

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 610 Department or Agency Alabama Board of Nursing
Rule No. 610-X-6
Rule Title Standards of Nursing Practice
X New Amend X Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer  Peggy Benson, RN, MSHA, MSN, NE-BC

Date April 18, 2016

DATE FILED
(STAMP)

APA-2
11/96

ALABAMA BOARD OF NURSING

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Board of Nursing

RULE NO. & TITLE: Rule 610-X-6, Standards of Nursing Practice

INTENDED ACTION: The Alabama Board of Nursing proposes to repeal and replace the regulations related to continuing education requirements for licensure as a nurse.

SUBSTANCE OF PROPOSED ACTION: The Alabama Board of Nursing proposes to repeal and replace Administrative Code, Rule 610-X-6, Standards of Nursing Practice. A copy of the proposed new rule may be found on the Board's web site, www.abn.alabama.gov, under "laws" and then "proposed rule changes." The proposed changes clarify the standards of nursing.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or verbal comments will be received by the Board of Nursing until 4:30 P.M. on Friday, June 3, 2016. Verbal or written comments should be directed to Peggy Benson, Executive Officer, at P.O. Box 303900, Montgomery, AL 36130-3900 or via electronic mail at Peggy.Benson@abn.alabama.gov or via telephone at 334-293-5210.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:
The record closes at 4:30 P.M. on Friday, June 3, 2016.

CONTACT PERSON AT AGENCY: Peggy Benson, Executive Officer.



Executive Officer

REPEAL

Nursing

Chapter 610-X-6

ALABAMA BOARD OF NURSING ADMINISTRATIVE CODE

CHAPTER 610-X-6 STANDARDS OF NURSING PRACTICE

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610-X-6-.01 Definitions.

(1) Accountability: Answerable or responsible for action.

(2) Assessment, Comprehensive: the systematic collection and analysis of data including the physical, psychological, social, cultural and spiritual aspects of the patient by the registered nurse for the purpose of judging a patient's health and illness status and actual or potential health needs. Comprehensive assessment includes patient history, physical examination, analysis of the data collected, development of the patient plan of care, implementation and evaluation of the plan of care.

(3) Assessment, Focused: An appraisal of a patient's status and specific complaint through observation and collection of objective and subjective data by the registered nurse or licensed practical nurse. Focused assessment involves identification of normal and abnormal findings, anticipation and recognition of changes or potential changes in patient's health status, and may contribute to a comprehensive assessment performed by the registered nurse.

(4) Assignment, Licensed Nurse: The transfer of responsibility and accountability for nursing activities from one licensed nurse to another.

(5) Assignment, Unlicensed Individual: the designation of tasks from a licensed nurse to unlicensed assistive personnel. The licensed nurse making the assignment retains accountability for accurate and timely completion and outcome of the tasks.

(6) Delegation: The act of authorizing a competent individual to perform selected nursing activities supportive to registered nurses or licensed practical nurses in selected situations while retaining the accountability for the outcome if the delegation is to an unlicensed individual.

(7) Dual Relationship: any time a licensed nurse interacts with a patient outside the nurse-patient relationship.

(8) Hospital: A facility described in Code of Ala. 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital shall not include the private offices of physicians or dentists, whether in individual, group, registered corporation or registered association practice.

(9) Legally Authorized Prescriber: licensed physician, dentist, certified registered nurse practitioner, certified nurse midwife, and physician assistant.

(10) May: Power, privilege or right retained by the Board

(11) May not: Prohibition

(12) Moderate Sedation: the administration of pharmacological agent(s) for the purpose of a medically controlled state of depressed consciousness limited to short

periods of time and used for diagnostic and therapeutic procedures that:

- (a) Allow protective reflexes to be maintained.
 - (b) Retain the patient's ability to maintain a patent airway, respiratory rate and rhythm.
 - (c) Permit expected responses by the patient to physical stimulation and verbal command.
- (13) Organized Program of Study: an organized sequence of learning activities that provides the instructional foundation (didactic and clinical) for participants to achieve the desired learning outcomes in a given subject matter.
- (14) Professional Boundary: behavior of the licensed nurse in maintaining a therapeutic relationship with a patient for the patient's benefit rather than behavior that lessens the patient's care and shifts the focus to the licensed nurse.
- (15) Qualified Instructor: an individual with the knowledge, skills, ability, experience, and expertise to present the selected topic.
- (16) Responsibility: The charge to do something that is expected performance.
- (17) Shall: duty, requirement, or condition precedent.
- (18) Supervised Clinical Practice: a systematic plan for practicing the behavior or skill related to the standardized procedure under the supervision of a qualified instructor for the purpose of mastering the procedure.
- (19) Supervision, Direct: responsible licensed nurse physically present in facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision by a registered nurse is required for new graduates practicing on a temporary permit.
- (20) Supervision, Indirect: Responsible licensed nurse is available for periodic inspection and evaluation through physical presence, electronic or telephonic communication for direction, consultation, and collaboration.
- (21) Standardized Procedure: Written policies and protocols establishing the permissible functions, activities, and

level of supervision of registered nurses and licensed practical nurses for practice beyond basic nursing education preparation.

