



Kansas Guidelines for the Registered Nurse in Determining Scope of Practice

Introduction

Nursing is a dynamic profession that has evolved in response to changing needs, demands and resources of our society. The complexity of the health care delivery system today is such that the role and responsibility of the nurse within this system sometimes changes at a rapid pace.

Each registered nurse is responsible and accountable for making decisions and practicing in accordance with his/her educational background and experience in nursing within the statutory parameters of the Nurse Practice Act. A coalition of major nursing organizations in Kansas believes that professional associations, employers of nurses, and educators of nursing students share a common interest and responsibility for enhancing this decision-making process.

This publication was developed by the coalition in an effort to:

- provide a decision-making model for the registered nurse in interpreting the Nurse Practice Act and Administrative Rules governing nursing practice.
- support the decision-making ability and responsibility of the registered nurse in defining and determining individual scope of practice.
- improve the understanding of the Nurse Practice Act among staff nurses, nurse managers, nurse executives and educators.

The Scope of Nursing Practice

Nursing has been defined as the diagnosis and treatment of human responses to health and illness. (Nursing: A Social Policy Statement, ANA, 1980) This is the core, or essence, of the scope of nursing practice. The manner in which the individual registered nurse functions within this scope of nursing practice is defined by the education and experience of that registered nurse, the current role or position, and the nature of the patient population and practice setting.

Nursing, like other professions, is accountable for ensuring that its members act in the public interest and provide that unique service that has been designated to them by society. This process is called professional regulation. The profession of nursing regulates itself through defining practice, establishing an educational system, providing research to further develop the practice base and developing the standards of practice and a code of ethics.

In turn, the state, through statutes, attests to the public that registered nurses meet minimal standards for safe and competent practice and prohibits unlicensed individuals from practicing as a registered nurse. The legal boundaries of the scope of practice are determined by the definition of nursing found in the Nurse Practice Act and provides the basis for interpreting the safe practice of the individual registered nurse. Since each state has legal authority for the regulation of nursing, the definition, and therefore the scope of nursing practice, may vary from state to state. However, the purpose of the law remains consistent to protect the public.

Individual RN's Responsibility

The registered nurse is responsible and accountable, both professionally and legally, for determining his/her professional scope of nursing practice. Since the role and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice.

The Nurse Manager & Nurse Executive's Responsibility

As a registered nurse, the nurse manager is responsible and accountable, both professionally and legally for determining his/her professional scope of practice. Further, the nurse manager makes decisions regarding the roles and responsibilities for nurses within the institution or agency in order to provide quality care.

The nurse executive, in a changing and complex health care delivery system, is knowledgeable regarding changes in rules and regulations, accreditation standards, and standards of care and practice in addition to evaluation of the boundaries specified by the Nurse Practice Act.

The nurse executive and/or the nurse manager facilitates changes to assure quality patient care outcomes and develop mechanisms that will promote the same.

~ Acknowledgments ~

A coalition of the following organizations was involved in preparing this document:

Kansas State Nurses Association
Kansas Association of Colleges of Nursing
Kansas Council of Associate Degree Nurse Educators
Kansas Hospital Association
Kansas Organization of Nurse Leaders
Kansas State Board of Nursing

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Legal Regulation

Nursing practice in Kansas is regulated by Kansas Statutes Annotated 65-1113. Based on interpretation of the statute, the professional and practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing. Behaviors and activities of the nurse relating to scope of practice that could lead to disciplinary action as defined in the regulations K.A.R. 60-3-110:

- Performing acts beyond the authorized scope of practice for the level of nursing for which the individual is licensed;
- Assuming duties and responsibilities within the scope of nursing practice without adequate preparation or when competency has not been maintained;
- Failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;
- Assigning or delegating unqualified persons to perform functions of licensed nurses contrary to the Kansas Nurse Practice Act or to the detriment of patient safety;
- Willfully or negligently failing to take appropriate action in safeguarding a patient or the public from incompetent practice performed by a registered professional nurse or a licensed practical nurse. "Appropriate action" may include reporting to the Board of Nursing.

