



**KBN**

Winter 2015  
Edition 42

# CONNECTION

**UPDATE ON BUTALBITAL  
RESCHEDULING AND  
IMPLICATIONS FOR APRNS**

Page 8

**FINDING A  
COLLABORATIVE  
PHYSICIAN**

Page 14

**KASPER TIPS: WHEN TO  
REQUEST A KASPER REPORT**

Page 22

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- 14 Finding A Collaborative Physician
- 18 Navigating the NEW KBN Website
- 22 KASPER Tips: When to request a KASPER report



**KBN Connection circulation includes over 85,000 licensed nurses and nursing students in Kentucky.**

- 26 Highlights of Board Actions
- 28 Kentucky Board of Nursing Program of Nursing Approval Status
- 29 Disciplinary Actions

# *Contents*

Winter **2015** Edition 42

- 5 President's Message
- 8 Update on Butalbital Rescheduling and Implications for APRNs
- 10 Continuing Competency: Including Renewal Requirements

## Statistics Corner

As of December 19, 2014 KBN records show:

**RN Active: 63,857**

**LPN Active: 14,602**

**Advanced Practice**

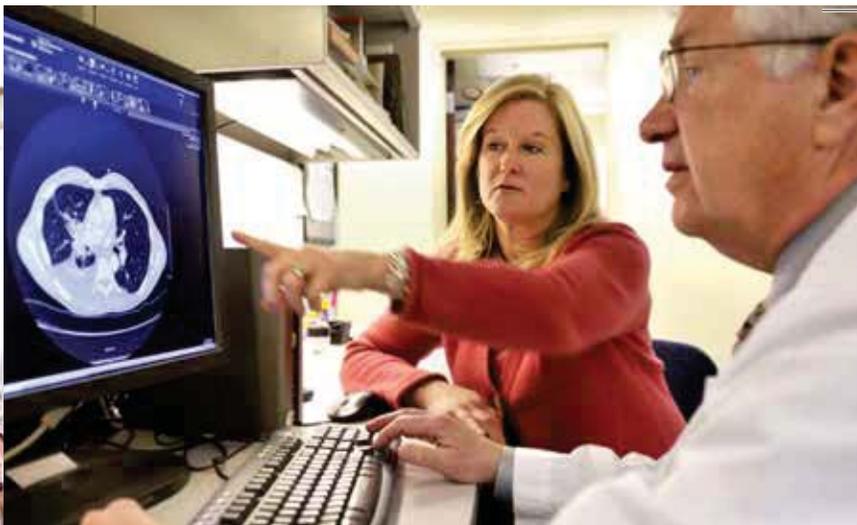
**Registered Nurses: 5,601**

**Dialysis Technicians Active: 533**

**SANE Active: 240**



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## PRESIDENT'S MESSAGE

I would like to wish all of my fellow Kentucky nurses a happy, healthy, and prosperous New Year! With the New Year ahead of us, I would like to challenge each of you to join my concept of nursing and get “Back to the Basics”. Our profession has seen a multitude of changes and challenges over the years, but so many basic concepts have remained steadfast: compassion, educating, critical thinking, assessment, and the nursing process as a whole.

Let's quickly go back to the “Lady with the Lamp”- Florence Nightingale. As most of you know, the mission of her school of nursing was to train nurses to work in hospitals, to work with the poor and to teach to improve healthcare for all of society. These elements intended the students be prepared to care for patients in their homes. While many facets of the profession were implemented by her, they are still basic concepts for a widely versatile profession. Florence Nightingale developed a dietary department to offer appealing food for patients with special dietary requirements, established a laundry department to provide the patients with clean linens, and instituted a classroom and a library for intellectual stimulation and entertainment for the patients. Overall, she kept it no secret that her goals focused on reducing death rates.

