (NPA) and rules governing nursing.
- b. Demonstrates honesty and integrity in nursing practice.
- c. Bases nursing decisions on nursing knowledge and skills, the needs of patients and registered nursing standards.
- d. Accepts responsibility for judgments, individual nursing actions, competence, decisions and behavior in the course of nursing practice.
- e. Maintains competence through ongoing learning and application of knowledge in registered nursing practice.
- f. Reports violations of the act or rules by self or other licensees.

3.2.2 Standards Related to RN Scope of Practice

The RN:

- a. Conducts a comprehensive nursing assessment.
- b. Applies nursing knowledge based upon the biological, psychological and social aspects of the patient's condition.
- c. Detects faulty or missing patient information.
- d. Plans nursing care and nursing interventions consistent with the patient's overall health care plan.

- e. Utilizes decision-making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnoses.
- f. Seeks clarification of orders when needed.
- g. Implements treatment and therapy, including medication administration and delegated medical and independent nursing functions.
- h. Obtains orientation/training for competence when encountering new equipment and technology or unfamiliar care situations.
- i. Demonstrates attentiveness and provides patient surveillance and monitoring.
- j. Identifies changes in patient's health status and comprehends clinical implications of patient's signs, symptoms and changes as part of expected and unexpected patient course or emergent situations.
- k. Evaluates the patient's response to nursing care and other therapy, including:
 - 1. Patient's response to interventions.
 - 2. Need for alternative interventions.
 - 3. Need to communicate and consult with other health team members.
 - 4. Need to revise the plan of care.
- l. Communicates and consults with other health team members, including:
 - 1. Patient concerns and special needs.
 - 2. Patient status and progress.
 - 3. Patient response or lack of response to interventions.
 - 4. Significant changes in patient condition.
- m. Documents nursing care.
- n. Revises care plan as needed.
- o. Takes preventive measures to protect patient, others and self.
- p. Provides comprehensive nursing and health care education in which the RN:
 - 1. Assesses and analyzes educational needs of learners.
 - 2. Plans educational programs based on learning needs and teaching-learning principles.
 - 3. Ensures implementation of an educational plan either directly or by delegating selected aspects of the education to other qualified persons.
 - 4. Evaluates the education to meet the identified goals.

3.2.3 Standards Related to RN Responsibility to Act as an Advocate for Patient

The RN:

- a. Respects the patient's rights, concerns, decisions and dignity.
- b. Identifies patient needs.
- c. Attends to patient concerns or requests.
- d. Promotes safe patient environment.
- e. Communicates patient choices, concerns and special needs with other health team members regarding:
 - 1. Patient status and progress.
 - 2. Patient response or lack of response to therapies.
 - 3. Significant changes in patient condition.
- f. Maintains appropriate professional boundaries.
- g. Assumes responsibility for nurse's own decisions and actions.

3.2.4 Standards Related to RN Responsibility to Organize, Manage and Supervise the Practice of Nursing

The RN:

- a. Assigns to another only those nursing measures that fall within that nurse's scope of practice, education, experience and competence or unlicensed person's role description, including:
 - 1. Assigning nursing care within the RN scope of practice to other RNs.
 - 2. Assigning nursing care to an LPN within the LPN scope of practice based on the RN's assessment of the patient and the LPN's ability.
 - 3. Supervising, monitoring and evaluating the care assigned to an LPN.
- b. Delegates to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely. In maintaining accountability for the delegation, an RN shall ensure that the:

