

Agency Mission: To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing
Practice/IV Therapy Advisory Committee Agenda
March 23, 2021**

NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.

Time: 3:00 p.m. – 4:00 p.m.

Committee Members: Rebecca Sander, MSN, RN – Chair
Andrea Watson, RN, BSN, CCN, CCRP
Adri Gouldsmith, LPN
Gwendoln Loyd, MBA, MSN, RN
Jeanne Gerstenkorn, MSN, RN
Christina Blanton, RN, BSN
Julie Brown, BSN, RN
Sharon Morris, MSN, RN

Staff: Linda Davies, BSN, RN, Practice Specialist
Chelsey Stephenson, Education Specialist, C.N.E.
Carol Moreland, MSN, RN, Executive Administrator
Victoria Bond, Administrative Specialist

- I. Call to Order
- II. Review onsite packet
- III. Additions/Revisions to Agenda
- IV. Announcements
- V. Approval of minutes – December 8, 2020
- VI. PRACTICE
 - 1. Unfinished Business
 - 2. New Business
 - a) Practice Calls
 - b) Five Year Legislative Review
 - i) K.A.R. 60-3-102
 - ii) K.A.R. 60-3-103
 - iii) K.A.R. 60-3-105
 - iv) K.A.R. 60-3-111
 - v) K.A.R. 60-3-113
 - vi) K.A.R. 60-7-102
 - vii) K.A.R. 60-7-103
 - viii) K.A.R. 60-7-104
 - ix) K.A.R. 60-7-106
 - x) K.A.R. 60-7-108

- xi) K.S.A. 65-4209
- c) School Nursing update on Medications for Emergency use (previously HB 2488)

VII. IV THERAPY

- 1. Unfinished Business
 - a.) Updated IV Therapy Test Questions
 - b.) Revision of Discontinuing Peripheral IV Site Competency Checklist.
- 2. New Business

VIII. Agenda for June 2021 Committee meeting

IX. Adjournment

Please Note: Additional items, which have come to the attention of the Board, will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the board or committees for discussion by committee members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or chairperson of the committee.

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/84772830499?pwd=S25wY3BBdXQ3K0RPVUIRRTVYZDEvdz09>

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Agency 60

Kansas State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

[Printable Format](#)

60-3-102. Duplicate of initial license. When an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of the fee specified in K.S.A. 65-1118, and amendments thereto. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 74-1106; effective Jan. 1, 1966; amended Jan. 1, 1972; modified, L. 1975, Ch. 302, Sec. 11, May 1, 1975; amended Nov. 21, 1994; amended April 29, 2016.)

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Agency 60

Kansas State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

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60-3-103. Change of name. If an applicant for licensure or a licensee changes that individual's name after submitting an application or obtaining a license, the applicant or licensee shall submit legal documentation or an affidavit indicating the change of name upon a form approved by the board. The applicant or licensee shall submit the document to the board within 30 days of the change, pursuant to K.S.A. 65-1117 and amendments thereto. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1117; effective Jan 1, 1966; amended May 1, 1975; amended April 29, 2016.)

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Agency 60

Kansas State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

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60-3-105. Reinstatement of license. (a) Any applicant whose Kansas license has lapsed may, within five years of its expiration date, reinstate that license by submitting satisfactory proof that the applicant has obtained 30 contact hours of approved continuing nursing education within the preceding two-year period.

(b) Any applicant whose Kansas license has lapsed for more than five years beyond its expiration date may reinstate the license by submitting evidence of:

(1) current licensure in another jurisdiction which requires completion of a number of contact hours of continuing nursing education for license renewal which are equivalent to or greater than the number of hours required in Kansas;

(2) licensure in another jurisdiction sometime during the preceding five-year period, and completion of 30 contact hours of approved continuing nursing education within the preceding two-year period; or

(3) satisfactory completion of a refresher course approved by the board. (Authorized by K.S.A. 65-1129 and K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1; implementing K.S.A. 1994 Supp. 65-1117, as amended by L. 1995, Ch. 97, § 1; effective Feb. 15, 1977; amended May 1, 1987; amended Sept. 2, 1991; amended May 9, 1994; amended Feb. 16, 1996.)