The Board of Nursing and the Nurse Practice Act

The Board of Nursing functions as a "consumer advocate" for Kansas consumers of health care by establishing and enforcing minimum qualifications for entry into nursing practice, and determining appropriate disciplinary measures for nurses who violate provisions of the Nurse Practice Act. The Board was created to protect the public from the incompetent and/or unauthorized practice of nursing.

The Nurse Practice Act was enacted by the legislature for the purpose of assuring that all nurses licensed in Kansas meet and maintain minimum standards of competency. Hospital staffing patterns, labor practices, or employment criteria are not within the purview of the Nurse Practice Act. The Board is authorized by State to discipline nurses who are unable or unwilling to practice competently, but has no authority over health facilities or other health care providers.

The Nurse Practice Act is designed to protect the public from incompetent nursing practice, not to protect nurses from discriminatory or questionable employment practices. The Act does not address specific nursing duties that are proper to be performed by nurses (except intravenous fluid therapy administration by licensed practical nurse and some categories of Advanced Registered Nurse Practitioners); there is not a "laundry list" of do's and don'ts. Rather, each nurse is responsible and accountable for making decisions and practicing in accordance with that individual's educational background and experience in nursing. Because nurses are individually licensed, they are also individually liable for nursing judgement and action.

Experience has shown that too much specificity in practice act language is restrictive; it inhibits natural evolution expansion of professional practice parameters. Laws and statutory authorization tend to linger 7 to 10 years behind changes and innovation in health care practices, and interpretation of the law falls another 2 to 5 years behind. Thus broad, general language in the Nurse Practice Act fosters change and growth; whereas specific language delineating proper and improper functions can confine and restrict normal evolution.

The Board has the authority to suspend or revoke a license or discipline a nurse for misconduct, incompetence, or negligence; and yet the Board lacks the authority to interpret the degree of responsibility or potential for civil liability to the nurse. This is because the terms of a nurse's agreement with the state, i.e., the license to practice reflects an obligation on the nurse's part for understanding the concepts of personal responsibility, legal accountability, and professional autonomy. The burden is upon the nurse, the licensee, to act at all times as a reasonable and prudent professional should act, in accordance with the prevalent professional standards. The Board can discipline a nurse or affect the status of a license after a nurse has been found to have violated the Nurse Practice Act. The Board can give direction before a given act is performed about whether or not it is permissible to perform that particular act. However, this direction must be specifically requested.

A routine function of the regulatory agency, such as the Board of Nursing is to respond to or comment upon practice questions. The majority of such requests are for clarification of a given activity with regard to the nurse's "proper" scope of practice. One avenue of providing guidance in specific instances is an official position statement which reflects the opinions or policy of the board concerning a particular matter. A position statement only applies to the individual making the request and only pertains to that individual's specific set of circumstances. It is not a reasonable expectation that the Board can respond to each and every nurse's specific practice questions with position statements. Rather, nurses need to recognize that their license conveys upon them not only the right to practice nursing for compensation but also the obligation to make responsible practice decisions.

The Board of Nursing is composed of eleven members who serve four year terms. Board members are appointed by the Governor. They must be residents of the state, and in the instance of the six RN and two LPN Board members, have five years experience in nursing and be actively engaged in nursing at the time of appointment, and one LMHT Board member who must have five years of experience in the field of mental health technology. Among the RN members, the Board shall consist of three members who are engaged in nursing service, one of whom is an ARNP, and two members who are engaged in nursing education. The remaining two Board members are consumers and shall represent the interests of the general public.

The responsibilities of the Board of Nursing include:

- setting standards for entry into practice.
- developing administrative rules to define and implement the provisions of the Nurse Practice Act.
- issuance of licenses.
- disciplining nurses who have committed violations of the Nurse Practice Act.

Board members are directly accountable to the Governor for proper performance of their activities as Board members. Board meetings are held five times per year and are open to the public. The Board of Nursing staff is located in Topeka. The Executive Administrator is a nurse who manages four functional units: education, continuing education, administration and legal/disciplinary.