Now we will fast-forward to the 21st century as it relates to the nursing profession. We live in a fast paced world full of efficiency and extraordinary changes. As nurses, we must be well versed in the developments in health care delivery. The Baby Boomer population caused

us all to be affected by priorities in the health care system and an increased focus on diverse values and beliefs due to the population shift. Not only in the nursing profession or health care as a whole, technology has provided advances in every aspect of life. The technological explosions have provided more ease and data to our daily tasks but in our clinical setting, the daily fundamental tasks should not be much different than they were 50 years ago.

As a general rule, the nursing profession centers on the core concepts that were developed by Florence Nightingale. We still ‘care’ for our patients- even if the ‘assessment’ is being conducted 500 miles apart via computer. We still ‘critically think’ through situations- even if we access an iPad as a resource as opposed to a text book resource. We still obtain a complete set of vital signs- even if we are using an automatic machine. And we still document all of our findings- even if we type in our entry rather than write a nurse’s note. Again, I challenge each of you, regardless of your area of expertise or your clinical setting, to simply get “Back to the Basics” as we uphold our nursing profession as an honorable vocation.

A handwritten signature in black ink that reads "Sally Baxter RN". The signature is written in a cursive, flowing style.

Sally Baxter, RN  
President, Kentucky Board of Nursing

Revisions to the following Advisory Opinion Statements were approved by the Kentucky Board of Nursing during the October 1, 2014 Board meeting:

- **AOS #15 Roles of Nurses in the Supervision and Delegation of Nursing Tasks to Unlicensed Personnel** (Approved: 6/87; Revised: 1/88; 2/91; 1/93; 12/93; 4/01; 10/02; 6/03; 2/2012; 4/2014; 10/2014; Editorial Revisions: 2/05; 1/2011; 1/2012; 5/2012 ; Reviewed:1/2012; 9/2012)

Revisions to Advisory Opinion Statement #15 focused on clarifying the role of nurses in the supervision and delegation of nursing tasks to unlicensed personnel regardless of practice setting and to address specific exceptions to this Advisory Opinion Statement.

- **AOS #16 Roles of Nurses in the Administration of Medication Via Various Routes** (Approved: 6/87; Revised: 12/87; 12/89; 2/91;

2/92; 1/93; 12/93, 10/99; 4/01; 2/05; 6/05; 4/07; 10/14; Editorial Revision: 1/2011; 5/2012; Reviewed: 1/2013)

Revisions to Advisory Opinion Statement #16 focused on the scope of nursing practice in the administration of medications via peripheral nerve blocks.

- **AOS #25 Peripheral Insertion of Central and Midline Intravenous Catheters (PICC) by Nurses** (Approved: 1/91; Revised 7/97; 4/01; 6/04; 2/05, 10/2014; Editorial Revision: 1/2011; 5/2012; Reviewed: 5/2011)

Revisions to Advisory Opinion Statement #25 focused on EKG verification of the placement of PICC lines by educationally prepared and clinically competent registered nurses.

These Advisory Opinion Statements may be accessed on the KBN website at <http://kbn.ky.gov/practice/Pages/aosindex.aspx>



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## UPDATE ON BUTALBITAL RESCHEDULING AND IMPLICATIONS FOR APRNS



Effective September 17, 2014, changes to 902 KAR 55:045 and 902 KAR 55:090 were finalized, adopted and promulgated by the Cabinet for Health and Family Services, Office of the Inspector General. The new regulations may be accessed on the Kentucky Legislative Research Commission website at <http://www.lrc.ky.gov/kar/902/055/045.htm> and <http://www.lrc.ky.gov/kar/902/055/090.htm>.

ALL BUTALBITAL CONTAINING PRODUCTS (Fioricet, Bupap, Esgic, etc.) are now SCHEDULE III CONTROLLED SUBSTANCES in the Commonwealth of Kentucky.

What does this mean to APRN prescribers?

