Agenda Item 7.9.2
Board Meeting January 18-19, 2018
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Review and Consideration of Position Statements:
Current Position Statements with Substantive Changes

Summary of Request

Annually, Board Position Statements are reviewed and determined if updates are needed related to changes in national practice trends. To make this determination, throughout the year, Board staff keep apprised of changes in practice nationally through evidence based practice developments, guidelines, and regulation movements. This report is comprised of those position statements in which Board staff have proposed changes for the Board's consideration.

Historical Perspective

Though Board Position Statements do not have the force of law, they provide guidance for nurses on relevant practice and licensure issues. The annual review of Board Position Statements allows the opportunity to accurately parallel their content with advances in practice, the Nursing Practice Act, and Board Rules. The following current positions statements had substantive changes to their guidance, position, or meaning.

Current Position Statements with Substantive Changes

15.3	LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines
15.6	Board Rules Associated With Alleged Patient "Abandonment"
15.7	The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes
15.8	The Role of the Nurse in Moderate Sedation
15.9	Performance of Laser Therapy by RNs or LVNs
15.10	Continuing Education: Limitations for Expanding Scope of Practice
15.13	Role of LVNs and RNs in School Health
15.16	Development of Nursing Education Programs

Proposed Changes

Position Statement 15.3, *LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines,* has proposed changes to include the removal of PICC lines or midline catheters. The position statement previously addressed that only the insertion of PICC lines or midline catheters is beyond the scope of practice for LVNs. The position statement now includes the removal of PICC lines or midline catheters as also beyond the scope of practice for LVNs based on current national standards and position statements of other state Boards of Nursing.

Position Statement 15.6, *Board Rules Associated With Alleged Patient "Abandonment,"* has a proposed change to remove information related to workplace violence and bullying as this will now be addressed in the new position statement 15.30, *Bullying and Violence in the Workplace*, proposed in a separate agenda item. Additionally, links to related articles were updated to reflect changes in FAQs.

Position Statement 15.7, *The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes,* includes proposed additions of reference hyperlinks. Board Staff also included the American Association of Nurse Anesthetists' most

recent publication in 2017, *Care of Patients Receiving Analgesia by Catheter Techniques* to promote evidence-based research of this positon statement.

Position Statement 15.8, *The Role of the Nurse in Moderate Sedation,* proposed changes include the acknowledgement of trends in nursing practice that include the adjunct or off label use of low dose agents for pain management or other indications. The proposed changes also add two references as suggested by outside stakeholders for clarity.

Position Statement 15.9, *Performance of Laser Therapy by RNs or LVNs*, contains editorial changes to reflect this program's regulation by Texas Department of Licensing and Regulation (TDLR) where previously the program was regulated by Texas Department of State Health Service (DSHS).

Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice*, contains proposed editorial changes to reflect the addition of a summary paragraph that relates the limitations for expanding a nurse's scope of practice to the duty a nurse has to patients that is separate from any employment relationship.

Position Statement 15.13, *Role of LVNs and RNs in School Health*, has proposed editorial changes to clarify that the medications and treatments that are listed as tasks that may be delegated to an unlicensed person in emergency situations are examples and not all inclusive.

Position Statement 15.16, *Development of Nursing Education Programs*, contains proposed changes to reflect the current process for education program proposals.

Pros and Cons

Pros:

Adoption of the current Board Position Statements with substantive changes will allow for continued guidance for nurses and the public related to relevant practice and licensure issues.

Cons:

None noted.

Staff Recommendation:

Move to adopt the Board Position Statements with substantive changes with allowance for non-substantive word editing for purposes of clarity as may be deemed necessary by Board staff.

15.3 LVNs Engaging in Intravenous Therapy, Venipuncture, or PICC Lines

The basic educational curriculum for Licensed Vocational Nurses (LVNs) does not mandate teaching of principles and techniques ~~of~~ for insertion ~~for~~ of peripheral intravenous (IV) catheters, or the administration of fluids and medications via the intravenous route. Knowledge and skills relating to maintaining patency and performing dressing changes of central line intravenous catheters is also not mandated as part of basic LVN education. As such, ~~basic competency in management of intravenous lines/intravenous therapy is not a given for any specific LVN licensee.~~ it cannot be presumed that all LVN licensees possesses basic competency in the management of IV lines/IV therapy.

Applicable Nursing Standards

LVN practice is guided by the Nursing Practice Act (NPA) and Board Rules. *22 TAC §217.11*, *Standards of Nursing Practice*, is the rule most often applied to nursing practice issues. Two standards applicable in all practice scenarios include:

- §217.11(1)(B) I~~i~~mplement measures to promote a safe environment for clients and others, and
- §217.11(1)(T) ~~A~~accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse's educational preparation, experience, knowledge, and physical and emotional ability.

Additional standards in *22 TAC §217.11* that may be applicable when a LVN chooses to engage in an IV therapy related task include (but are not limited to):

- (1)(C) Know the rationale for and the effects of medications and treatments and shall correctly administer the same,
- (1)(D) Accurately and completely report and document: (i) ..client status....(ii) nursing care rendered....(iii) physician, dentist or podiatrist orders...(iv) administration of medications and treatments....(v) client response(s)...,
- (1)(G) Obtain instruction and supervision as necessary when implementing nursing procedures or practices,
- (1)(H) Make a reasonable effort to obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations,
- (1)(R) Be responsible for one's own continuing competence in nursing practice and individual professional growth,
- (2)(A) Shall utilize a systematic approach to provide individualized, goal-directed nursing care...[(i)-(v)], and
- (2)(C) ...perform other acts that require education and training as prescribed by board rules and policies, commensurate with the LVN's experience, continuing education, and demonstrated LVN competencies.

Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice,* provides additional clarification of the Standards Rule as it applies to LVN s~~S~~cope of p~~P~~ractice. Instruction and skill

evaluation relating to LVNs performing insertion of peripheral IV catheters and/or administering IV fluids and medications as prescribed by an authorized practitioner may allow a LVN to expand his/her scope of practice to include intravenous therapy.

It is the opinion of the Board that the LVN shall not engage in IV therapy related to either peripheral or central venous catheters, including venipuncture, administration of IV fluids, and/or administration of IV push medications, until successful completion of a validation course that instructs the LVN in the knowledge and skills applicable to the LVN's IV therapy practice. The BON does not define or set qualifications for an "IV Validation Course" or for "LVN IV certification." The LVN who chooses to engage in intravenous therapy must first have been instructed in the principles of intravenous therapy congruent with prevailing nursing practice standards.