The Board of Nursing is a regulatory agency that has been established by legislative action and implemented by the authority granted to the state. Its role and functions are often confused with those of professional associations. A professional association is a voluntary membership organization. The focus of a professional association is to foster high standards and to promote the welfare of the professional to the end that society receives better service. In contrast, the focus of the regulatory agency is on safe practice by licensees for consumer protection. The regulatory agency “advocates” for the consumer, the professional organization advocates for the profession.

Ethical Issues

Nurses, like other professionals, are expected to behave in a manner consistent with the ethical obligations of the profession. The Code for Nurses, as adopted by the American Nurses Association in 2001, and periodically reviewed, serves to inform both the nurse and the public of the profession’s expectations and considerations in ethical matters the requirements of the Code may often exceed, but are never less than those of the law. (The ANA Code for Nurses is included in the back of this publication.)

Guidelines for Decision Making

The nurse is constantly involved in the decision-making and problem solving process, whether as a staff nurse or a manager, regardless of the practice setting. Although the process is the same, each views the situation from a different perspective. Basic to this process though, are the following steps:

1. **CLARIFY** – What is the problem or need? Who are the people involved in the decision? What is the decision to be made and where (what setting or organization) will it take? Why is the question being raised now? Has it been discussed previously?
2. **ASSESS** – What are your resources? What are your strengths? What skills and knowledge are required? What or who is available to assist you?
3. **IDENTIFY OPTIONS** – What are possible solutions? What are the characteristics of an ideal solution? Is it feasible? What are the risks? What are the costs? Are they feasible? What are the implications of your decision? How serious are the consequences?
4. **POINT OF DECISION** – What is the best decision? When should it be done? By whom? What are the implications or consequences of your decision? How will you judge the effectiveness of your decision?

As a staff nurse you are asked to perform a procedure that is unfamiliar.

Application of Guidelines for Decision Making

Staff Nurse’s Perspective

1. **CLARIFY WHAT IT IS YOU ARE BEING ASKED TO DO.**
 - Are there written policies or procedures available to describe how and under what conditions you will perform this task? Does the new responsibility require professional judgement or simply the acquisition of a new skill?
 - Is this a new expectation for all RNs? Has this been done before by others in your unit of health care facility? Is it just new to you? What about the other facilities in your community or region?
 - What are the nurse manager’s expectations about you or other RNs becoming responsible for this procedure? When will this become effective? Will there be an opportunity to help you attain the needed clinical competency? Who will be responsible for the initial supervision and evaluation of this newly performed task? Will you be given additional time to learn the skill if you need it?
2. **ASSESS.**
 - Are, you clinically competent to perform this procedure? Do you currently have the knowledge and skills to perform the procedure? Have you had experience in previous jobs with this procedure?
 - Do you believe you will be able to learn the new skill in the allotted time?
 - How can you determine that you are practicing within your scope of nursing? What is the potential outcome for the patient if you do or do not perform the procedure?
3. **IDENTIFY OPTIONS AND IMPLICATIONS OF YOUR DECISION. THE OPTIONS INCLUDE:**
 - a. The responsibility/task is not prohibited by the Nurse Practice Act. If you believe that you can provide safe patient care based upon your current knowledge base, or with additional education and skill practice, you are ready to accept this new responsibility. You will then be ethically and legally responsible for performing this new procedure at an acceptable level of competency.
 - b. If you believe you will be unable to perform the new task competently, then the new task competently, then further discussion with the nurse manager is necessary. At this point, you may also ask to consult with the next level of management or nurse executive so that you can talk about the various perspectives of this issue.

It is important that you continue to assess whether this is an isolated situation just affecting you, or whether there are broader implications. In other words, is this procedure new to you, but nurses in other units or health care facilities with similar patient populations already are performing? To what do you relate your reluctance to accept this new responsibility? Is it a work load issue or is it a competency issue?

At this point, it is important for you to be aware of the legal rights of your employer. Even though you may have legitimate concerns for patient safety and your own legal accountability in providing competent care, your employer has the legal right to initiate employee disciplinary action, including termination, if you refuse to accept an assigned task. Therefore, it is important to continue to explore options in a positive manner, recognizing that both you and your employer share the responsibility for safe patient care. Be open to alternatives.

