60-16-104. Standards for course; competency examination; recordkeeping.

(a) The purpose of the intravenous fluid therapy course shall be to prepare licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

(b) The course shall meet both of the following conditions:
  (1) Consist of at least 30 hours of instruction; and
  (2) require at least eight hours of supervised clinical practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality on an individual.

(c) To be eligible to enroll in an intravenous fluid therapy course, the individual shall be a nurse with a current license.

(d) The intravenous therapy course coordinator shall meet the following requirements:
  (1) Be licensed as a registered professional nurse;
  (2) be responsible for the development and implementation of the intravenous fluid therapy course; and
  (3) have experience in intravenous fluid therapy and knowledge of the intravenous therapy standards.

(e) (1) Each primary faculty member shall meet the following requirements:
    (A) Be currently licensed to practice as a registered professional nurse in Kansas;
    (B) have clinical experience within the past five years that includes intravenous fluid therapy; and
    (C) maintain competency in intravenous fluid therapy.
  (2) Each guest lecturer shall have professional preparation and qualifications for the specific subject area in which that individual instructs.

(f) (1) Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.
  (2) The facility in which clinical practice and the competency examination are conducted shall allow the students and faculty access to the intravenous fluid therapy equipment and intravenous fluid therapy recipients, and to the pertinent records for the purpose of documentation.
  (3) There shall be a signed, written agreement between the provider and a cooperating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is also the provider.

(g) (1) The board-approved intravenous fluid therapy curriculum shall be the following standards of the infusion nurses society's supplement titled "infusion nursing standards of practice," volume 34, number 1S, dated January/February 2011, which are hereby adopted by reference:
    (A) "Nursing practice":
      (i) "Practice setting" standard 1.1, 1.2, 1.3;
      (ii) "neonatal and pediatric patients" standard 2.1, 2.2, 2.3, which shall be taught only for clinical knowledge and awareness;
      (iii) "older adult patients" standard 3.1, 3.2;
      (iv) "ethics" standard 4.1, 4.2, 4.3, 4.4;
      (v) "scope of practice" standard 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7;
      (vi) "competence and competency validation" standard 6.1, 6.2, 6.3, 6.4;
      (vii) "quality improvement" standard 7.1;
      (viii) "research and evidence-based practice" standard 8.1, 8.2, 8.3, 8.4; and
      (ix) "policies, procedures, and/or practice guidelines" standard 9.1, 9.2, 9.3, 9.4;
    (B) "patient care":
      (i) "Orders for the initiation and management of infusion therapy" standard 10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7;
      (ii) "patient education" standard 11.1, 11.2;
      (iii) "informed consent" standard 12.1, 12.2, 12.3; and
      (iv) "plan of care" standard 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7;
    (C) "documentation":
      (i) "Documentation" standard 14.1, 14.2, 14.3, 14.4, 14.5;
      (ii) "unusual occurrence and sentinel event reporting" standard 15.1, 15.2;

(iii) "product evaluation, integrity, and defect reporting" standard 16.1, 16.2, 16.3, 16.4, 16.5; and
(iv) "verification of products and medications" standard 17.1, 17.2, 17.3;

(D) "infection prevention and safety compliance":
(i) "Infection prevention" standard 18.1, 18.2, 18.3, 18.4, 18.5, 18.6, 18.7, 18.8, 18.9;
(ii) "hand hygiene" standard 19.1, 19.2, 19.3, 19.4;
(iii) "scissors" standard 21.1, 21.2, 21.3;
(iv) "safe handling and disposal of sharps, hazardous materials, and hazardous waste" standard 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7, 22.8;
(v) "disinfection of durable medical equipment" standard 23.1, 23.2, 23.3, 23.4;
(vi) "transmission-based precautions" standard 24.1, 24.2; and
(vii) "latex sensitivity or allergy" standard 25.1, 25.2, 25.3;

(E) "infusion equipment":
(i) "Add-on devices" standard 26.1, 26.2, 26.3;
(ii) "needleless connectors" standard 27.1, 27.2, 27.3, 27.4, 27.5;
(iii) "filters" standard 28.1, 28.2, 28.3, 28.4. 28.5, 28.6;
(iv) "flow-control devices" standard 29.1, 29.2, 29.3, 29.4, 29.5; and
(v) "tourniquets" standard 31.1, 31.2;