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Agency 60

Kansas State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

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60-3-111. Inactive license. (a) Before expiration of an active license, a registered professional nurse or licensed practical nurse may request to be put on inactive status.

(b) The request shall be accompanied by the inactive license fee, as prescribed by K.A.R. 60-4-101.

(c) Continuing nursing education shall not be required while on inactive status.

(d) The licensee shall remain on inactive status until filing an application and meeting all the requirements for reinstatement. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2000 Supp. 65-1117 and 65-1118; effective April 26, 1993; amended Oct. 12, 2001.)

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Agency 60

Kansas State Board of Nursing

Article 3.—Requirements for Licensure and Standards of Practice

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60-3-113. Reporting of certain misdemeanor convictions by the licensee. Pursuant to K.S.A. 65-1117 and amendments thereto, each licensee shall report to the board any misdemeanor conviction for any of the following substances or types of conduct, within 30 days from the date the conviction becomes final:

- (a) Alcohol;
- (b) any drugs;
- (c) deceit;
- (d) dishonesty;
- (e) endangerment of a child or vulnerable adult;
- (f) falsification;
- (g) fraud;
- (h) misrepresentation;
- (i) physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- (j) physical or verbal abuse;
- (k) theft;
- (l) violation of a protection from abuse order or protection from stalking order; or
- (m) any action arising out of a violation of any state or federal regulation. (Authorized by K.S.A. 2015 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2015 Supp. 65-1117; effective Nov. 7, 2008; amended April 29, 2016.)

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Agency 60

Kansas State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

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60-7-102. Duplicate of initial license. When an individual's initial license has been lost or destroyed, a duplicate may be issued by the board upon payment of the fee specified in K.S.A. 65-4208, and amendments thereto. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4208; modified, L. 1975, Ch. 302, Sec. 9, May 1, 1975; amended April 20, 2001; amended April 29, 2016.)

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Agency 60

Kansas State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

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60-7-103. Change of name. Once an application for licensure has been filed, or a license has been issued, the applicant or licensee shall submit an affidavit indicating a change of name upon forms approved by the board. (Authorized by K.S.A. 65-4201 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective May 1, 1975.)

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Agency 60

Kansas State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

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60-7-104. Reinstatement of license. (a) Any applicant whose Kansas license has lapsed may reinstate the license by submitting satisfactory proof that the applicant within the preceding two-year period has obtained 30 hours of approved continuing education.

(b) Any applicant whose license has lapsed may request that a one-time, temporary permit to practice for 120 days be issued while the applicant completes the required continuing education hours. (Authorized by K.S.A. 1994 Supp. 65-4203, as amended by L. 1995, Ch. 97, § 4; implementing K.S.A. 1994 Supp. 65-4205, as amended by L. 1995, Ch. 97, § 5; effective May 1, 1975; amended May 9, 1994; amended Feb. 16, 1996.)

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Agency 60

Kansas State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

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60-7-106. Unprofessional conduct. Any of the following shall constitute "unprofessional conduct":