(22) Standardized Procedure Report: Document submitted annually to the Board of Nursing identifying the practices and procedures beyond basic education in a format specified by the Board.

(23) Unencumbered license: an active license that has no current stipulations, conditions, or limitations.

(24) Standard Precautions: Recommendations issued by Centers for Disease Control and Prevention (CDC) to minimize the risk of transmission of pathogens.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).

History: New Rule: Filed November 23, 2009; effective December 28, 2009.

610-X-6-.02 Standards Of Practice. The Board of Nursing may adopt standards of nursing practice and continuing competency.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).

History: Filed September 29, 1982. **Repealed and New Rule:** Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .01 was renumbered .02 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.03 Conduct And Accountability. The registered nurse and licensed practical nurse shall:

(1) Have knowledge and understanding of the laws and rules regulating nursing.

(2) Function within the legal scope of nursing practice.

(3) Obtain instruction and supervision as necessary when implementing new or unfamiliar nursing techniques or practices.

(4) Be responsible and accountable for the quality of nursing care delivered to patients based on and limited to scope of education, demonstrated competence, and nursing experience.

(5) Be responsible for monitoring and evaluating the quality of patient care delivered by personnel under the individual nurse's supervision.

(6) Be accountable and responsible for the delegation of selected nursing activities in selected situations to unlicensed individuals.

(7) Accept individual responsibility and accountability for judgments, actions and nursing competency, remaining current with technology and practicing consistent with facility policies and procedures.

(8) Accept individual responsibility and accountability for recognition and appropriate nursing action following a change in the patient's mental or physical status.

(9) Practice in compliance with current CDC standards of standard precautions and infection control, including aseptic technique.

(10) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis or disability.

(11) Respect the dignity and rights of patients and their significant others including, but not limited to:

(a) Privacy.

(b) Safety.

(c) Protection of confidential information, unless disclosure is required by law.

(d) Freedom from exploitation of physical, mental, sexual, or financial boundaries.

(e) Protection of real and personal property.

(f) Behavior that is therapeutic and places the patient's interests before the nurse's interest.

(12) Collaborate with other members of the health care team.

(13) Accept individual accountability and responsibility to avoid personal disruptive behaviors that negatively impact patient care.

(14) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board of Nursing.

(15) Accept individual responsibility and accountability for accurate, complete and legible documentation related to:

- (a) Patient care records.
- (b) Health care employment.
- (c) Licensure and other credentials.
- (d) Continuing education records.

(16) Accept individual responsibility and accountability for the assignment of tasks to others.

(17) Accept individual responsibility and accountability for proper delegation of nursing care activities to other health care workers.

(18) Assess individual competency when assigning selected components of nursing care to other health care workers including but not limited to:

- (a) Knowledge, skills and experience.
- (b) Complexity of assigned tasks.
- (c) Health status of the patient.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21), 34-21-25(b).

History: Filed September 29, 1982. **Repealed and New Rule:** Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .02 was renumbered .03 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.04 Practice Of Professional Nursing (Registered Nurse Practice).

(1) The practice of professional nursing includes, but is not limited to:

- (a) Care and counseling of patients.
- (b) Provision of care supportive to or restorative of life and well-being.
- (c) Exercise of appropriate nursing judgment.
- (d) Promotion of health and prevention of illness and injury.
- (e) Conducting and documenting comprehensive assessments and evaluations of patients and focused nursing assessments
- (f) Documentation of nursing interventions and responses to care in an accurate, timely, thorough and clear manner.
- (g) Executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized prescriber.

(2) Competence in the practice of nursing by a registered nurse shall include, but is not limited to:

- (a) Knowledge and compliance with:
 - (i) Applicable statutes and regulations.
 - (ii) Standards of nursing practice.
 - (iii) Standardized procedures for nursing practice, including but not limited to facility policies and procedures.
- (b) Maintenance of knowledge and skills in the area of practice.
- (c) Assumption of responsibility for recognizing personal limits of knowledge and experience.
- (d) Consulting with or referring patients to other healthcare providers to resolve situations beyond the expertise of the registered nurse.

(3) The scope of an individual registered nurse's level of practice includes but is not limited to:

- (a) Educational preparation, initial and continued.
- (b) License status, including Board approval for advanced practice nursing as detailed in Chapters 610-X-5 and 610-X-9 of these rules.
- (c) State and federal statutes, and regulations.
- (d) State and national standards appropriate to the type of practice.
- (e) Nursing experience.
- (f) Limitations on scope as determined by facility policy and procedure.
- (g) Demonstrated competence.
- (h) Knowledge, skills, and ability to manage risks and potential complications.