Insertion and Removal of PICC Lines or Midline Catheters

The Board has further determined that ~~the one-year~~ vocational nursing programs do~~es not provide the Licensed Vocational Nurse (~~LVN~~)~~ with the educational foundation to assure client safety in insertion and removal of Peripherally Inserted Central Catheters (PICC lines) or midline catheters, inclusive of vein selection, insertion/advancement/retraction of the catheter, determining placement, and monitoring of the client for untoward reactions in relation to catheter insertion and removal. The LVN scope of practice is a directed scope of practice utilizing a focused assessment for patients with predictable healthcare needs. Patients having PICC lines either inserted or removed are at risk for complications, e.g. air embolism, nerve damage, infection[1], and could potentially become unpredictable needing a comprehensive assessment, as well, as changes to nursing diagnoses and plan of care to ensure vascular access. This position of the Board aligns with boards of nursing across the nation[2,3,4,5,6,7,8,9]. Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, and Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Practice*, further maintains that continuing education that falls short of ~~achieving licensure as a registered nurse~~ an educational program of study leading to a degree and licensure as a registered nurse would be insufficient to assure vocational nurse competency and patient safety with regard to insertion and removal of PICC lines or midline catheters. Therefore, it is the Board's position that insertion and removal of PICC lines or midline catheters is beyond the scope of practice for LVNs.[1]

Administration of IV Fluids and Medications

The ability of a LVN to administer specific IV fluids or drugs, to prepare and/or administer IV "piggy-back" or IV "push" medications, or to monitor and titrate "IV drip" medications of any kind is up to facility policy. The LVN's practice relative to IV therapy must also comply with any other regulations that may exist under the jurisdiction of other regulatory agencies or entities. The LVN who accepts an assignment to engage in any aspect of intravenous therapy is responsible for adhering to the NPA and Board rules, particularly *22 TAC §217.11, Standards of Nursing Practice*, including excerpted standards listed above and any other standards or rules applicable to the individual LVN's practice.

All nursing actions related to peripheral and/or central intravenous lines, as well as IV administration of medications, must be completed in accordance with the orders of the prescribing

practitioner, as well as written policies, procedures and job descriptions approved by the health care employer.

References

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[2] Alabama Board of Nursing. (2016). *Alabama Board of Nursing approved standardized procedures.* Retrieved from https://www.abn.alabama.gov/wp-content/uploads/2016/03/Approved-Standardized-Procedures.pdf

[3] Connecticut Board of Examiners for Nursing. (1997). *Suggested guidelines for registered nurses in the insertion and removal of specialized intravenous catheters.* Retrieved from http://www.ct.gov/dph/lib/dph/phho/nursing_board/guidelines/special_cath.pdf

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[5] Massachusetts Board of Registration in Nursing. (2015). *Peripherally inserted central catheters (PICC).* Retrieved from http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursing-practice/advisory-rulings/peripherally-inserted-central-catheters.html

[6] Mississippi Board of Nursing. (2000). *Insertion, maintenance and removal of peripherally inserted central catheters (PICC).* Retrieved from http://www.msbn.ms.gov/Documents/PICC_2000.pdf

[7] South Dakota Board of Nursing. (2012). *IV therapy education.* Retrieved from https://doh.sd.gov/boards/nursing/LPNscope.aspx

[8] Vermont Board of Nursing. (2012). *The role of the license practical nurse in intravenous infusion therapy.* Retrieved from https://www.sec.state.vt.us/media/369316/ps-role-of-the-lpn-in-iv-therapy.pdf

[9] Wyoming State Board of Nursing. (2017). *Advisory Opinion LPN IV certified (IV-C) scope of practice.* Retrieved from https://nursing-online.state.wy.us/Resources/AO_LPN%20IV-C%20Scope%20of%20Practice.pdf

(Board Action: 06/1995; Revised: 09/1999; 01/2005; 01/2011; 01/2012; 01/2014; 01/2015; 01/2018)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2013; 01/2016; 01/2017)

15.6 Board Rules Associated With Alleged Patient "Abandonment"

The Texas Board of Nursing (BON or Board), in keeping with its mission to protect ~~the~~ public health, safety, and welfare, holds nurses accountable for providing a safe environment for patients and others over whom the nurse is responsible [*22 TAC §217.11(1)(B)*]. Though the Nursing Practice Act (NPA) and Board Rules do not define the term *"abandonment,"* the Board has investigated and disciplined nurses in the past for issues surrounding the concept of *abandonment* as it relates to *the nurse's duty to ~~the~~ a patient.* The Board's position applies to licensed nurses (LVNs and RNs), including RN's with advanced practice licensure (Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Certified Registered Nurse Anesthetists) in Texas.

Nurse's Duty to a Patient

All nurses, regardless of practice setting or position title/role, are required to adhere to the NPA and Board Rules. The "core" rules relating to nursing practice are *22 TAC §217.11*, *Standards of Nursing Practice*, and *22 TAC §217.12*, *Unprofessional Conduct*. The standard upon which ~~all~~ other standards are based is *22 TAC §217.11(1)(B)* "...promote a safe environment for clients and others." This standard supersedes ~~any~~ a physician's order or facility's policy and has previously been upheld in a landmark case, *Lunsford v. Board of Nurse Examiners*, 648 S.W. 2d 391 (Tex. App. -- Austin 1983). The concept of the nurse's duty to promote patient safety also serves as the basis for determining behavior that could be considered unprofessional conduct by a nurse.

Patients under the care of a nurse are vulnerable by virtue of illness, injury, and/or the dependent nature and unequal power base of the nurse-patient relationship. Persons who are especially vulnerable include the elderly, children, the mentally ill, sedated and anesthetized patients, those whose mental or cognitive ability is compromised, and patients who are physically disabled, immobilized, restrained, or secluded. The nurse's duty to protect the patient is created by the patients' vulnerability and the nurse's power base. The distinction between a nurse leaving employment versus a nurse violating a duty to a patient through leaving an assignment is often confused. The first is an employment issue; the other is potentially a licensure issue.

There is also no routine answer to the question, *"When does the nurse's duty to a patient begin?"* The nurse's duty is not defined by any single event such as clocking in or taking report. From a BON standpoint, the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting.

Employment Issues

Though the Board has no jurisdiction over employers or employment-related issues, other laws regulating facility licensure may apply certain responsibilities to the employer for provision of patient safety, such as development of effective patient care systems or provision of adequate numbers of qualified staff. Specific requirements for a given facility may be obtained by contacting the applicable licensing authority for the institution.

The Board believes that the following additional examples of employment issues would not typically involve violations of the NPA or Board Rules:

- ~~R~~resignation without advance notice, assuming the nurse's current patient care assignment and/or work shift has been completed~~.~~;
- ~~R~~refusal to work additional shifts, either "doubles" or extra shifts on days off~~.~~; and/or
- ~~O~~other work-related issues, such as frequent absenteeism or tardiness, or conflicts between staff/employees.

The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. Clear communication between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising either patient safety or a nurse's license.