- All butalbital containing products are Schedule III controlled substances.
- A valid DEA Number is required to prescribe butalbital containing products.
- Any remaining refills on a butalbital containing product prescription issued by a prescriber without a valid DEA license may NOT be dispensed.
- Written prescriptions for a butalbital containing product must be written on a controlled substance prescription blank.
- Prescriptions for butalbital containing products must be reported to KASPER. Follow 201 KAR 20:057 <http://www.lrc.state.ky.us/kar/201/020/057.htm> regarding when to query KASPER prior to prescribing a Schedule III medication.
- APRNs who have a valid DEA Number are not permitted to write refills for butalbital containing products as APRNs are not permitted to write refills on Schedule III medications.
- Prescriptions for butalbital containing products may NOT be pre-signed or post-dated.

### ANABOLIC STEROID UPDATE

902 KAR 55:090 was adapted to mirror the exempt anabolic steroid list published in Title 21 Code of Federal Regulations §1308.34. This Federal Anabolic Steroid list can be found at: [\[sion.usdoj.gov/schedules/exempt/exempt\\\_anabolic\\\_list.pdf\]\(http://www.usdoj.gov/schedules/exempt/exempt\_anabolic\_list.pdf\).](http://www.deadiver-</a></p></div><div data-bbox=)

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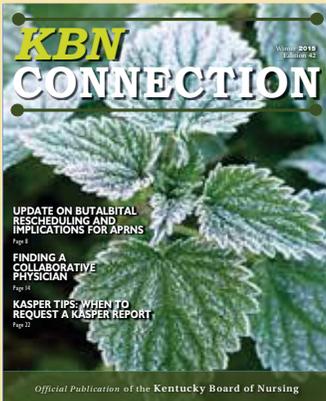
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# CONTINUING COMPETENCY: *Including Renewal Requirements*

by **Mary Stewart**, *Continuing Competency Program Coordinator*

## **HIV/AIDS CE**

All nurses are required to earn at least 2 approved contact hours of HIV/AIDS continuing education at least once every ten years.

The HIV/AIDS continuing education hours count toward the required CE in the year they were earned.

A list of national nursing organizations recognized by KBN for continuing education can be found on the KBN website ([www.kbn.ky.gov/ce/natlorgs.htm](http://www.kbn.ky.gov/ce/natlorgs.htm)).

Documentation of meeting this requirement must be retained for at least 12 years. It is not necessary to submit CE certificates to KBN unless requested to do so through the CE audit.

## **DOMESTIC VIOLENCE CE**

Nurses seeking reinstatement, licensure by endorsement from another state, and examination candidates educated outside of Kentucky must earn three contact hours of KBN approved domestic violence CE within three years of licensure in Kentucky. This course was included in the curriculum for graduates of Kentucky Programs of Nursing as of May 1998. This is a one-time only requirement. Nurses need only submit proof of earning these hours if requested to do so through the CE audit.

## **PEDIATRIC ABUSIVE HEAD TRAUMA (“SHAKEN BABY SYNDROME”) CE**

In 2010, the General Assembly passed House Bill 285, sponsored by Rep. Addia Wuchner. This bill requires various groups to complete a course in Pediatric Abusive Head Trauma, also known as “Shaken Baby Syndrome.” Those groups include law enforcement students, Kentucky schools, child protection staff, inmates, foster parents, child care center employees and owners, family child care providers, the HANDS program, urgent care facilities employees, physician assistants, EMTs, first responders, paramedics, social workers, and nurses.

The requirement for nurses is a one-time continuing education course of at least 1.5 hours covering the recognition and prevention of pediatric abusive head trauma as defined by the Act. Nurses licensed as of July 15, 2010 had until

December 31, 2013 to complete the course. Nurses licensed after that date have three years from the date of licensure to complete the course. The course can be offered by any approved CE provider. Nurses will only need to submit proof of completion of the requirement should they be audited. For more information, contact Mary Stewart, Continuing