- (a) Performing acts beyond the authorized scope of mental health technician practice for which the individual is licensed;
- (b) assuming duties and responsibilities within the practice of mental health technology without adequate preparation or without maintaining competency;
- (c) failing to take appropriate action or to follow policies and procedures in the practice situation designed to safeguard the patient;
- (d) inaccurately recording, falsifying, or altering any record of a patient, an agency, or the board;
- (e) physical abuse, which shall be defined as any act or failure to act performed intentionally or carelessly that causes or is likely to cause harm to a patient. This term may include any of the following:
 - (1) The unreasonable use of any physical restraints, isolation, or medication that harms or is likely to harm a patient;
 - (2) the unreasonable use of any physical or chemical restraint, medication, or isolation as a punishment, for convenience, in conflict with a physician's order or a policy and procedure of the facility or a statute or regulation, or as a substitute for treatment, unless the use of the restraint, medication, or isolation is in furtherance of the health and safety of the patient;
 - (3) any threat, menacing conduct, or other nontherapeutic or inappropriate action that results in or might reasonably be expected to result in a patient's unnecessary fear or emotional or mental distress; or
 - (4) any failure or omission to provide any goods or services that are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm;
- (f) the commission of any act of sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice;
- (g) verbal abuse, which shall be defined as any word or phrase spoken inappropriately to or in the presence of a patient that results in or might reasonably be expected to result in the patient's unnecessary fear, emotional distress, or mental distress;
- (h) delegating any activity that requires the unique skill and substantial specialized knowledge derived from the biological, physical, and behavioral sciences and judgment of the mental health technician to an unlicensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;
- (i) assigning the practice of mental health technology to a licensed individual in violation of the mental health technician's licensure act or to the detriment of patient safety;
- (j) violating the confidentiality of information or knowledge concerning any patient;
- (k) willfully or negligently failing to take appropriate action to safeguard a patient or the public from incompetent practice performed by a licensed mental health technician. "Appropriate action" may include reporting to the board of nursing;
- (l) leaving an assignment that has been accepted, without notifying the appropriate authority and without allowing reasonable time for the licensee's replacement;
- (m) engaging in conduct related to mental health technology practice that is likely to deceive, defraud, or harm the public;
- (n) diverting drugs, supplies, or property of any patient or agency or violating any law or regulation relating to controlled substances;
- (o) exploitation, which shall be defined as misappropriating a patient's property or taking unfair advantage of a patient's physical or financial resources for the licensee's or another individual's personal or financial advantage by the use of undue influence, coercion, harassment, duress, deception, false pretense, or false representation;
- (p) solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee;
- (q) failing to comply with any disciplinary order of the board;
- (r) if the licensee is participating in an impaired provider program approved by the board, failing to complete the requirements of the program;
- (s) failing to submit to a mental or physical examination or an alcohol or drug screen, or any combination of these, when so ordered by the board pursuant to K.S.A. 65-4924 and amendments thereto, that the individual is unable to practice mental health technology with reasonable skill and safety by reason of a physical or mental disability or condition, loss of motor skills or the use of alcohol, drugs, or controlled substances, or any combination of these;

Agency 60

Kansas State Board of Nursing

Article 7.—Requirements for Licensure and Standards of Practice

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60-7-108. Inactive license. (a) Before expiration of an active license, a licensed mental health technician may request to be put on inactive status.

(b) The request shall be accompanied by the inactive license fee specified in K.A.R. 60-8-101.

(c) Continuing licensed mental health technician education shall not be required while on inactive status.

(d) The licensee shall remain on inactive status until filing an application and meeting all the requirements for reinstatement. (Authorized by K.S.A. 1999 Supp. 65-4203; implementing K.S.A. 1999 Supp. 65-4205 and K.S.A. 1999 Supp. 65-4208; effective April 26, 1993; amended April 20, 2001.)

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65-4209. Grounds for disciplinary actions; proceedings; witnesses; costs; professional incompetency defined; criminal history record information. (a) The board may deny, revoke, limit or suspend any license to practice as a mental health technician issued or applied for in accordance with the provisions of this act, may publicly or privately censure a licensee or may otherwise discipline a licensee upon proof that the licensee:

(1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice mental health technology;

(2) is unable to practice with reasonable skill and safety due to current abuse of drugs or alcohol;

(3) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;

(4) is incompetent or grossly negligent in carrying out the functions of a mental health technician;

(5) has committed unprofessional conduct as defined by rules and regulations of the board;

(6) has been convicted of a felony or has been convicted of a misdemeanor involving an illegal drug offense, unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. [74-120](#), and amendments thereto, no license, certificate of qualification or authorization to practice as a licensed mental health technician shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated, prior to their repeal, or article 54 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2020 Supp. [21-6104](#), [21-6325](#), [21-6326](#) or [21-6418](#), and amendments thereto;

(7) has committed an act of professional incompetency as defined in subsection (e);

(8) to have willfully or repeatedly violated the provisions of the mental health technician's licensure act or rules and regulations adopted under that act and amendments thereto; or

(9) to have a license to practice mental health technology denied, revoked, limited or suspended, or to be publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph (9).