Licensure Issues

As previously noted, the rules most frequently applied to nursing practice concerns are *22 TAC§217.11*, *Standards of Nursing Practice*, and *22 TAC §217.12*, *Unprofessional Conduct*. In relation to questions of "abandonment," standard *22 TAC §217.11(1)(I)* holds the nurse responsible to "notify the appropriate supervisor when leaving a nursing assignment." This standard should not be misinterpreted to mean a nurse may simply notify the supervisor that he/she is leaving the premises, regardless of whether or not another qualified licensed nurse is available to assume care of the nurse's patients. Specific procedures to follow in a given circumstance (nurse becomes ill, family emergency, etc.) should be delineated in facility policies (which the Board does not regulate).

Some actions may be more obvious examples of unprofessional conduct that could result in sanctions on the nurse's license. Examples of conduct that could lead to Board action on the nurse's license may include:

- ~~S~~sleeping on the job, which effectively makes the nurse unavailable to observe the patient or respond to the patient's needs, even though the nurse is physically present~~.~~;
- ~~S~~simply walking off the job in mid-shift without notifying anyone and without regard for patient safety;
- ~~F~~failing to initiate or complete an agreed assignment when the nurse is the sole care provider, and/or the nurse is a consultant or supervisor in a home or homelike setting; and/or failing to notify a supervisor in a timely manner that the assignment will not be done, and/or falsifying records to the effect that the missed nursing visit was indeed completed; and/or
- leaving the assigned patient care area and remaining gone or unavailable for a period of time such that the care of any/all patients may be compromised due to lack of available licensed staff.

The Board may impose sanctions on a nurse's license for actions that potentially place patients at risk for harm or when harm has resulted because a nurse violated his or her duty to the patient by leaving a patient care assignment in a manner inconsistent with the Board Rules.

Emergency Preparedness ~~and Workplace Violence~~

A nurse may have to choose between the duty to provide safe patient care and protecting the nurse's own life during an emergency, including but not limited to disasters, infectious disease outbreaks or ~~bioterrorism~~ acts of terrorism. The Board believes nurses should be vigilant and exercise sound professional judgment when accepting assignments that may be requested by employers who need nurses to fill vacant shifts for licensed nursing staff or other staffing-related situations. These situations are challenging for all nurses and their employers, therefore the Board recommends policies and procedures be developed, and periodically reviewed, to provide clear guidance and direction to nurses in order for patients to receive safe and effective care. ~~The Occupational Safety and Health Administration (OSHA) defines workplace violence to include "any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site" (https://www.osha.gov/SLTC/workplaceviolence/).~~ A nurse may have to choose between the duty to provide safe patient care and protecting the nurse's own life during a violent situation that may occur in the workplace. For example, when an active shooter is present in the workplace, the nurse should take steps to protect the patients if there is time and using a method that does not jeopardize the nurse's personal safety or interfere with law enforcement personnel. These steps may include evacuating the area or preventing entry to an area where the active shooter is located. However, during an active shooter situation a nurse may find there is not sufficient time to do anything but to ensure his or her own safety. In this instance, as soon as the situation has resolved the nurse should promptly resume care of patients.~~-~~*Clear communication* between staff and supervisors is essential to arrive at solutions that best focus on patient care needs without compromising either patient safety or a nurse's license.

Board Disciplinary Actions

Complaints of "patient abandonment" when it is obvious from the allegation that it is an employment issue will not be investigated by the Board. In these circumstances, however, both parties (the nurse and the employer) may be advised to strive for alternate solutions to avoid similar situations in the future.

Some general factors that would be considered in investigating a complaint of leaving an assignment by a nurse would include, but not be limited to:

- the extent of dependency or disability of the patient;
- stability of the patient;
- the length of time the patient was deprived of care;
- any harm to the patient/level of risk of harm to the patient;
- steps taken by the nurse to notify a supervisor of the inability to provide care;
- previous history of leaving a patient-care assignment;

- emergencies that require nurses to respond, including but not limited to disasters, disease outbreaks, and bioterrorism;
- workplace violence, including but not limited to an active shooter situation;
- other unprofessional conduct in relation to the practice of nursing;
- general nurse competency regarding adherence to minimum nursing standards.

As with all allegations received by the Board, the alleged conduct by a nurse will be thoroughly investigated to determine what, if any, violations of the NPA and rules have occurred. If evidence of violations exists, the Board must then determine what level of sanction is appropriate to take on the nurse's license and what specific stipulation requirements will be applied. Depending upon the case analysis, Board actions may range from the case being closed with no findings or action all the way to suspension and/or revocation/voluntary surrender of the nurse's license.

Safe Harbor Peer Review

If a nurse feels he/she is being asked to accept an assignment that would potentially cause the nurse to violate his/her duty to a patient, the nurse may be able to invoke "safe harbor," depending on whether or not the nurse's employer meets requirements that would make it mandatory for the employer to have a peer review plan in place. This is established in the NPA, Chapter 303, *Peer Review*, and in *22 TAC §217.20*, *Safe Harbor Peer Review and Whistleblower Protections*. Safe Harbor has two effects related to the nurse's license:

1) ~~I~~it is a means by which a nurse can request a peer review committee determination of a specific situation in relation to the nurse's duty to a patient; and

2) ~~I~~it affords the nurse immunity from Board action against the nurse's license if the nurse invokes Safe Harbor in accordance with *22 TAC §217.20*. For the nurse to activate this immunity status, the nurse must notify the assigning supervisor at the time the assignment request is made, and the nurse must submit the required information in writing, as specified in *22 TAC §217.20(d)(3)(A)* or on the Board's Safe Harbor Quick Request Form.

Links to Related Articles:

- FAQ on Floating ~~- http://www.bon.texas.gov/faq_nursing_practice.asp~~
- FAQ on Overtime/Hours of Work ~~- http://www.bon.texas.gov/faq_nursing_practice.asp~~
- FAQ on Peer Review ~~- http://www.bon.texas.gov/faq_peer_review.asp~~
- FAQ on Staffing Ratios ~~- http://www.bon.texas.gov/faq_nursing_practice.asp#t2~~
- Safe Harbor Form ~~- http://www.bon.texas.gov/practice_peer_review.asp~~
- ~~United States Department of Labor, Occupational Safety and Health Administration: WorkplaceViolence https://www.osha.gov/SLTC/workplaceviolence/~~

(Adopted 01/2005; Revised: 01/2006; 01/2007; 01/2009; 01/2011; 01/2014; 01/2015; 01/2017; 01/2018)
(Reviewed: 01/2008; 01/2010; 01/2012; 01/2013; 01/2016)

15.7 The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes

Role of the LVN

The LVN can provide basic nursing care to patients with epidural or intrathecal catheters. It is the opinion of the Board that the licensed vocational nurse shall not be responsible for the management of a patient's epidural or intrathecal catheter including administration of any medications via either epidural or intrathecal catheter routes. Management of epidural or intrathecal catheters requires the mastery of complex nursing knowledge and skills that are beyond the competencies of the vocational nursing program or a continuing education course.