In addition, consider resources which you can use for additional information and support. These include your professional organization, both state and national, and various publications. The ANA Code for Nurses, standards on practice, and your employer’s policies and procedures manual are valuable resources. The Nurse Practice Act serves as your guide for the legal definition of nursing and the parameters that indicate deviation from or violation of the law.

4. POINT OF DECISION/IMPLICATIONS. YOUR DECISION MAY BE:

a. Accept the newly assigned task. You have now made an agreement with your employer to incorporate this new responsibility, under the conditions outlined in the procedure manual. You are now legally accountable for its performance.

or

b. Agree to learn the new procedure according to the plans established by the employer for your education, skills practice and evaluation. You will be responsible for letting your nurse manager know when you feel competent to perform this skill. Make sure documentation is in your personnel file validating this additional education. If you do not believe you are competent enough to proceed after the initial inservice, then it is your responsibility to let the educator and nurse manager know you need more time. Together you can develop an action plan for gaining competency.

or

c. Refuse to accept the newly assigned task. You will need to document your concerns for patient safety as well as the process you use to inform your employer of your decisions. Keep a copy of this documentation and send a copy to the nurse executive. Courtesy requires you also send a copy to your nurse manager. When you refuse to accept the assigned task, be prepared to offer options such as transfer to another unit -(if this new role is just for your unit) or perhaps a change in work assigned tasks with your colleagues. Keep in mind though, when you refuse an assignment you may face disciplinary action, so it is important that you be familiar with your employer's grievance procedure.

As a nurse manager, you are thinking about or have been asked to have a nurse perform a procedure that is currently not in her/his job description or scope of responsibility. Since the nursing staff is not familiar with this new procedure, what would be the best way to handle this decision?

1. CLARIFY WHAT THE NEW RESPONSIBILITY IS.

- This is a change in practice at your clinical setting. Is this within the scope of nursing practice? How does this meet the patient, nurse, and organizational needs? Clarify what you want the staff to do, or what you are being asked to implement. Who is asking for this new task? (Is it appropriate delegation?) How invasive is it? How far is it removed from the practice of nursing? What knowledge base does this procedure/responsibility require?
- Who should be involved in making decisions? Gather facts. What are you trying to accomplish by this change? Will it meet the need or solve the problem? (Those individuals who will be involved in the change should be included throughout the process.)
- Are there other health care settings in your area or nationally where staff nurses are performing this procedure? Which facilities are doing this? What are their policies and procedures? What is the standard of care or practice?

2. ASSESS YOUR SITUATION. If the decision is to move forward, what education is needed to implement the decision? Who will provide it; what resources are necessary and are they available at your facility? How will you ensure competent safe practice?

- How much time will be needed to learn this skill?
- What are the associated costs for the new education and training?
- What method will you use to validate competency?
- Will you use a paper and pencil test?
- Will you document with a skills checklist?
- Will it be included in an orientation checklist?
- How will you maintain competency?
- Will this require a job description change?
- Will documentation appear on inservice records?
- Will you file it in the personnel record?

3. IDENTIFY OPTIONS AND IMPLICATIONS FOR YOUR DECISION. THE OPTIONS INCLUDE:

- a. If based on your understanding of the Nurse Practice Act, standards of care/practice, review of rules and regulations and other available resources, you decide to accept this new procedure, you move forward with your procedure into current practice. You then will be ethically and legally responsible for providing education to assure this new procedure is performed competently, that the education and training are documented, and that policy and procedure changes occur. Quality improvement, job description changes and communication are the responsibility of the nurse manager throughout the change process.
- b. If you believe there is a discrepancy between the scope of practice and the changing expectations, you need to clarify these issues with nursing administration. At this point, you may wish to consult with the next level of management or the nurse executive so that the various perspectives and implications of the change can be reviewed and discussed.

It is important that you continue to assess whether this is an isolated nursing procedural change, or whether there are broader implications. In other words, is this procedure going to impact other nursing units, departments or health care providers within your clinical setting?

In addition, consider available resources such as professional organizations and various publications. Standards of care/practice and community/national standards are valuable resources. Remember that the Nurse Act serves as a guide for the legal definition of nursing and the parameters that indicate deviation or violation of the law.