(b) Upon filing a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct an investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds to believe the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the Kansas administrative procedure act.

(c) No person shall be excused from testifying in any proceedings before the board under the mental health technician's licensure act or in any civil proceedings under such act before a court of competent jurisdiction on the ground that the testimony may incriminate the person testifying, but such testimony shall not be used against the person for the prosecution of any crime under the laws of this state except the crime of perjury as defined in K.S.A. 2020 Supp. [21-5903](#), and amendments thereto.

(d) If final agency action of the board in a proceeding under this section is adverse to the applicant or licensee, the costs of the board's proceedings shall be charged to the applicant or licensee as in ordinary civil actions in the district court, but if the board is the unsuccessful party, the costs shall be paid by the board. Witness fees and costs may be taxed by the board according to the statutes relating to procedure in the district court. All costs accrued by the board, when it is the successful party, and which the attorney general certifies cannot be collected from the applicant or licensee shall be paid from the board of nursing fee fund. All moneys collected following board proceedings shall be credited in full to the board of nursing fee fund.

(e) As used in this section, "professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board; or

(3) a pattern of practice or other behavior which demonstrates a manifest incapacity or incompetence to

practice mental health technology.

(f) The board upon request shall receive from the Kansas bureau of investigation such criminal history record information relating to criminal convictions as necessary for the purpose of determining initial and continuing qualifications of licensees of and applicants for licensure by the board.

(g) All proceedings under this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

History: L. 1973, ch. 308, § 9; L. 1983, ch. 207, § 8; L. 1984, ch. 313, § 129; L. 1987, ch. 247, § 2; L. 1993, ch. 194, § 5; L. 1995, ch. 97, § 6; L. 1997, ch. 158, § 10; L. 2011, ch. 30, § 245; July 1.

HOUSE BILL No. 2086

By Committee on Education

1-21

1 AN ACT concerning schools; relating to school districts and nonpublic
2 schools; emergency medication kits for certain life-threatening
3 conditions; requiring a prescription for distribution of emergency
4 medication to schools; administration of emergency medication by
5 school personnel, training; exempting certain persons from the practice
6 of healing arts and civil liability if acting in good faith; amending
7 K.S.A. 65-1680, 65-2872b and 72-6283 and repealing the existing
8 sections.
9

10 *Be it enacted by the Legislature of the State of Kansas:*

11 Section 1. K.S.A. 65-1680 is hereby amended to read as follows: 65-
12 1680. ~~The state board of pharmacy may adopt any rules and regulations~~
13 ~~which the board deems necessary in relation to the maintenance of~~
14 ~~epinephrine kits under K.S.A. 72-6483, and amendments thereto.~~ (a) *A*
15 *pharmacist may distribute a stock supply of standard-dose and pediatric-*
16 *dose epinephrine auto-injectors to a school pursuant to a prescription*
17 *from a physician or mid-level practitioner in the name of the school made*
18 *pursuant to K.S.A. 72-6283, and amendments thereto. A pharmacist who*
19 *distributes a stock supply of standard-dose or pediatric-dose epinephrine*
20 *auto-injectors to a school shall not be liable for civil damages resulting*
21 *from the administration of such medication pursuant to this section or*
22 *K.S.A. 65-2872b or 72-6283, and amendments thereto.*

23 (b) *A pharmacist may distribute a stock supply of albuterol metered-*
24 *dose inhalers, albuterol solution and spacers to a school pursuant to a*
25 *prescription from a physician or mid-level practitioner in the name of the*
26 *school made pursuant to K.S.A. 72-6283, and amendments thereto. A*
27 *pharmacist who distributes a stock supply of albuterol metered dose*
28 *inhalers, albuterol solution or spacers to a school shall not be liable for*
29 *civil damages resulting from the administration of such medication*
30 *pursuant to this section or K.S.A. 65-2872b or 72-6283, and amendments*
31 *thereto.*

32 (c) *The words and terms used in this section mean the same as*
33 *defined in K.S.A. 72-6283, and amendments thereto.*