Role of the RN

The Board has determined that it may be within the scope of practice of a registered professional nurse to administer analgesic and anesthetic agents via the epidural or intrathecal routes for the purposes of pain control. As with all areas of nursing practice, the RN must apply the Nursing Practice Act (NPA) and Board Rules to the specific practice setting, and must utilize good professional judgment in determining whether ~~or not~~ to engage in a given patient-care related activity.

The Board believes that only licensed anesthesia care providers as described by the American Society of Anesthesiologists and the American Association of Nurse Anesthetists, as authorized by applicable laws should perform insertion and verification of epidural or intrathecal catheter placement. Consistent with state law, the attending physician or the qualified provider must order the drugs, dosages, and concentrations of medications to be administered to the patient through the catheter. These interventions are beyond the scope of the registered professional nurse in that independent medical judgment and formal advanced education ~~and~~, skills and training are required to achieve and maintain competence in performing these procedures.

RNs who choose to engage in administration of properly ordered medications via the epidural or intrathecal routes must have documentation that the RN has participated in educational activities to gain and maintain the knowledge and skill necessary to safely administer and monitor patient responses, including the ability to:

- Demonstrate knowledge of the anatomy, physiology, and pharmacology of patients receiving medications via the epidural or intrathecal routes;
- Anticipate and recognize potential complications of the analgesia relative to the type of infusion devise and catheter used;
- Recognize emergency situations and institute appropriate nursing interventions to stabilize the patient and prevent complications;
- Implement appropriate nursing care of patients to include:

  a) observation and monitoring of sedation levels and other patient parameters;

  b) administration and effectiveness of medication, catheter maintenance and catheter placement checks;

c) applicable teaching for both patients and their family/significant others related to expected patient outcomes/responses and possible side effects of the medication or treatment; and

d) knowledge and skill to remove catheters when applicable.

Appropriate nursing policies and procedures that address the education and skills of the RN and nursing care of the patient should be developed to guide the RN in the administration of epidural and/or intrathecal medications. RNs and facilities should consider evidence-based practice guidelines put forth by professional specialty organizations(s), such as the American Association of Nurse Anesthetists and the American Society of Anesthesiologists when developing appropriate guidance for the RN in a particular practice setting. For example, ~~the Association of Women's Health, Obstetric and Neonatal Nurses' (AWHONN) has a clinical position statement on "Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia and Anesthesia by Catheter Techniques."~~ the Association of Women's Health, Obstetric and Neonatal Nurses' (AWHONN) has a clinical position statement on "Role of the Registered Nurse in the Care of the Pregnant Woman Receiving Analgesia/Anesthesia by Catheter Techniques." This nationally recognized practice guideline states that it is beyond the scope of practice of the obstetrical nurse to institute or change the rate of continuous infusions via epidural or intrathecal catheters. The American Association of Nurse Anesthetists has a similar position.

The Board also encourages the use of the BON's "Six-Step Decision-Making Model for Determining Nursing Scope of Practice." Finally, standing medical orders approved by the medical and/or anesthesia staff of the facility should include, but not necessarily be limited to, the following:

1) The purpose and goal of treatment;

2) The dosage range of medication to be administered including the maximum dosage;

3) Intravenous access;

4) Treatment of respiratory depression and other side effects including an order for a narcotic antagonist;

5) Options for inadequate pain control; and

6) Physician/CRNA availability and ~~back up~~ backup.

References

American Association of Nurse Anesthetists. (2017). *Care of Patients Receiving Analgesia by Catheter Techniques*. Retrieved from http://www.aana.com/resources2/professionalpractice/Pages/Care-of-Patients-Receiving-Analgesia-by-Catheter-Techniques.aspx

Association of Women's Health, Obstetric, and Neonatal Nurses. (2015). *Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by*

catheter techniques. Retrieved from http://www.jognn.org/article/S0884-2175(15)31771-8/fulltext

(LVN role: BVNE 1994; Revised BON 01/2005)
(RN role: BON 06/1991; Revised: 01/2003; 01/2004; 01/2005; 01/2011; 01/2014; 01/2016; 01/2018)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2009; 01/2010; 01/2012; 01/2013; 01/2015; 01/2017)

15.8 Role of the Nurse in Moderate Sedation

Note: *This position statement is* ***not*** *intended to apply to ~~either~~:*

1) The practice of the registered nurse who holds licensure ~~to practice~~ as an advanced practice registered nurse in the role and population focus of nurse anesthetist (CRNA) functioning within his/her authorized scope of practice~~, or to~~;

2) The Registered Nurse practicing in an acute care setting, such as critical care, where the patient in question is intubated, receiving mechanical ventilatory support, and continuously monitored by the patient care RN~~.~~; or

3) Adjunct or off label use of low dose agents for pain management or other indications.

Role of the LVN

The administration of pharmacologic agents via IV or other routes for the purpose of achieving moderate sedation requires mastery of complex nursing knowledge, advanced skills, and the ability to make independent nursing judgments during an unstable and unpredictable period for the patient. It is the opinion of the Board that the one-year vocational nursing program does not provide the Licensed Vocational Nurse (LVN) with the educational foundation to assure patient safety for optimal anesthesia care inclusive of both the administration of pharmacologic agents intended to induce moderate sedation and/or assessment and monitoring of the patient receiving moderate (conscious) sedation.

In alignment with *22 TAC §217.11, Standards of Nursing Practice*, Board Position Statement 15.27, *The Licensed Vocational Nurse Scope of Practice*, and Board Position Statement 15.10, *Continuing Education: Limitations for Expanding Scope of Nursing Practice*, the Board also maintains that continuing education that falls short of achieving licensure as a registered nurse would be insufficient to assure vocational nurse competency and patient safety with regard to both medication administration and patient monitoring associated with moderate sedation.

Though the Board cannot dictate physician practice, it is the Board's position that a LVN cannot administer medications or monitor patients receiving moderate sedation as a delegated medical act.

Role of the RN or non-CRNA Advanced Practice Registered Nurse

Though optimal anesthesia care is best provided by qualified certified registered nurse anesthetists (CRNAs) or anesthesiologists, the Board recognizes that the demand in the practice setting necessitates provision of moderate sedation by registered nurses and non-CRNA advanced practice registered nurses in certain practice situations.

All licensed nurses practicing in Texas are required to "know and comply" with the Nursing Practice Act (NPA) and Board Rules. *22 TAC §217.11(1)(B)* requires the nurse to "promote a safe environment for clients and others." This standard establishes the nurse's duty to the patient/client, which **supersedes any physician order or any facility policy.** This "duty" to the patient requires the nurse to use informed professional judgment when choosing to assist or engage in a given procedure. [See Position Statement 15.14, *Duty of a Nurse in Any Practice Setting*].

