



**KENTUCKY BOARD OF NURSING**  
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**ADVISORY OPINION STATEMENT**

**PATIENT ABANDONMENT BY NURSES**

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, promulgate regulations and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guideline to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

**Opinion:** PATIENT ABANDONMENT BY NURSES

**Approved Date:** 4/2003

**Revised:** 6/2003; 6/2018; 4/2024

**Editorial revision:** 2/2005, 3/2015

**Reviewed:** 3/2011

**Accountability and Responsibility of Nurses**

In accordance with KRS 314.021(2), nurses are responsible and accountable for making decisions that are based upon the individuals' educational preparation and current clinical competence in nursing, and requires licensees to practice nursing with reasonable skill and safety. Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

**Rationale for Advisory Opinion**

The Kentucky Board of Nursing has received multiple inquiries seeking information on when a nurse may leave a patient assignment and not be in violation of the *Kentucky Nursing Laws*.

### Advisory Opinion

Nurses have a professional and ethical obligation to provide for patient safety, avoid patient abandonment, and to withdraw only when assured that, nursing care is available to the patient (American Nurses Association - ANA, 2015). While the terms “abandonment” and “patient abandonment” are not used in the *Kentucky Nursing Laws* (Kentucky Revised Statutes Chapter 314), the Board has the authority to take disciplinary action in specific cases based on its interpretation of what constitutes professional misconduct. In Kentucky, a nurse whose behaviors are inconsistent with the safe practice of nursing may be charged with being in violation of KRS 314.091(1)(d) “...negligently or willfully acting in a manner inconsistent with the practice of nursing...” All complaints received by the Board alleging patient abandonment are evaluated on a case-by-case basis.

In general, abandonment occurs when a nurse voluntarily removes himself/herself from the care delivery setting without giving notice, and without making an effort to arrange for another qualified person to assume responsibility for patient care. Patient abandonment endangers the health, safety, and welfare of patients entrusted to the nurses’ care.

As a guide to nurses and employers, the Board advises that, in general, a nurse who has accepted responsibility for a patient assignment may leave the patient assignment **only** after:

1. Communicating the need to do so with the nurse’s supervisor; and
2. Exhausting all reasonable and prudent efforts to place the care of the patients in another nurse’s care.

While it is difficult to specifically state when abandonment occurs, it is clear that abandonment does not occur when a nurse who cannot practice with reasonable skill and safety leaves an assignment after fulfilling the two obligations stated above.

There are employment issues that do not rise to the level of patient abandonment, and thus, are not within the jurisdiction of the Board to address. Examples of employer issues include an employee “no call, no show” situation, an employee refusal to work “mandatory overtime” beyond the regularly scheduled number of hours, and employer resignation policies.

As always, KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to patients and for judgments exercised and actions taken in the course of providing care.

Advisory opinion statements issued by the Kentucky Board of Nursing are guidelines for licensees who wish to engage in safe nursing practice. As such, an opinion statement is not a regulation of the board and does not have the force and effect of law.

### Patient Abandonment and the APRN

Patient abandonment occurs when a healthcare provider improperly terminates the healthcare provider/patient relationship (Bieber, 2023 & Tomey, 2015). Patient Abandonment occurs if:

- A healthcare provider/patient relationship has been established; and
- A patient who requires medical attention is refused continued treatment without giving the proper notice and adequate time to find another provider.

Healthcare providers *may* have a valid reason to discontinue a relationship with a patient. However, they should either refer a patient to another provider or take appropriate steps to ensure that the patient has an adequate amount of time to gain access to care (Bieber, 2023 and Buppert, 2005).

Abandonment **does not** occur when:

- Healthcare providers do not have the necessary training or knowledge to continue treatment
- Healthcare providers do not have the supplies or resources to continue treatment
- A conflict of interest arises
- Patients violate the policies of the provider or behave inappropriately, such as verbally abusing the healthcare provider
- Patients repeatedly miss or cancel appointments
- Patients do not comply with care recommendations

**Applicable Statutes From the Kentucky Nursing Laws**

KRS 314.011(4) defines "nursing process" as:

...the investigative approach to nursing practice utilizing a method of problem-solving by means of:

- a) Nursing diagnosis, a systematic investigation of a health concern and an analysis of the data collected in order to arrive at an identifiable problem; and.
- b) Planning, implementation and evaluation based on nationally accepted standards of nursing practice.

KRS 314.011(6) defines "registered nursing practice" as:

...the performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Scope and Standards of Practice or with standards of practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
  1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
  2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
  3. Intervening when emergency care is required as a result of drug therapy;
  4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
  5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
  6. Instructing an individual regarding medications;
    - d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
    - e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally-accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...the performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, advanced practice registered nurse, a licensed physician, or dentist.
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced practice registered nurse and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally-accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of [Licensed] Practical Nurses' Standards of Practice or with Standards of Practice established by nationally-accepted organizations of licensed practical nurses.

KRS 314.011(13) defines "nursing assistance" as:

... the performance of delegated nursing acts by unlicensed nursing personnel for compensation under supervision of a nurse.

KRS 314.021(2) states:

All individuals licensed or privileged under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

## References

American Nurses Association – ANA (2009). Patient safety: Rights of registered nurses when considering a patient assignment. *Position Statement*.

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