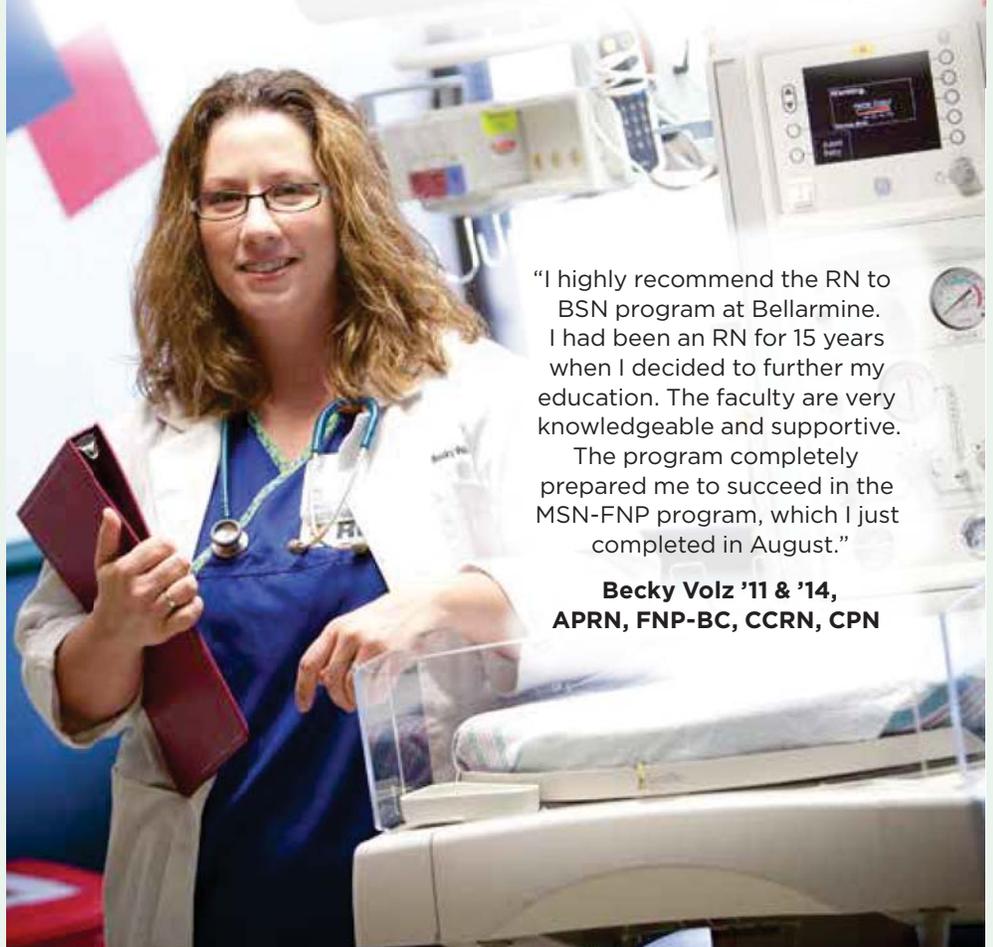
Competency Program Coordinator (502-429-7191 or [MaryD.Stewart@ky.gov](mailto:MaryD.Stewart@ky.gov)).

## **EARNING PERIODS FOR ALL NURSES**

Nurses are required to renew their license on a yearly basis. The CE/competency earning period is the same

*Continued on page 12*

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as the licensure period, i.e., November 1 through October 31.

KBN audits a randomly selected pool of nurses. If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the Kentucky Nursing Laws.

### CE Information Concerning Annual Renewal

According to Kentucky Board of Nursing Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

1. Proof of earning 14 approved contact hours; OR
2. A national certification or re-certification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
3. Completion of a nursing research project as principal investigator, co-investigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR
4. Publication of a nursing related article; OR
5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR
6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR
7. Proof of earning seven approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address,

and phone number of the employer included), and cover at least six months of the earning period.

8. Certain college credit courses may be used to meet the CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences such as Psychology, Biology, and Sociology will count toward CE hours.

One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.

Note: Prelicensure general education courses, either electives or designated to meet degree requirements, are NOT acceptable, nor are CPR/BLS, in-service education, nor nurse aide training. ACLS or PALS courses ARE acceptable for CE hours if given by an approved provider.