As the NPA and rules are not prescriptive to specific tasks a nurse may or may not perform, a RN or non CRNA advanced practice registered nurse should consider evidence-based practice guidelines put forth by professional organizations with clinical expertise in the administration of pharmacologic agents used for sedation/anesthesia as well as advanced airway management and cardiovascular support. A number of professional specialty organizations have well-defined standards and recommendations for ongoing nursing education and competency assessment related to administration and monitoring of patients receiving moderate sedation.

These organizations include the American Association of Nurse Anesthetists (AANA)[1], the American Nurses Association (ANA)[2], the Association of PeriOperative Registered Nurses (AORN)[3], ~~and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) The AWHONN position statement is also endorsed by the American Association of Critical Care Nurses (AACN).~~ Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN).[4] Statements published by the American Society of Anesthesiologists (ASA) also support the positions of the above nursing organizations.[5] The Board advises the nurse use caution in applying moderate sedation standards of any individual or specialty group who are not also experts in the field of advanced airway management/anesthesia. The Board encourages the use of the BON's "Six-Step Decision-Making Model for Determining Nursing Scope of Practice."

Employing institutions should develop policies and procedures to guide the RN or non-CRNA advanced practice registered nurse in administration of medications and patient monitoring associated with moderate sedation. Policies and procedures should include but not be limited to:

- Performance of a pre-sedation health assessment by the individual ordering the sedation and the nurse administering the sedation
- Guidelines for patient monitoring, drug administration, and a plan for dealing with potential complications or emergency situations developed in accordance with currently accepted standards of practice
- Accessibility of emergency equipment and supplies
- Documentation and monitoring of the level of sedation and physiologic measurements (e.g. blood pressure, oxygen saturation, cardiac rate and rhythm)
- Documentation/evidence of initial education and training and ongoing competence of the RN administering and/or monitoring patients receiving moderate sedation

Use of Specific Pharmacologic Agents

It is up to facilities and physicians to determine specific pharmacologic agents to be used to induce moderate sedation. The Board advises the RN or non-CRNA advanced practice registered nurse use caution, however, ~~in~~ when deciding whether ~~or not~~ s/he has the competency to administer the specific pharmacologic agents ordered by the physician. What is within the scope of practice for one RN is not necessarily within the scope of practice for another RN. (See references to *22 TAC §217.11* & Six-Step Decision-Making Model above). With regard to this issue, the Board recommends the RN also take into consideration:

1) Availability of and knowledge regarding the administration of reversal agents for the pharmacologic agents used; and

2) If reversal agents do not exist for the pharmacologic agents used or the criteria outlined in (1) above are not met, then the nurse must consider his/her individual knowledge, skills, and abilities to rescue a patient from un-intended deep sedation/anesthesia using advanced life support airway management equipment and techniques.

RNs or non-CRNA Advanced Practice Registered Nurses Administering Propofol, Ketamine, or Other Anesthetic Agents to Non-Intubated Patients

Of concern to the Board is the growing number of inquiries related to RNs and non-CRNA advanced practice registered nurses administering Propofol, Ketamine, or other drugs commonly used for anesthesia purposes to non-intubated patients for the purpose of moderate sedation in a variety of patient care settings. It is critical for any RN who chooses to engage in moderate sedation to appreciate the differences between *moderate sedation* and *deep sedation/anesthesia.*

Moderate Sedation versus Deep Sedation Anesthesia

According to the professional literature, "moderate sedation" is defined as a medication-induced, medically controlled state of depressed consciousness. Included in the literature from various professional organizations is the caveat that, while under moderate sedation, the patient at all times retains the ability to independently and continuously maintain a patent airway and cardiovascular function, and is able to respond meaningfully and purposefully to verbal commands, with or without light physical stimulation. Reflex withdrawal to physical stimulation is not considered a purposeful response. Loss of consciousness for patients undergoing moderate sedation should not be the goal and thus pharmacologic agents used should render this result unlikely. If the patient requires painful or repeated stimulation for arousal and/or airway maintenance, this is considered deep sedation.

In a state of deep sedation, the patient's level of consciousness is depressed, and the patient is likely to require assistance to maintain a patent airway. Deep sedation occurring in a patient who is not appropriately monitored and/or who does not have appropriate airway support may result in a life-threatening emergency for the patient. This is not consistent with the concept of moderate sedation as defined in this position statement or the professional literature and is generally considered to be beyond the scope of practice of the RN.

Although Propofol is classified as a sedative/hypnotic, according to the ~~manufacturer's~~ FDA product information, it is intended for use as an anesthetic agent or ~~for the purpose of~~ maintaining sedation of an intubated, mechanically ventilated patient. The product information brochure for Propofol further includes a warning that "only persons trained to administer general anesthesia should administer Propofol for purposes of general anesthesia or for monitored anesthesia care/sedation." The clinical effects for patients receiving anesthetic agents such as Propofol may vary widely within a negligible dose range. Though reportedly "short-acting", it is also noteworthy that there are ***no*** reversal agents for Propofol.

As the US FDA approves computer-assisted personalized sedation systems, a nurse is encouraged to use the Six-Step Decision-Making Model for Determining Nursing Scope of Practice to reach a sound decision whether to engage in nursing practice utilizing such a device in accordance with the US FDA approval requirements. US FDA approval requirements for computer-assisted personalized sedation systems include requirements for completion of

training in addition to safety requirements, such as the immediate availability of anesthesia providers. A nurse is required to complete training prior to using any computer-assisted personalized sedation system and is encouraged to retain proof of training.

The patient receiving anesthetic agents is at increased risk for loss of consciousness and/or normal protective reflexes, regardless of who is administering this medication. ~~Again,~~ The loss of consciousness and/or protective reflexes may indicate progression into deep sedation and this is not consistent with the concept of moderate sedation outlined in the professional literature.

Though the RN or non-CRNA advanced practice registered nurse may have completed continuing education in advanced cardiac life support (ACLS) and practiced techniques during the training program, this process does not ensure ongoing expertise in airway management and emergency intubation. The American Heart Association (AHA)[6] has identified factors that contribute to misplacement of the endotracheal tube during resuscitation including: "inadequate training, lack of experience" and patient characteristics such as physiology and movement~~1~~. It is also important to note that no continuing education program, including ACLS programs, will ensure that the RN or non-CRNA advanced practice registered nurse has the knowledge, skills and abilities to rescue a patient from deep sedation or general anesthesia. Furthermore, it is the joint position of the AANA and ASA that, "because sedation is a continuum, it is not always possible to predict how an individual patient will respond."~~2~~ These organizations state ~~that anesthetic agents, including induction agents, should be administered only by~~ only qualified anesthesia providers who are trained in the administration of general anesthesia should administer anesthetic agents, including induction agents.