1. Unlicensed assistive personnel (UAP) has the education, legal authority, and demonstrated competency to perform the delegated task.
 2. Tasks delegated are consistent with the UAP's job description and can be safely performed according to clear, exact, and unchanging directions.
 3. Results of the task are reasonably predictable.
 4. Task does not require assessment, interpretation, or independent decision making during its performance or at completion.
 5. Selected patient and circumstances of the delegation are such that delegation of the task poses minimal risk to the patient and the consequences of performing the task improperly are not life-threatening.
 6. RN provides clear directions and guidelines regarding the delegated task or, for routine tasks on stable patients, verifies that the UAP follows each written facility policy or procedure when performing the delegated task.
 7. RN provides supervision and feedback to the UAP.
 8. RN observes and communicates the outcomes of the delegated task.
- c. Matches patient needs with personnel qualifications, available resources and appropriate supervision.
 - d. Communicates directions and expectations for completion of the delegated activity.
 - e. Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress and outcomes; and assures documentation of the activity.
 - f. Provides follow-up on problems and intervenes when needed.
 - g. Evaluates the effectiveness of the delegation or assignment.
 - h. Intervenes when problems are identified and revises plan of care as needed.
 - i. Retains professional accountability for nursing care as provided.
 - j. Promotes a safe and therapeutic environment by:
 1. Providing appropriate monitoring and surveillance of the care environment.
 2. Identifying unsafe care situations.
 3. Correcting problems or referring problems to appropriate management level when needed.
 - k. Teaches and counsels patient and families regarding their health care regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures and wellness and prevention.

Chapter 4. Board of Nursing (BON)

4.1 Membership, Nominations, Qualifications, Appointment and Term of Office

4.2 Officers

4.3 Meetings

4.4 Guidelines

4.5 Vacancies, Removal and Immunity

4.6 Powers and Duties

4.7 Collection of Fees

- a. The BON shall collect the following fees:
 1. Application for licensure by examination
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
 2. Temporary permit for initial licensure applicant
 - a. RN < >
 - b. LPN/VN < >
 - c. APRN < >
 3. Application for licensure by endorsement
 - a. RN < >

Chapter N 8

CERTIFICATION OF ADVANCED PRACTICE NURSE PRESCRIBERS

<p>N 8.01 Authority and intent. N 8.02 Definitions. N 8.03 Qualifications for certification as an advanced practice nurse prescriber. N 8.04 Application procedure. N 8.05 Continuing education.</p>	<p>N 8.06 Prescribing limitations. N 8.07 Prescription orders. N 8.08 Malpractice insurance coverage. N 8.09 Dispensing. N 8.10 Case management and collaboration with other health care professionals.</p>
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N 8.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority of ss. 15.08 (5) (b), 227.11 (2) and 441.16, Stats., and interpret s. 441.16, Stats.

(2) The intent of the board of nursing in adopting rules in this chapter is to specify education, training or experience that a registered nurse must satisfy to call himself or herself an advanced practice nurse; to establish appropriate education, training and examination requirements that an advanced practice nurse must satisfy to qualify for a certificate to issue prescription orders; to define the scope of practice within which an advanced practice nurse prescriber may issue prescription orders; to specify the classes of drugs, individual drugs or devices that may not be prescribed by an advanced practice nurse prescriber; to specify the conditions to be met for a registered nurse to administer a drug prescribed or directed by an advanced practice nurse prescriber; to establish procedures for maintaining a certificate to issue prescription orders, including requirements for continuing education; and to establish the minimum amount of malpractice insurance required of an advanced practice nurse prescriber.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.02 Definitions. As used in this chapter:

(1) "Advanced practice nurse" means a registered nurse who possesses the following qualifications:

(a) The registered nurse has a current license to practice professional nursing in this state, or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact;

(b) The registered nurse is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist; and,

(c) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, the registered nurse holds a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the board of education in the state in which the college or university is located.

(2) "Advanced practice nurse prescriber" means an advanced practice nurse who has been granted a certificate to issue prescription orders under s. 441.16 (2), Stats.

(3) "Board" means the board of nursing.

(4) "Clinical pharmacology/therapeutics" means the identification of individual and classes of drugs, their indications and contraindications, their likelihood of success, their side-effects and their interactions, as well as, clinical judgment skills and decision-making, based on thorough interviewing, history-taking, physical assessment, test selection and interpretation, pathophysiology, epidemiology, diagnostic reasoning, differentiation of conditions, treatment decisions, case evaluation and non-pharmacologic interventions.

(5) "Collaboration" means a process which involves 2 or more health care professionals working together, in each other's presence when necessary, each contributing one's respective area

of expertise to provide more comprehensive care than one alone can offer.

(6) "Health care professional" has the meaning given under s. 180.1901 (1m), Stats.

(6m) "One contact hour" means a period of attendance in a continuing education program of at least 50 minutes.