**Application of
Guidelines for
Decision Making**

**Nurse Manager's
Perspective**

4. POINTS OF DECISION/IMPLICATIONS. YOUR DECISION MAY BE:

a. Decide to move forward with change. You have decided that there are no major scope of practice issues and the education costs are reasonable. You need to incorporate changes in policy and procedure, communicate expectations clearly, document competency and revise affected job descriptions.

or

b. Decide to move forward. However, you realize that the change is more complex and will require a detailed implementation plan. To ensure a quality outcome, you recognize that:

- Any change in the scope of nursing practice should be based on consensus and acceptance.
- A course design of specific length and duration is required to assure safe patient care outcomes.
- Policy/procedure changes will be needed with appropriate committee involvement.
- Other departments' or professionals' input will be included as indicated.
- Job descriptions may be revised and competency documentation incorporated.

or

c. Decide that change is not feasible at this time. As a nurse manager, you will need to outline the rationale for your decision, clearly identifying all benefits, costs, and risks. Identify why you decided not to adopt the change in task or procedure. Keep a copy for your files, as it may be needed in the future to evaluate a similar situation. If necessary, make an appointment to discuss the situation.

Summary

Each nurse must determine his/her own individual scope of practice. To determine one's scope of practice, the nurse must understand the Nurse Practice Act and assess his/her own evolving set of competencies. A nurse's scope of practice will change over time, with additional experience and education. Determining scope of practice is an obligation & responsibility jointly shared by individual nurses, nurse managers, nurse executives and educators, as well as the regulatory agencies and professional associations. This publication is intended to enhance this ongoing educational process.

Resources: National

American Hospital Association: 840 North Lake Shore Drive, Chicago, IL 60611 — phone: 312.280.6000

American Nurses Association: 600 Maryland Avenue S.W., Suite 100 West, Washington, D.C. 20024-2571 — phone: 202.554.4444

American Organization of Nurse Executives: 840 North Lake Shore Drive, Chicago, IL 60611 — phone: 312.280.5213

National Council of State Boards of Nursing: 676 North St. Clair Street, Suite 550, Chicago, IL 60611-2921 — phone: 312.787.6555

National League for Nursing: 61 Broadway, New York, NY 10006 — phone: 212.363.5555

Resources: Kansas

Kansas Hospital Association: 215 S.E. 8th St., Box 2308, Topeka, KS 66603-2308 — phone: 785.233.7436

Kansas Organization of Nurse Leaders: 215 S.E. 8th St., Box 2308, Topeka, KS 66603-2308 — phone: 785.233.7436

Kansas State Board of Nursing: Landon State Office Building, 900 S.W. Jackson, Topeka, KS 66612 — phone: 785.296.4929

Kansas State Nurses Association: 1208 S.W. Tyler, Topeka, KS 66612-1735 — phone: 785.233.8638

CODE OF ETHICS FOR NURSES

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for and strives to protect the health, safety and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice and for shaping social policy.

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Nurse Practice Act (selected sections)

General Provisions

65-1113. Definitions.

When used in this act and the act of which this section is amendatory:

- (a) "Board" means the board of nursing.
- (b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.
- (c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.
- (d) Practice of Nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry. (2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.
- (e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d) of this section.
- (f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section.
- (g) "Advanced registered nurse practitioner" or "ARNP" means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130. [1983]

65-1114. Unlawful acts.

- (a) It shall be unlawful for any person:
 - (1) To practice or to offer to practice professional nursing in this state; or
 - (2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a registered professional nurse; or
 - (3) to practice or offer to practice practical nursing in this state;
 - (4) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is a licensed practical nurse, unless such person has been duly licensed under the provisions of this act.
- (b) It shall be unlawful for any person:
 - (1) To practice or offer to practice as an advanced registered nurse practitioner in this state; or
 - (2) to use any title, abbreviation, letters, figures, sign, card or device to indicate that any person is an advanced registered nurse practitioner, unless such person has been duly issued a certificate of qualification as an advanced registered nurse practitioner.