Therefore, it is the position of the Board that the administration of anesthetic agents (e.g. ~~P~~propofol, methohexital, ketamine, and etomidate) is outside the scope of practice for RNs and non-CRNA advanced practice registered nurses ***except*** in the following situations:

- when assisting in the physical presence of a CRNA or anesthesiologist (the CRNA or anesthesiologist may direct the RN to administer anesthetic agents in conjunction with the CRNA or anesthesiologist intubating or otherwise managing the patient's airway)
- when administering these medications as part of a clinical experience within an advanced educational program of study that prepares the individual for licensure as a nurse anesthetist (i.e. when functioning as a student nurse anesthetist)
- when administering these medications to patients who are intubated and mechanically ventilated in critical care settings
- when assisting an individual with current competence in advanced airway management, including emergency intubation procedures
- when utilizing a US FDA approved Computer-Assisted Personalized Sedation System in accordance with the US FDA approval requirements, where appropriate safety requirements are met (such as immediate availability of anesthesia providers) after completing appropriate training.

While the physician or other health care provider performing the procedure may possess the necessary knowledge, skills and abilities to rescue a patient from deep sedation and general

anesthesia, it is not prudent to presume this physician will be able to leave the surgical site or abandon the procedure to assist in rescuing the patient. In the case of an appropriately licensed practitioner performing a procedure that can be safely abandoned to rescue or intubate the patient the RN may administer the anesthetic agent when directed. In this instance, the RN is responsible for accepting the assignment and for knowing the rationale, effects, and correctly administering the medication [*22 TAC §217.11 (1)(T) & (1)(C)*].

The Board again stresses that the nurse's duty to assure patient safety [*22 TAC §217.11(1)(B)*] is an independent obligation under his/her professional licensure that supersedes any physician order or facility policy.[~~2,3~~7] It is important to note that the nurse's duty to the patient obligates him/her to decline orders for medications or doses of medications that have the potential to cause the patient to reach a deeper level of sedation or anesthesia. The nurse's duty is outlined in detail in Board Position Statement 15.14, *Duty of a Nurse ~~in~~ In Any Practice Setting.*

Recommended Reference Document: The American Association of Nurse Anesthetists developed an informational advisory ~~documnet~~ document in 2016 to guide policy development for the ~~save~~ safe administration of procedural sedation by a non-anesthesia sedation team in a hospital, ambulatory surgical center, or office setting.[41] The anesthetic agents ketamine and propofol are both mentioned within the document in the context of ~~the~~ procedural sedation.

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[1] The American Association of Nurse Anesthetists. (2016). *Non-anesthesia Provider Procedural Sedation and Analgesia: Policy Considerations.* Retrieved from https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/non-anesthesia-provider-procedural-sedation-and-analgesia.pdf?sfvrsn=670049b1_

[2] American Nurses Association. (2008). *Procedural Sedation Consensus Statement.* Retrieved from http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Procedural-Sedation-Consensus-Statement.html

[3] The Association of PeriOperative Registered Nurses. (2017). *Patient Care Guidelines: Care of the Patient Receiving Moderate Sedation Analgesia.* Retrieved from https://www.aorn.org/guidelines/guideline-implementation-topics/patient-care.

[4] Association of Women's Health, Obstetric and Neonatal Nurses. (2015). *Role of the registered nurse in the care of the pregnant woman receiving analgesia and anesthesia by catheter techniques.* Retrieved from http://www.jognn.org/article/S0884-2175(15)31771-8/fulltext

[5] American Association of Nurse Anesthetists and American Society of Anesthesiologists. (~~2004~~ 2013) *AANA–ASA Joint Position Statement Regarding Propofol Administration.* Retrieved from https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/aana-asa-propofol-joint-ps.pdf?sfvrsn=f80049b1_2

[6] American Heart Association. (~~2015~~2017). 2017 *American Heart Association guidelines for CPR & ECC*. Retrieved from https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/

[7] Lunsford ~~vs~~v. BNE, ~~1983~~ 648 S.W. 391, (Tex. App–Austin 1983)

Additional Resources

Texas Board of Nursing. (2012). Nurses on guard- best practices in patient safety: Off-label administration of Ketamine for pain management by a nurse. *Texas Board of Nursing Bulletin, 43*(4), 5-6.

Texas Board of Nursing. (2017). *FAQ: Off label use of medication*.

(Board Action 01/1992; Revised: 01/2003; 01/2004; 01/2006; 01/2007; 01/2009; 01/2012; 01/2013; 01/2014; 01/2016; 01/2017; 01/2018)
(Reviewed: 01/2008; 01/2010; 01/2011; 01/2015; 01/2018)

15.9 Performance of Laser Therapy by RNs or LVNs

The Board of Nursing (BON) recognizes that the use of laser therapy and the technology of laser use have changed rapidly since their introduction for medical purposes. Nurses fulfill many important roles in the use of laser therapies. These roles and functions change based upon the type of treatment and the setting in which the treatment occurs. It may be within the scope of nursing practice to perform the delivery of laser energy on a patient with a valid order providing the nurse has the education, experience, and knowledge to perform the assignment [*22 TAC §217.11 (1) (T)*]. RNs (including Advanced Practice Registered Nurses practicing within their educated role and population focus) or LVNs, with an appropriate clinical supervisor, who choose to administer laser therapy must know and comply with all applicable laws, rules, and regulations, as well as the Nursing Practice Act (NPA) and Rules of the BON [*22 TAC §217.11 (1)(A)*].

Additional criteria applicable to the nurse who elects to follow an appropriate order in the use of nonablative laser therapy (such as laser hair removal) include:

1) Appropriate education related to use of laser technologies for medical purposes, including laser safety standards of the American National Standards Institute and FDA intended-use labeling parameters;
2) The nurse's education and skill assessment is documented in his/her personnel record;
3) The procedure has been ordered by a currently licensed physician, podiatrist, or dentist or by an Advanced Practice Registered Nurse (APRN) or Physician Assistant working in collaboration with one of the aforementioned practitioners; and
4) Appropriate medical, nursing, and support service back up is available, since remedies for untoward effects of laser therapy may go beyond the scope of practice of the nurse performing the procedure; and
5) Specific regulations related to laser hair removal, including ~~training requirements, may be accessed on the Texas Department of State Health Services website https://www.dshs.texas.gov/radiation/laserhair.shtm~~ educational requirements for a certificate, may be accessed on the Texas Department of Licensing and Regulation website at https://www.tdlr.texas.gov/las/lasrules.htm

Registered Nurses, including APRNs, cannot delegate any aspects of the use of lasers to unlicensed persons. ~~As in carrying out any delegated medical act, the nurse is expected to comply with the Nursing Practice Act and the Board's Rules and Regulations.~~ The nurse is expected to comply with the Nursing Practice Act and Board's Rules and regulations when carrying out any delegated medical act.

Additional regulations potentially applicable to laser use may include Texas Health and Safety Code, Chapter 401, Subchapter M and the Texas Medical Board Rule 193.17 related to Nonsurgical Medical Cosmetic Procedures.

An additional reference in relation to physician delegation: Position Statement 15.11, Delegated Medical Acts.