34 Sec. 2. K.S.A. 65-2872b is hereby amended to read as follows: 65-
35 2872b. (a) The practice of the healing arts shall not be construed to include
36 any person administering epinephrine *or albuterol* in emergency situations

1 to a student or a member of a school staff *an individual* if: (1) (A) The
2 person administering the epinephrine reasonably believes that the ~~student~~
3 ~~or staff member~~ *individual* is exhibiting the signs and symptoms of an
4 anaphylactic reaction; or (B) *the person administering the albuterol*
5 *reasonably believes that the individual is exhibiting the signs and*
6 *symptoms of respiratory distress*; (2) a physician or mid-level practitioner,
7 *after reviewing the school's policies and procedures*, has authorized, in
8 writing, the school to maintain a stock supply of ~~epinephrine~~ *emergency*
9 *medication*; and (3) the ~~epinephrine~~ *emergency medication* is administered
10 at school, on school property or at a school-sponsored event.

11 (b) Any person who gratuitously and in good faith renders emergency
12 care or treatment through the administration of ~~epinephrine~~ *emergency*
13 *medication* to a ~~student or a member of a school staff~~ *an individual* at
14 school, on school property or at a school-sponsored event, *and any school*
15 *that employs or contracts such person*, shall not be held liable for any civil
16 damages as a result of such care or administration or as a result of any act
17 or failure to act in providing or arranging further medical treatment where
18 the person acts as an ordinary reasonably prudent person would have acted
19 under the same or similar circumstances.

20 (c) *A physician or mid-level practitioner who writes a prescription*
21 *for emergency medication or provides training to school personnel on the*
22 *administration of emergency medication shall not be liable for civil*
23 *damages resulting from the administration of emergency medication*
24 *pursuant to this section or K.S.A. 65-1680 or 72-6283, and amendments*
25 *thereto.*

26 (d) *The words and terms used in this section mean the same as*
27 *defined in K.S.A. 72-6283, and amendments thereto.*

28 Sec. 3. K.S.A. 72-6283 is hereby amended to read as follows: 72-
29 6283. ~~Any accredited school may maintain an epinephrine kit. An~~
30 ~~epinephrine kit may consist of one or more doses of epinephrine.~~
31 ~~Epinephrine from an epinephrine kit shall be used only in emergency~~
32 ~~situations when the person administering the epinephrine reasonably~~
33 ~~believes that the signs and symptoms of an anaphylactic reaction are~~
34 ~~occurring and if administered at school, on school property or at a school-~~
35 ~~sponsored event. A school may not maintain an epinephrine kit unless the~~
36 ~~school has consulted with a pharmacist licensed by the state board of~~
37 ~~pharmacy. The consultant pharmacist shall have supervisory responsibility~~
38 ~~for maintaining the epinephrine kit. The consultant pharmacist shall be~~
39 ~~responsible for developing procedures, proper control and accountability~~
40 ~~for the epinephrine kit. Periodic physical inventory of the epinephrine kit~~
41 ~~shall be required. An epinephrine kit shall be maintained under the control~~
42 ~~of the consultant pharmacist. (a) As used in this section and K.S.A. 65-~~
43 ~~1680 and 65-2872b, and amendments thereto:~~