(F) "vascular access device selection and placement":
(i) "Vascular access device selection" standard 32.1, 32.2, 32.3, 32.4;
(ii) "site selection" standard 33.1, 33.2, 33.3, 33.4, 33.5. Standard 33.4 and 33.5 shall be taught only for clinical knowledge and awareness;
(iii) "local anesthesia for vascular access device placement and access" standard 34.1, 34.2, 34.3, 34.4;
(iv) "vascular access site preparation and device placement" standard 35.1, 35.2, 35.3, 35.4, 35.5, 35.6, 35.7, 35.8;
(v) "vascular access device stabilization" standard 36.1, 36.2, 36.3, 36.4;
(vi) "joint stabilization" standard 37.1, 37.2, 37.3, 37.4; and
(vii) "site protection" standard 38.1, 38.2, 38.3;

(G) "site care and maintenance":
(i) "Administration set change" standard 43.1, 43.2, 43.3, 43.4, 43.5, 43.6;
(ii) "vascular access device removal" standard 44.1, 44.2, 44.3, 44.4, 44.5, 44.6;
(iii) "flushing and locking" standard 45.1, 45.2, 45.3, 45.4; and
(iv) "vascular access device site care and dressing changes" standard 46.1, 46.2, 46.3, 46.4;

(H) "infusion-related complications":
(i) "Phlebitis" standard 47.1, 47.2, 47.3;
(ii) "infiltration and extravasation" standard 48.1, 48.2, 48.3;
(iii) "infection" standard 49.1, 49.2, 49.3, 49.4;
(iv) "air embolism" standard 50.1, 50.2, 50.3, 50.4, 50.5, 50.6;
(v) "catheter embolism" standard 51.1, 51.2, 51.3, 51.4;
(vi) "catheter-associated venous thrombosis" standard 52.1, 52.2, 52.3, 52.4; and
(vii) "central vascular access device malposition" standard 53.1, 53.2, 53.3, 53.4, 53.5; and

(I) "infusion therapies":
(i) "Parenteral medication and solution administration" standard 61.1, 61.2, 61.3, which shall be taught only for clinical knowledge and awareness;
(ii) "antineoplastic therapy" standard 62.1, 62.2, 62.3, 62.4, which shall be taught only for clinical knowledge and awareness;
(iii) "biologic therapy" standard 63.1, 63.2, 63.3, which shall be taught only for clinical knowledge and awareness;
(iv) "patient-controlled analgesia" standard 64.1, 64.2, 64.3, 64.4;
(v) "parenteral nutrition" standard 65.1, 65.2, 65.3, 65.4, 65.5, 65.6, 65.7, which shall be taught only for clinical knowledge and awareness;
(vi) "transfusion therapy" standard 66.1, 66.2, 66.3, 66.4;

(vii) "moderate sedation/analgesia using intravenous infusion" standard 67.1, 67.2, 67.3, 67.4, which shall be taught only for clinical knowledge and awareness; and

(viii) "administration of parenteral investigational drugs" standard 68.1, 68.2, 68.3, which shall be taught only for clinical knowledge and awareness.

(2) Each provider shall submit documentation of the use of the curriculum required in this subsection to the board on or before February 1, 2013.

(h) (1) (A) The final written competency examination shall be constructed from the board-approved pool of test questions and shall be based on the board-approved test plan.

(B) The final written competency examination shall consist of at least 50 questions and shall require a passing grade of 80 percent or above.

(2) The final clinical competency examination shall require successful completion of the procedures on the board-approved competency checklist, which shall include the following procedures: preparation for the insertion of an intravenous line, insertion of an intravenous access device, conversion of a peripheral catheter to an intermittent infusion device, calculation of infusion flow rate, changing an intravenous fluid container, changing administration set tubing, care of the infusion site, flushing an intermittent infusion device, discontinuance of an intravenous infusion, administration of intravenous medication including both piggyback administration and direct injection, and admixing intravenous medications.

(i) (1) The faculty shall complete the final record sheet, which shall include competencies and scores.

(2) The intravenous fluid therapy course coordinator shall perform the following:

(A) Award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final clinical competency examination;

(B) submit to the board, within 15 days, a typed, alphabetized roster listing the name and license number of each individual who has successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:

(i) RN and LPN participants shall be listed on separate rosters; and

(ii) the roster shall include the provider name and address, the single or long-term provider number, the IV therapy course provider number, and the signature of the coordinator; and

(C) maintain the records of each individual who has successfully completed the course for a period of at least five years.

History: (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012.)