(Board Action, 05/1992; Revised: 11/1997; 01/2003; 04/2004; 01/2006; 01/2008; 01/2009; 01/2011; 04/2013; 01/2014; 01/2017; 01/2018)
(Reviewed: 01/2005; 01/2007; 01/2010; 01/2012; 01/2015; 01/2016)

15.10 Continuing Education: Limitations for Expanding Scope of Practice

Foundation for Initial Licensure and/or APRN licensure

The Board's Advisory Committee on Education states in its "*Differentiated Essential Competencies (DECs) Of Graduates of Texas Nursing Programs Evidenced by Knowledge, Clinical Judgements, and Behaviors, ~~Vocational (VN), Diploma/Associate Degree (Diploma/ADN), Baccalaureate Degree (BSN), October 2010~~" October 2010"* that: "The curricula of each of the nursing programs differ, and the outcomes of the educational levels dictate a differentiated set of essential competencies of graduates. The competencies of each educational level build upon the previous level." ~~On a national level,~~ The National Council of State Boards of Nursing~~, Inc.~~ (NCSBN) develops and administers two national nurse licensure examinations; the National Council Licensure Examination for Practical Nurses (NCLEX-PN®)~~,~~ and the National Council Licensure Examination for Registered Nurses (NCLEX-RN®). These two examinations are used by all U.S. state and territorial boards of nursing to test entry-level nursing competence of candidates for licensure as Registered Nurses and as Licensed Practical/Vocational Nurses.

Licensure as an advanced practice registered nurse in Texas requires completion of a master's or ~~post-master's~~ postmaster's advanced practice program as well as national certification in the advanced role and population focus. To gain licensure as an advanced practice registered nurse in Texas, the nurse must first be licensed as a RN in Texas or have privilege to practice in Texas using a valid, unencumbered RN multistate license from a compact state. The nurse must then submit an application to the Board for licensure in the advanced practice role and population focus.

Limitations of "Continuing Education"

The nursing shortage is creating ever-greater challenges for those who must fill nursing vacancies at all levels of licensure and in various specialties. As efforts to invent new ways to fill this growing void expand, the Board is receiving a growing number of calls to clarify the term "continuing education" in relation to how far a nurse can expand his/her practice with informal continuing education offerings.

The formal education for entry into nursing practice in Texas is differentiated between vocational and professional (registered) nursing. Formalized education for advanced practice also requires completion of a formal program of education in the advanced practice role and population focus at the master's or ~~post-master's~~ postmaster's level.

The Board believes that for a nurse to successfully make a transition from one level of nursing licensure to the next requires the completion of a formal program of education as defined in the applicable board rule [Board Rules 217.2 and 221.4]. The Board also believes that completion of on-going, informal continuing education offerings, such as workshops or ~~on-line~~ online offerings in a specialty area, serve to expand and maintain the competency of the nurse at the current level of licensure. No amount of informal or on-the-job-training can qualify a LVN to perform the same level of care as the RN. Likewise, the RN cannot engage in aspects of care that require independent medical ~~judgment~~ judgement in a given APRN role and population focus without the formal education, national certification, and proper licensure in that advanced practice registered nurse role and population focus.

For example, a LVN with 10 years of home care experience cannot perform the comprehensive assessment and initiate the nursing care plan on a patient newly admitted to the ~~LVN's~~ services of a home care agency~~'s service~~ where the LVN is employed. This is precluded in both BON *22 TAC §217.11* as well as in the home care regulations. Attending a workshop and/or spending time under the supervision of a RN does not qualify the LVN to engage in practice that is designated in statue or rule as being exclusive to the next level of licensure.

Therefore, any nurse, regardless of experience, who engages in nursing practice that would otherwise require a higher level of licensure or a different level of authorization is practicing outside of his/her scope of practice and may be subject to disciplinary action congruent with the NPA and Rules applicable to LVNs, RNs, and/or RNs with APRN licensure in a given role and population focus.

In summary, a nurse functions under his/her own nursing license and as such has a duty to patients that is separate from any employment relationship. In other words, a nurse's duty is to keep a patient(s) safe and uphold the standards of nursing practice. A nurse never works under the license of another provider. The nurse must individually assess his/her own education, training, experience, knowledge, abilities, and employment setting policies to determine if the act or task is within his/her scope of practice, and take accountability for acceptance of the assignment and the resultant patient outcomes.

(Adopted 01/2005; Revised: 01/2009; 01/2011; 01/2013; 01/2014; 01/2017; 01/2018)
(Reviewed: 01/2006; 01/2007; 01/2008; 01/2010; 01/2012; 01/2015; 01/2016)

15.13 Role of LVNs and RNs in School Health

The Board of Nursing (BON) recognizes the complexity of nursing in the school health setting and the need to protect the youth of Texas. ~~recognizes that the youth of Texas are our most valuable natural resource~~. ~~The BON~~ ~~acknowledges that although~~ Sstudents come to school with ~~complex and~~ diverse health care needs, they should be provided an education in the least restrictive environment. The BON recognizes that the school children of Texas have the right to receive safe, appropriate, and specialized health services that may be required to assure the child's inclusion in the school environment.

Registered Nurses in the School Setting

The Texas Education Agency defines a school nurse in *19 Texas Administrative Code (TAC) § 153.1022 (a) (1) (D)* as "… an educator employed to provide full-time nursing and health care services and who meets all the requirements to practice as a registered nurse (RN) pursuant to the Nursing Practice Act and rules and regulations relating to professional nurse education, licensure, and practice and has been issued a license to practice professional nursing in Texas." The BON believes that school nursing is a professional registered nursing (RN) specialty. School nursing ~~involves the identification, prevention and intervention to remedy or modify students' health needs~~ requires comprehensive assessment skills to promote student health, prevent illness and intervene in accordance with the nursing care plan. The RN has the educational preparation and critical thinking skills as well as clinical expertise that are essential to nursing in the school setting. These activities involve the comprehensive assessment of the nursing/health care needs of the student, the development of a nursing plan of care, implementation of the plan, and evaluation of the outcomes. The provision of these services by the RN contributes directly to the students' education and to the successful outcome of the educational process. These essential components of professional nursing practice are the responsibility of the RN in compliance with *22 TAC §217.11(3)(A)*.

Vocational Nurses in the School Setting

The vocational nurse has a directed scope of practice under supervision of a registered nurse, advanced practice registered nurse, physician, physician assistant, podiatrist, or dentist. [1] The provision of nursing care when provided by a Licensed Vocational Nurse (LVN) in a school setting should be under the supervision of the RN. The RN, in compliance with the BON's Standards of Nursing Practice [*22 TAC §217.11*], assigns those aspects and activities to the LVN that are within the LVN's educational preparation and demonstrated competency to provide. The RN monitors, coordinates, and evaluates the provision of health services necessary to meet individual student health needs essential in achieving educational objectives.