- 1 (1) *"Albuterol" means a short-acting beta-2 agonist inhaled*
2 *medication, otherwise known as a bronchodilator, that is prescribed by a*
3 *physician or mid-level practitioner for the treatment of respiratory*
4 *distress.*
- 5 (2) *"Albuterol metered-dose inhaler" means a portable drug delivery*
6 *system containing a canister of multiple premeasured doses of albuterol in*
7 *a device actuator.*
- 8 (3) *"Albuterol solution" means a liquid form of albuterol for use with*
9 *a nebulizer.*
- 10 (4) *"Anaphylaxis" or "anaphylactic reaction" means a sudden,*
11 *severe and potentially life-threatening multi-system allergic reaction.*
- 12 (5) *"Designated school personnel" means an employee, officer, agent*
13 *or volunteer of a school who has completed training documented by the*
14 *school nurse, a physician or a mid-level practitioner to administer*
15 *emergency medication on a voluntary basis outside of the scope of*
16 *employment.*
- 17 (6) *"Emergency medication" means epinephrine or albuterol.*
- 18 (7) *"Epinephrine" means a medication prescribed by a physician or*
19 *mid-level practitioner for the emergency treatment of anaphylaxis prior to*
20 *the arrival of emergency medical system responders.*
- 21 (8) *"Epinephrine auto-injector" means a device that automatically*
22 *injects a premeasured dose of epinephrine.*
- 23 (9) *"Mid-level practitioner" means the same as such term is defined*
24 *in K.S.A. 65-1626, and amendments thereto.*
- 25 (10) *"Nebulizer" means a device that is used to change a liquid*
26 *medication to a fine spray of liquid or mist for the administration of the*
27 *medication through inhalation.*
- 28 (11) *"Pharmacist" means the same as such term is defined in K.S.A.*
29 *65-1626, and amendments thereto.*
- 30 (12) *"Physician" means any person licensed by the state board of*
31 *healing arts to practice medicine and surgery.*
- 32 (13) *"Respiratory distress" means impaired ventilation of the*
33 *respiratory system or impaired oxygenation of the blood.*
- 34 (14) *"School" means any school district organized under the laws of*
35 *this state or any accredited nonpublic school that provides education to*
36 *elementary or secondary students.*
- 37 (15) *"School nurse" means a registered nurse licensed by the board*
38 *of nursing to practice nursing in Kansas or a licensed practical nurse*
39 *working under a registered nurse who is employed by a school to perform*
40 *nursing services in a school setting.*
- 41 (16) *"Spacer" means a holding chamber that is used to optimize the*
42 *delivery of aerolized albuterol from an albuterol metered-dose inhaler.*
- 43 (17) *"Stock supply" means an appropriate quantity of emergency*

1 medication as recommended by a physician or mid-level practitioner.

2 (b) A school may maintain a stock supply of emergency medication
3 upon obtaining a prescription from a physician or mid-level practitioner
4 in the name of the school. A physician or mid-level practitioner shall
5 review the school's policies and procedures established pursuant to
6 subsection (c) prior to prescribing such emergency medication.

7 (1) A stock supply of epinephrine may consist of one or more
8 standard-dose or pediatric-dose epinephrine auto-injectors. A school
9 nurse or designated school personnel may administer such epinephrine in
10 an emergency situation to any individual who displays the signs and
11 symptoms of anaphylaxis at school, on school property or at a school-
12 sponsored event if such school nurse or designated school personnel
13 reasonably believes that an individual is exhibiting the signs and
14 symptoms of an anaphylactic reaction.

15 (2) A stock supply of albuterol may consist of one or more albuterol
16 metered-dose inhalers, one or more doses of albuterol solution and one or
17 more spacers or nebulizers. A school nurse or designated school
18 personnel may administer such albuterol in an emergency situation to any
19 individual who displays the signs and symptoms of respiratory distress at
20 school, on school property or at a school-sponsored event if such school
21 nurse or designated school personnel reasonably believes that an
22 individual is exhibiting the signs and symptoms of respiratory distress.

23 (c) A school that maintains a stock supply of emergency medication
24 shall establish school policies and procedures relating to:

25 (1) Storage of the emergency medication, which shall require that the
26 emergency medication is stored:

27 (A) In a safe location that is readily accessible to the school nurse or
28 designated school personnel; and

29 (B) in accordance with manufacturer temperature recommendations;

30 (2) periodic monitoring of the inventory and expiration dates of
31 emergency medication;

32 (3) administration of emergency medication by designated school
33 personnel; and

34 (4) training requirements for designated school personnel, which
35 shall be conducted on no less than an annual basis for such designated
36 school personnel. Such training shall include, but not be limited to, the
37 following:

38 (A) Recognition of the symptoms of anaphylaxis and respiratory
39 distress;

40 (B) administration of emergency medication;

41 (C) calling for emergency medical system responders;

42 (D) monitoring the condition of an individual after emergency
43 medication has been administered;