(7) "Patient health care record" has the meaning given under s. 146.81 (4), Stats.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (6m), Register August 2001 No. 548, eff. 9-1-01; CR 01-046: am. (1) (a), Register October 2001 No. 550, eff. 11-1-01.

N 8.03 Qualifications for certification as an advanced practice nurse prescriber. An applicant for initial certification to issue prescription orders shall be granted a certificate by the board if the applicant complies with all of the following:

(1) Has a current license to practice as a professional nurse in this state or has a current license to practice professional nursing in another state which has adopted the nurse licensure compact.

(2) Is currently certified by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.

(3) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, holds a master's degree in nursing or a related health field granted by a college or university accredited by a regional accrediting agency approved by the state board of education in the state in which the college or university is located.

(4) Has completed at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate to issue prescription orders.

(5) Has passed a jurisprudence examination for advanced practice nurse prescribers.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 01-046: am. (1), Register October 2001 No. 550, eff. 11-1-01.

N 8.04 Application procedure. An applicant for a certificate to practice as an advanced practice nurse prescriber shall file a completed notarized application on a form provided by the board. The application shall include:

(1) The signature of the applicant.

(2) The fee specified under s. 440.05 (1), Stats.

(3) Evidence of current certification by a national certifying body approved by the board as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist.

(4) For applicants who receive national certification as a nurse practitioner, certified nurse-midwife, certified registered nurse anesthetist or clinical nurse specialist after July 1, 1998, certification of the grant of a master's degree in nursing or a related health field from, and submitted directly to the board by a college or university accredited by a regional accrediting agency approved by

the state board of education in the state in which the college or university is located.

(5) Satisfactory evidence of completion of at least 45 contact hours in clinical pharmacology/therapeutics within 3 years preceding the application for a certificate.

Note: Application forms are available on request to the Board of Nursing, 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.05 Continuing education. (1) Every advanced practice nurse prescriber shall submit to the board evidence of having completed an average of at least 8 contact hours per year in clinical pharmacology/therapeutics relevant to the advanced practice nurse prescriber's area of practice.

(2) Evidence of completion of continuing education meeting the requirements of sub. (1) shall be submitted to the board on a schedule consistent with the schedule for submission of evidence of continuing education hours established by the advanced practice nurse prescriber's national certifying body.

(3) Every advanced practice nurse prescriber shall retain for a minimum period of 4 years, and shall make available to the board or its agent upon request, certificates of attendance issued by the program sponsor for all continuing education programs for which he or she claims credit for purposes of renewal of his or her certificate.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; CR 00-168: cr. (3), Register August 2001 No. 548, eff. 9-1-01.

N 8.06 Prescribing limitations. The advanced practice nurse prescriber:

(1) May issue only those prescription orders appropriate to the advanced practice nurse prescriber's areas of competence, as established by his or her education, training or experience.

(2) May not issue a prescription order for any schedule I controlled substance.

(3) May not prescribe, dispense or administer any amphetamine, sympathomimetic amine drug or compound designated as a schedule II controlled substance pursuant to the provisions of s. 961.16 (5), Stats., to or for any person except for any of the following:

(a) Use as an adjunct to opioid analgesic compounds for the treatment of cancer-related pain.

(b) Treatment of narcolepsy.

(c) Treatment of hyperkinesia.

(d) Treatment of drug-induced brain dysfunction.

(e) Treatment of epilepsy.

(f) Treatment of depression shown to be refractory to other therapeutic modalities.

(4) May not prescribe, order, dispense or administer any anabolic steroid for the purpose of enhancing athletic performance or for other nonmedical purpose.

(5) Shall, in prescribing or ordering a drug for administration by a registered nurse or licensed practical nurse under s. 441.16 (3) (cm), Stats., present evidence to the nurse and to the administration of the facility where the prescription or order is to be carried out that the advanced practice nurse prescriber is properly certified to issue prescription orders.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; correction in (3) made under s. 13.93 (2m) (b) 7., Stats., Register, October, 2000, No. 538.

N 8.07 Prescription orders. (1) Prescription orders issued by an advanced practice nurse prescribers shall:

(a) Specify the date of issue.

(b) Specify the name and address of the patient.