When LVNs are utilized in the school setting and are supervised by the RN, the RN needs to consider how closely they can supervise the LVN and how the RN will direct, guide, and influence the outcome of the LVN's performance[2] and respond to any situations where the LVN needs onsite supervision.

RN Delegation to Unlicensed Personnel

Due to the growing number of students entering the school system with special health care needs, the BON recognizes that not all health-related services can be provided by a RN or LVN.

Therefore, the RN may delegate tasks in the school setting in compliance with the BON's Delegation Rules located in Chapters 224 and 225. School is considered an independent living environment as defined in Chapter 225[3]; however, acute or emergency situations in the school setting may be delegated in accordance with the rules in both Chapter 224 and Chapter 225. ~~For example,~~ The RN may decide to delegate to an unlicensed person the emergency administration of medications or treatments. Examples include, but are not limited to, Epi-pens, Glucagon, Diastat, oxygen, metered dose inhalers or nebulizer treatments for the relief of acute respiratory symptoms, and the use of a hand held magnet to activate a vagus nerve stimulator to prevent or control seizure activity ~~under~~. All delegation of this nature must be in compliance with *22 TAC §224.6(4)* in order to stabilize the child and prevent complications from delaying treatment. The decision to delegate a specific task is always at the discretion of the RN in accordance with *22 TAC §224.8(b)(1)(C)* or *22 TAC §225.9(d).*

Other Laws Impacting School Health Care

In a school setting, the administration of medication may be assigned to an unlicensed person by the public school official in accordance with the ~~rules of the~~ *Texas Education Code*. The RN's obligation under *22 TAC §225.14* is to verify the training of the unlicensed person, verify the competency of the unlicensed person to perform the task safely, and provide adequate supervision. If the RN is unable to assure these criteria have been met, the RN must notify the public school official ~~of the situation~~.

Summary

Given the complexity, the current number, and the future projections of increasing numbers of children entering the school system with complex nursing and health-related needs, the BON believes that the RN must establish an individualized nursing care plan for each child as applicable. The RN may be assisted by LVNs and unlicensed assistive personnel in the delivery of services to ensure the delivery of safe, effective health care to the school children of Texas.

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[1] ~~Tex. Occ. Code, Section~~ Nursing Practice Act, TOC §301.353 and ~~Tex. Admin. Code~~ 22 TAC§ 217.11(2)

[2] ~~Tex. Admin. Code~~ 22 TAC§217.11(2)

[3] ~~Tex. Admin. Code~~ 22 TAC §225.1

(Adopted 11/1996; Revised: 11/1997; 01/2003; 01/2005; 01/2008; 01/2009; 01/2011; 01/2013; 07/2013; 01/2016; 01/2018)
(Reviewed: 01/2006; 01/2007; 01/2010; 01/2012; 01/2014; 01/2015; 01/2017)

15.16 Development of Nursing Education Programs

Approval of nursing education programs is one of the primary functions of the Texas Board of Nursing (BON) ~~in order to fulfill~~ in fulfilling its mission to protect and promote the welfare of the people of Texas. The Texas BON has the responsibility and legal authority to decide whether a proposed new nursing education program meets the Board's established minimum standards for

education programs. These standards require adequate human, fiscal, and physical resources, including qualified nursing faculty and clinical learning facilities, to initiate and sustain a program that prepares graduates to practice competently and safely as nurses.

The Texas BON recognizes that when health care facilities experience difficulties in recruiting and retaining sufficient nurses, education institutions and facilities within the affected geographical region frequently respond to this workforce need by proposing new nursing education programs.

Guidelines for Establishing a New Vocational or Professional Nursing Education Program

Entities desiring to start a nursing education program that are not approved as a school/college, must establish a school/college identity and be approved by the Texas Workforce Commission (TWC) as a career school or college (proprietary school) prior to seeking approval for the proposed nursing education program.

All new pre-licensure vocational and professional nursing ~~educational~~ education programs in Texas must be approved/licensed by either the TWC or the Texas Higher Education Coordinating Board (THECB), as applicable, unless deemed exempt from approval/licensing by the TWC or the THECB; and must also be approved by the Texas BON before enrolling students in the program. A new nursing education program that is deemed exempt from approval/licensing by the TWC or THECB, must still be approved by the Texas BON before enrolling students in the program.

Process for Proposal Approval/Denial

A proposal to establish a new vocational nursing education program or a new professional nursing education program must follow Texas BON Rules & Regulations in Chapter 214 for Vocational Nursing Education or Chapter 215 for Professional Nursing Education. The entity seeking to establish the new program must have the appropriate accreditation/approval and the proposal must be prepared by ~~a registered nurse with educational credentials and experience as outlined in the above mentioned rules~~ an individual qualified and designated as the proposed program director. The proposal should include, but not be limited to, extensive rationale which supports establishing the new program with demographic and community data, employment needs for nurses in the area, evidence of support from stakeholders, established agreements with clinical affiliating agencies, adequate qualified nursing administrator and faculty to begin the program, and an acceptable curriculum as identified in the guidelines. The Texas BON Education Guidelines for developing a proposal to establish a new program and a New Proposal Resource Packet are available on the Texas BON web site under the Nursing Education link. An initial approval fee shall be submitted with the proposal [Rule 223.1(a)(9)].

The process for proposal approval/denial begins when the board staff receives a letter of intent or an initial proposal from the ~~entity~~ school/college. ~~The total process from this point may take up to one year or more before the proposal is ready to be presented to the Board. The length of time until Board approval depends upon the completeness of the proposal and compliance with Board standards. The usual process entails a number of revisions of the proposal. The expertise of the~~

~~proposal's author and the involvement of the proposed program director impact the success of the proposal. A New Proposal Resource Packet to assist in the proposal development is available on the Board's web site under the Nursing Education link. The author of the proposal and proposed director should attend at least one Informal Information Session for Proposal Development.~~ The school/college is allowed one year to finalize a proposal for Board presentation. The year begins on the date of receipt in the Board office of the draft of the proposal. The number of revisions depends upon the completeness of the proposal and compliance with Board standards. A timeline is included in the Resource Packet. The proposed director should attend at least one Informal Information Session for Proposal Development. The Informal Information Session is provided by board staff several times each year. Representatives from the institution should also attend at least one regularly scheduled Board meeting in order to gain familiarity with Board proceedings.

After the proposal is determined to be ready to be presented to the Board, a preliminary survey visit will be conducted by board staff. The equipment and educational spaces in the physical facility should be ready for the program to begin at this time.

A public hearing will be held at the Board meeting prior to the Board's discussion of the proposal and the Board's decision. The Board may approve the proposal and grant initial approval to the new program, may defer action on the proposal, or may deny further consideration of the proposal.

(Board Action 07/2000; Revised: 01/2004; 01/2005; 01/2006; 01/2008; 10/2008; 01/2011; 01/2013; 01/2017; 01/2018)
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