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### Advanced Practice Registered Nurse CE Requirements

Advanced Practice Registered Nurses (APRNs) must earn five contact hours in pharmacology each renewal period. APRNs with a CAPA-CS are required to earn 1.5 approved CE contact hours on the use of KASPER, pain management, or addiction disorders. These hours may count as part of the required pharmacology hours.

### Sexual Assault Nurse Examiner CE Requirements

Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn five contact hours of approved sexual assault CE each renewal period. Forensic medicine or domestic violence CE will meet this requirement.

### Individual Review of Offerings Presented by Organizations not Recognized by the Board

Contact the KBN office or visit the KBN website (<http://kbn.ky.gov/ce/ceformspubs.htm>) to obtain an Individual Request for Review of CE Activities application; complete and return to the Board office with requested materials and application fee of \$10. Within about six weeks of receipt of the submitted materials, KBN will notify the individual of the review outcome, i.e. approval or rejection. A notification of CE/competency approval should be retained for a minimum of five years. Individual review is not required if an offering is approved for continuing education by an organization recognized by the Board (refer to <http://kbn.ky.gov/ce/natlorgs.htm>).

Note: Individual review applications must be submitted to the Board by November 30 of the licensure year.

### CE EXEMPTION ELIMINATED IN 2012

The CE exemption for new licensees at the time of their first renewal was eliminated in 2012. First time renewing nurses are subject to the same CE requirements as all other KY nurses – 14 contact hours; however, proof of a job orientation can be used to meet 7 of those required contact hours.



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## FINDING A COLLABORATIVE PHYSICIAN



### Non-Emergency Process to Obtain a Physician for a CAPA-NS

- If the APRN is not able to locate a physician to sign a CAPA-NS, an APRN may request assistance from the

Committee and the KBN to identify any physicians who are available to enter into the CAPA-NS in a non-emergency situation.

- The KBML shall provide the Committee and the KBN with the names and contact information of physicians who

SEE PAGE 28 FOR APPROVAL STATUS

The Board of Nursing office receives a number of calls requesting assistance in identifying physicians who might serve as a collaborative physician for APRNs seeking either or both the Collaborative Agreement for Prescriptive Authority for Non Scheduled Legend Drugs (CAPA-NS) or Collaborative Agreement for Prescriptive Authority for Controlled Substances (CAPA-CS).

The law that went into effect July 15, 2014 (Senate Bill 7) included a provision for APRNs who find themselves having difficulty locating a physician for a CAPA-NS to request assistance from the Collaborative Prescribing Agreement Joint Advisory Committee (CAPA-COM). The newly formed CAPA Committee met once in September to formulate its processes and structures. The Kentucky Board of Medical Licensure (KBML) is soliciting from its licensees, a variety of physicians who are willing to participate as collaborating physicians. Once a list is compiled, the KBN will be able to provide names to APRNs seeking a collaborative physician for a CAPA-NS.

There is both an emergency and non-emergency process and the details are as follows:

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- are available to enter into the CAPA-NS.
- The KBN and the Committee shall make those physician names, contact information, and any fee requirements available to the requesting APRN.
- The APRN shall have sixty (60) days to sign a CAPA-NS agreement with a physician from the date the requesting APRN receives the physician information, whether from the Committee or the KBN. The physician shall be qualified in the same or similar specialty as the requesting APRN and shall not charge a fee to sign the CAPA-NS.
- If the requesting APRN is unable to sign a CAPA-NS within the 60 days, the APRN can contact the KBN and the CAPA Committee shall furnish the requesting APRN with another physician to sign a CAPA-NS.
- The APRN may prescribe under this CAPA-NS until that APRN signs a CAPA-NS with a different physician.