(c) Specify the name, address and business telephone number of the advanced practice nurse prescriber.

(d) Specify the name and quantity of the drug product or device prescribed, including directions for use.

(e) Bear the signature of the advanced practice nurse prescriber.

(2) Prescription orders issued by advanced practice nurse prescribers for a controlled substance shall be written in ink or indelible pencil or shall be typewritten, and shall contain the practitioner's controlled substances number.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.08 Malpractice insurance coverage.

(1) Advanced practice nurse prescribers who prescribe independently shall maintain in effect malpractice insurance evidenced by one of the following:

(a) Personal liability coverage in the amounts specified in s. 655.23 (4), Stats.

(b) Coverage under a group liability policy providing individual coverage for the nurse in the amounts set forth in s. 655.23 (4), Stats. An advanced practice nurse prescriber covered under one or more such group policies shall certify on forms provided by the board that the nurse will independently prescribe only within the limits of the policy's coverage, or shall obtain personal liability coverage for independent prescribing outside the scope of the group liability policy or policies.

(2) Notwithstanding sub. (1), an advanced practice nurse prescriber who practices as an employee of this state or a governmental subdivision, as defined under s. 180.0103, Stats., is not required to maintain in effect malpractice insurance coverage, but the nurse shall certify on forms provided by the board that the nurse will prescribe within employment policies.

(3) An advanced practice nurse prescriber who prescribes under the supervision and delegation of a physician or CRNA shall certify on forms provided by the board that the nurse complies with s. N 6.03 (2) and (3), regarding delegated acts.

(4) An advanced practice nurse prescriber who prescribes in more than one setting or capacity shall comply with the provisions of subs. (1), (2) and (3) applicable to each setting or capacity. An advanced practice nurse prescriber who is not an employee of this state or a governmental subdivision, and who prescribes independently in some situations and prescribes under the supervision and delegation of a physician or CRNA in other situations, shall meet the requirements of sub. (1) with respect to independent prescribing and the requirements of sub. (3) with respect to delegated prescribing.

Note: Forms are available from the board office located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

(5) Every advanced practice nurse who is certified to issue prescription orders shall annually submit to the board satisfactory evidence that he or she has in effect malpractice insurance required by sub. (1).

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; r. and recr. (1), renum. (2) to be (5) and cr. (2), (3) and (4), Register, October, 1996, No. 490, eff. 11-1-96.

N 8.09 Dispensing. (1) Except as provided in sub. (2), advanced practice nurse prescribers shall restrict their dispensing of prescription drugs to complimentary samples dispensed in original containers or packaging supplied by a pharmaceutical manufacturer or distributor.

(2) An advanced practice nurse prescriber may dispense drugs to a patient if the treatment facility at which the patient is treated is located at least 30 miles from the nearest pharmacy.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95.

N 8.10 Case management and collaboration with other health care professionals. (1) Advanced practice nurse prescribers shall communicate with patients through the use of modern communication techniques.

(2) Advanced practice nurse prescribers shall facilitate collaboration with other health care professionals, at least 1 of whom shall be a physician, through the use of modern communication techniques.

(3) Advanced practice nurse prescribers shall facilitate referral of patient health care records to other health care professionals and shall notify patients of their right to have their health care records referred to other health care professionals.

(4) Advanced practice nurse prescribers shall provide a summary of a patient's health care records, including diagnosis, surgeries, allergies and current medications to other health care providers as a means of facilitating case management and improved collaboration.

(5) The board shall promote communication and collaboration among advanced practice nurses, physicians and other health care professionals, including notification to advanced practice nurses of mutual educational opportunities and available communication networks.

(6) To promote case management, the advanced practice nurse prescriber may order laboratory testing, radiographs or electrocardiograms appropriate to his or her area of competence as established by his or her education, training, or experience.

(7) Advanced practice nurse prescribers shall work in a collaborative relationship with a physician. The collaborative relationship is a process in which an advanced practice nurse prescriber is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise. The advanced practice nurse prescriber and the physician must document this relationship.

History: Cr. Register, February, 1995, No. 470, eff. 3-1-95; cr. (6) and (7), Register, October, 2000, No. 538, eff. 11-1-00.