65-1115. Licensure of professional nurses; qualifications of applicants; license by examination title and abbreviation; temporary permit; exempt license.

- (a) *Qualifications of applicants.* An applicant for a license to practice as a registered professional nurse shall:
 - (1) Have graduated from a high school accredited by the appropriate legal accrediting agency or has obtained the equivalent of a high school education, as determined by the state department of education;
 - (2) hold evidence of graduation from an accredited school of professional nursing in the United States or its territories or from a school of

professional nursing in a foreign country which is approved by the board as defined in rules and regulations;

- (3) have obtained other qualifications not in conflict with this act as the board may prescribe by rule and regulation; and
- (4) file with the board written application for a license.
- (b) *Applicant deficient in qualifications.* If the board finds in evaluating any applicant that such applicant is deficient in qualification or in the quality of such applicant's educational experience, the board may require such applicant to fulfill such remedial or other requirements as the board may prescribe.
- (c) *License.*
 - (1) An applicant shall pass an examination as the board may prescribe. Each examination may be supplemented by an oral or practical examination. Upon successfully passing such examinations the board shall issue to the applicant a license to practice nursing as a registered professional nurse.
 - (2) The board may issue a license to practice nursing as a registered professional nurse to an applicant who has been duly licensed as a registered professional nurse by examination under the laws of another state or territory if, in the opinion of the board, the applicant meets the qualifications required of a registered professional in this state. Verification of the applicant's licensure status shall be required from the original state of licensure.
 - (3) Refresher course. Notwithstanding the provisions of subsection (a) and (b), an applicant for a license to practice as a registered professional nurse who has not been licensed to practice professional nursing for five years preceding application shall be required to successfully complete a refresher course as defined by the board.
 - (4) Renewal license. A licensed professional nurse licensed under this act shall be eligible for renewal licenses upon compliance with K.S.A. 65-1117 and amendments thereto.
 - (5) Repeated examination failure. Persons who are unsuccessful in passing the licensure examination within 24 months after graduation shall petition the board for permission prior to subsequent attempts. The board may require the applicant to submit and complete a plan of study related to deficiencies identified on the failed examination profiles prior to taking the licensure examination a subsequent time.
 - (6) An application for initial licensure or endorsement will be held awaiting completion of meeting qualifications for a time period specified in rules and regulations.
- (d) Title and abbreviation. Any person who holds a license to practice as a registered professional nurse in this state shall have the right to use the title, "registered nurse," and the abbreviation, "R.N." No other person shall assume the title or use the abbreviation or any other words, letters, signs or figures to indicate that the person is a registered professional nurse.
- (e) Temporary permit. The board may issue a temporary permit to practice nursing as a registered professional nurse for a period not to exceed 120 days. A temporary permit for 120 days may be issued to an applicant for licensure as a registered professional nurse who is a graduate of a professional school of nursing in a foreign country after verification of licensure in that foreign country and approval of educational credentials.
- (f) Exempt license. The board may issue an exempt license to any licensee as defined in rules and regulations who makes written application for such license on a form provided by the board, who remits a fee as established pursuant to K.S.A. 65-1118 and amendments thereto and who is not regularly engaged in the practice of professional nursing in Kansas but volunteers professional nursing service or is a charitable health care provider as defined by K.S.A. 75-6102 and amendments thereto. Each exempt licensee shall be subject to all provisions of the nurse practice act, except as otherwise provided in this subsection (f). Each exempt license may be renewed biennially subject to the provisions of this section. The holder of the exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing nursing education for renewal. To convert an exempt license to an active license, the exempt licensee shall meet all the requirements of subsection (c) or K.S.A. 65-1117 and amendments thereto. The board shall have authority to write rules and regulations to carry out the provisions of this section. [1999]

Nurse Practice Act (selected sections)

Acts Which Are Not Prohibited

65-1124. Acts which are not prohibited.