1 *(E) notification of the parent, guardian or next of kin; and*

2 *(F) safe disposal and sanitation of used equipment.*

3 *(d) A school shall publish information related to the school's*
4 *emergency medication policies and procedures and shall maintain records*
5 *of the training provided to designated school personnel.*

6 *(e) A school may accept monetary gifts, grants and donations to*
7 *carry out the provisions of this section or may accept epinephrine auto-*
8 *injectors, albuterol metered-dose inhalers, albuterol solution, spacers or*
9 *nebulizers from a manufacturer or wholesaler.*

10 Sec. 4. K.S.A. 65-1680, 65-2872b and 72-6283 are hereby repealed.

11 Sec. 5. This act shall take effect and be in force from and after its
12 publication in the statute book.

Kansas State Board of Nursing
LPN IV Therapy Clinical Competency Evaluation

Student Name: _____

Discontinue Peripheral IV Site

Did the Student	Yes	No
Obtain and review LIP's order		
Perform Hand Hygiene		
Obtain supplies per institution policy: <ul style="list-style-type: none"> • Gloves nonsterile • Gauze • Tape 		
Verify patient's identity using 2 independent identifiers, not including patient's room number or bed number		
Provide patient with information on the VAD removal process		
Don Gloves		
Place patient in sitting or recumbent position as tolerated		
Discontinue administration of all infusates		
Remove dressing from insertion site		
Remove stabilization device or sutures, if present		
Inspect catheter skin junction for redness, tenderness, drainage		
Apply gauze to insertion site with non-dominate hand. With dominate hand slowly remove catheter using gentle even pressure		
Apply pressure to the site with gauze, until hemostasis is achieved: <ul style="list-style-type: none"> • Short < 3 inch peripheral catheters: minimum of 30 seconds 		
Apply gauze and tape dressing to venipuncture site		
Change dressing every 24 hours, or sooner until exit site is healed		
Assess integrity of removed catheter. Compare length of catheter to original insertion length to ensure entire catheter is removed. Notify provider if there is loss of integrity of catheter removed		
Remove gloves		
Perform hand hygiene		
Document remaining infusate in patient's permanent medical record		
Document procedure in patient's permanent medical record		

The student satisfactorily completed the procedure "Discontinue Peripheral IV Site" according to the steps outlined.

Date

Faculty/Preceptor Signature



Discontinuing a Peripheral IV

 Search

Discontinuing a Peripheral IV

Equipment

- Clean nonsterile gloves, sterile 2 in. x 2 in. gauze dressings.
- 1-in. tape or transparent semipermeable dressing.
- Linen-saver pad.

Assessment

- Verify the order and assess the patient's readiness to have the IV fluid discontinued (e.g., tolerating oral fluids, has adequate urine output, laboratory values are within normal limits). Post-Procedure Reassessment
- Assess the integrity of the removed catheter; compare the length to the original insertion length to ensure the entire catheter is removed.
- Be Smart! If a catheter defect is noted, report to the manufacturer and regulatory agencies and complete an incident report according to agency policy.
- Monitor the patient's response to oral fluids after IV therapy is discontinued. Note changes in the patient's condition that might indicate the need to re-establish IV therapy.

Key Points

- Be Smart! Place a linen-saver pad under the extremity with the IV catheter to prevent soiling patient's clothing or bed linen.
- Don clean nonsterile gloves, and close the roller clamp on the administration set.
- Carefully remove the IV dressing, catheter stabilizer, and tape securing the tubing.
- Scrub the catheter-skin junction with an antiseptic pad.
- Place a sterile 2 in. x 2 in. gauze pad above the IV insertion site and gently remove the catheter. Do not press on the gauze pad while removing the catheter.
- Be Safe! Apply firm pressure with the gauze pad over the insertion site. Hold pressure for 1 to 3 minutes; hold longer if bleeding persists.
- Apply a folded sterile 2 in. x 2 in. gauze pad. Secure it with tape.

Documentation


- You will usually record this procedure on a flowsheet or in the electronic patient record.
- Chart the date and time IV therapy was discontinued.
- Note the condition of the site, including the presence of any complications.
- If complications are present, document your interventions and notify the primary care provider.



Do not press on the pad while removing the catheter



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