#### Emergency Process to Obtain Physician for CAPA-NS

- An APRN may request assistance from the Committee and the KBN to identify any physicians who are available to enter into the CAPA-NS in an emergency situation where a collaborating physician is either unavailable or suddenly rescinds from a CAPA-NS with the APRN who is providing care in an established practice.
- KBML shall provide the Committee and the KBN with the names, contact information, and any fee requirements provided by any physicians who are available to enter into the CAPA-NS with an APRN who is providing care in an established practice.
- The KBN and the Committee shall make those physician names, contact information, and any fee requirements available to the requesting APRN.
- In an emergency situation following a request to the Committee and the KBN, and until the APRN is able to locate a physician to sign the CAPA-NS, the APRN may prescribe as if he or she is prescribing with a CAPA-NS.
- The APRN shall have thirty (30) days to sign a CAPA-NS agreement with a physician from the date the requesting APRN receives the physician information, whether from the Committee or the KBN.

- If no CAPA-NS is signed at the end of the thirty (30) days, the APRN shall cease to prescribe until a CAPA-NS is signed.
- The APRN may revert to the non-emergency process of requesting assistance from the Committee to obtain information from the KBML in locating a collaborating physician by providing names, contact information, and any fee requirements to the Committee and the KBN.
- Once a new CAPA-NS goes into effect, the APRN shall only prescribe within

the terms of the new CAPA-NS until that CAPA-NS is no longer in effect.

This emergency process may not be used if the CAPA-NS rescission was for the following reasons:

- A disciplinary action against the APRN that is directly related to prescribing or patient safety.
- The collaborating physician has filed with KBN a complaint with evidence against the APRN related to prescribing or patient safety.

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### Complaints Received by the CAPA Committee:

- If the Committee receives a complaint about the prescribing fee requirements, or other activities of an APRN or physician under a CAPA-NS, the Committee shall not discuss or review the complaint or any actions of any APRN or physician, but shall immediately forward the complaint to the licensing board that has jurisdiction over the person who is the subject of the complaint.
- The KBN and the KBML shall each maintain sole jurisdiction over their respective licensees and their licensees' practice.

### Locating Your Collaborating Physician

Before needing the assistance of the Joint CAPA Committee, the APRN prior to initiating practice should be working to identify a collaborating physician. Ask preceptors from clinical experiences to assist in identifying physicians. Utilize your contacts through professional organizations (e.g. KCNPNM, KNA), get to know physicians in your geographic area or specialty area prior to practicing.

The link below provides access to search on the Kentucky Board of Medical Licensure website for KY licensed physicians. You may search by NAME, COUNTY, or SPECIALTY.

<http://web1.ky.gov/GenSearch/LicenseSearch.aspx?AGY=5>

You might be able to locate a collaborating physician in this manner.

Your collaborating physician for a CAPA-NS and/or CAPA-CS must be a physician licensed in KY, but does not have to be located in KY, nor geographically close to you.

Be aware of physicians who may have had disciplinary action taken on their license. You may use the same link above to read the order which will be posted with their name. Some restrictions may apply to the extent they may not have activity around controlled substances or even in relation to collaborative agreements with APRNs.

It goes without saying that a professional relationship with another provider is one built on communication and trust.

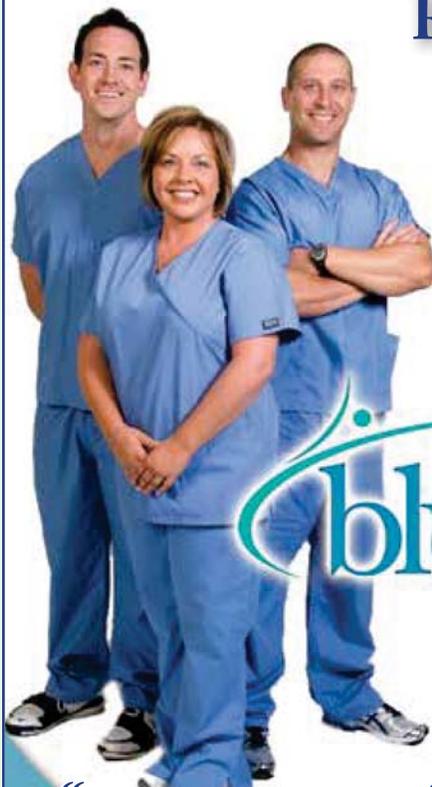


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