No provision of this law shall be construed as prohibiting:

- (a) Gratuitous nursing by friends or members of the family;
- (b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;
- (c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;
- (d) nursing assistance in the case of an emergency;
- (e) the practice of nursing by students as part of a clinical course offered through a school of professional or practical nursing or program of advanced registered professional nursing approved in the United States or its territories.
- (f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;
- (g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;
- (h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;
- (i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for the mentally retarded, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;
- (j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;
- (k) performance in the school setting of nursing procedures when delegated by a licensed professional nurse in accordance with the rules and regulations of the board;
- (l) performance of attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201 and amendments thereto;
- (m) performance of a nursing procedure by a person when that procedure is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse;
- (n) the practice of nursing by an applicant for Kansas nurse licensure in the supervised clinical portion of a refresher course;
- (o) the practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed 120 days, whichever comes first; or
- (p) the teaching of the nursing process in this state by legally qualified nurses of any of the other states while in consultation with a licensed Kansas nurse as long as such individuals do not represent or hold themselves out as nurses licensed to practice in this state. [07/01/2000]

65-1165. Suspension of delegated nursing procedures.

- (a) All nursing procedures, including but not limited to administration of medication, delegated by a licensed nurse to a designated unlicensed person shall be supervised. The degree of supervision required shall be determined by the licensed nurse after an assessment of appropriate factors which may include:
 - (1) The health status and mental and physical stability of the individual receiving the nursing care;

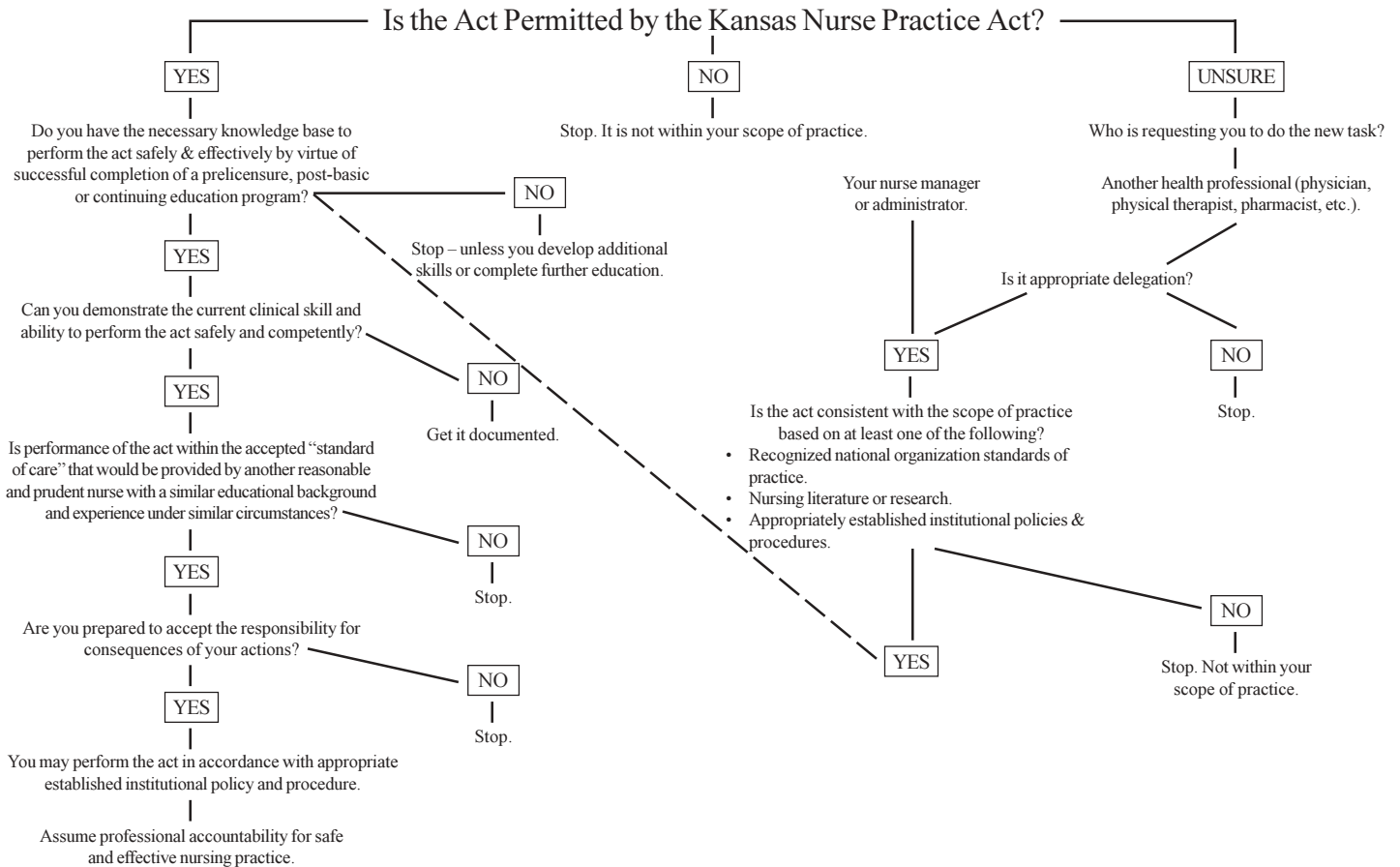
- (2) the complexity of the procedure to be delegated;
 - (3) the training and competency of the unlicensed person to whom the procedure is to be delegated; and
 - (4) the proximity and availability of the licensed nurse to the designated unlicensed person when the selected nursing procedure will be performed.
- (b) As used in this section, "supervision" has the meaning ascribed to such term under subsection (a) of K.S.A. 65-1136 and amendments thereto.

65-1136. Intravenous fluid therapy; definitions.

- (a) As used in this section:
 - (1) "Provider" means a person who is approved by the board to administer an examination and to offer an intravenous fluid therapy course which has been approved by the board.
 - (2) "Person" means an individual, organization, agency, institution or other legal entity.
 - (3) "Examination" means an intravenous fluid therapy competency examination approved by the board.
 - (4) "Supervision" means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.
- (b) A licensed practical nurse may perform a limited scope of intravenous fluid therapy under the supervision of a registered professional nurse.
- (c) A licensed practical nurse may perform an expanded scope of intravenous fluid therapy under the supervision of a registered professional nurse, if the license practical nurse:
 - (1) Successfully completes an intravenous fluid therapy course given by a provider and passes an intravenous fluid therapy examination administered by a provider;
 - (2) has had one year of clinical experience, has performed intravenous fluid therapy prior to the effective date of this act and has successfully passed an examination; or
 - (3) has successfully completed an intravenous fluid therapy course not given by an approved provider and has passed an intravenous fluid therapy examination not administered by an approved provider or approved by the board and, upon application to the board for review and approval of such course and examination, the board has determined that such course and examination meets or exceeds the standards required under this act for an approved course and approved examination.
- (d) The board may adopt rules and regulation:
 - (1) Which define the limited and expanded scope of practice of intravenous fluid therapy which may be performed by a licensed practical nurse under the supervision of a registered professional nurse;
 - (2) which restricts specific intravenous fluid therapy practices;
 - (3) which prescribe standards for an intravenous fluid therapy course and examination required of an approved provider;
 - (4) which govern provider record requirements;
 - (5) which prescribe the procedure to approve, condition, limit and withdraw approval as a provider; and
 - (6) which further implement the provisions of this section.
- (e) An advisory committee of not less than two board members and five nonboard members shall be established by the board to advise and assist the board in implementing this section as determined by the board. The advisory committee shall meet at least annually. Members of the advisory committee shall receive amounts provided for in subsection (e) of K.S.A. 75-3223 and amendments thereto for each day of actual attendance at any meeting of the advisory committee or any subcommittee meeting of the advisory committee authorized by the board.
- (f) On and after July 1, 1995, no licensed practical nurse shall perform intravenous fluid therapy unless qualified to perform intravenous fluid therapy under this section and rules and regulation adopted by the board.
- (g) Nothing in this section shall be construed to prohibit the performance of intravenous fluid therapy by a registered nurse.
- (h) Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy by a license practical nurse when performed by delegation of a person licensed to practice medicine and surgery or dentistry.
- (i) This section shall be part of and supplemental to the Kansas nurse practice act. [07/01/2000]

Staff Nurse Decision Tree

Describe the Act/Task



Manager's Decision Tree

Describe the Act/Task