(4) Practice as an advanced practice nurse requires educational preparation, appropriate certification, and approval to practice as outlined in Chapters 610-X-5 and 610-X-9 of these rules. Requests for approval of procedures for certified registered nurse practitioners and certified nurse midwives shall comply with the requirements of the Joint Committee for Advanced Practice Nursing.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-2(a)(21), 34-21-85.

History: Filed September 29, 1982. **Repealed and New Rule:**

Filed October 29, 2001; effective December 3, 2001. **Repealed and**

New Rule: Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .03 was renumbered .04 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.05 Practice Of Practical Nursing (Licensed Practical Nurse Practice).

(1) The practice of practical nursing includes, but is not limited to:

- (a) Acts designed to promote and maintain health.
 - (b) Prevention of illness and injury.
 - (c) Exercise of appropriate nursing judgment.
 - (d) Conducting and documenting focused nursing assessments of the health status of patients.
 - (e) Conducting and documenting data elements of the comprehensive assessment.
 - (f) Administering medications and treatments when ordered by a legally authorized prescriber.
 - (g) Provision of care under the direction of a registered nurse, physician, or dentist who considers the following elements:
 - (i) Evaluation of knowledge, skills and experience of the licensed practical nurse.
 - (ii) Complexity of the assigned tasks.
 - (iii) Health status of patient.
 - (h) Documentation of nursing interventions and responses to care in an accurate, timely, thorough and clear manner.
- (2) Competence in the practice of practical nursing by a licensed practical nurse shall include, but is not limited to:
- (a) Knowledge and compliance with:
 - (i) Applicable statutes and regulations.
 - (ii) Standards for nursing practice.
 - (iii) Standardized procedures for nursing practice including but not limited to facilities policies and procedures.
 - (b) Maintenance of knowledge and skills in the area of practice.
 - (c) Assumption of responsibility for recognizing limits of personal knowledge and experience.

(d) Consulting with or referring patients to other healthcare providers to resolve situations beyond the expertise of the licensed practical nurse.

(3) The scope of an individual licensed practical nurse's level of practice includes, but is not limited to:

(a) Educational preparation, initial and continued.

(b) License status.

(c) State and federal statutes, and regulations.

(d) State and national standards appropriate to the type of practice.

(e) Limitations on scope as determined by facility policy and procedure.

(f) Nursing experience.

(g) Demonstrated competence.

(h) Knowledge, skills, and ability to manage risks and potential complications.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).

History: Filed September 29, 1982. **Amended:** Filed September 21, 1984; effective October 29, 1984. **Repealed and New**

Rule: Filed October 29, 2001; effective December 3, 2001.

Repealed and New Rule: Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .04 was renumbered .05 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.06 Documentation Standards.

(1) The standards for documentation of nursing care provided to patients by registered nurses and licensed practical nurses are based on principles of documentation regardless of the documentation format.

(2) Documentation of nursing care shall be:

- (a) Legible.
- (b) Accurate.
- (c) Complete. Complete documentation includes reporting and documenting on appropriate records a patient's status, including signs and symptoms, responses, treatments, medications, other nursing care rendered, communication of pertinent information to other health team members, and unusual occurrences involving the patient. A signature of the writer, whether electronic or written, is required in order for the documentation to be considered complete.
- (d) Timely.
 - (i) Charted at the time or after the care, including medications, is provided. Charting prior to care being provided, including medications, violates principles of documentation.
 - (ii) Documentation of patient care that is not in the sequence of the time the care was provided shall be recorded as a "late entry" including a date and time the late entry was made as well as the date and time the care was provided.
- (e) A mistaken entry in the record by a licensed nurse shall be corrected by a method that does not obliterate, white-out, or destroy the entry.
- (f) Corrections to a record by a licensed nurse shall have the name or initials of the individual making the correction.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).

History: New Rule: Filed October 29, 2001; effective December 3, 2001. **Amended:** Filed July 21, 2004; effective August 25, 2004. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.07 Medication Administration And Safety.

(1) The registered nurse or licensed practical nurse shall have applied knowledge of medication administration and safety, including but not limited to

- (a) Drug action.

- (b) Classifications.
- (c) Expected therapeutic benefit of medication.
- (d) Expected monitoring.
- (e) Indications based on existing patient illness or injury processes.
- (f) Contraindications based on presence of additional known patient illnesses, disease processes or pre-existing conditions.
- (g) Possible side effects and interventions for same.
- (h) Adverse reactions and interventions for same.
- (i) Emergency interventions for anaphylactic reactions.
- (j) Safety precautions including but not limited to:
 - (i) Right patient.
 - (ii) Right medication.
 - (iii) Right time.
 - (iv) Right dose
 - (v) Right route.
 - (vi) Right reason.
 - (vii) Right documentation.
- (k) Interactions with other drugs, foods or complementary therapies.
- (l) Calculation of drug dosages.
- (m) Federal and state legal requirements related to storage of controlled substances.
- (n) Patient education specific to medication.
- (2) The registered nurse or licensed practical nurse shall exercise decision-making skills when administering medications, to include but not limited to:

- (a) If medications should be administered.
 - (b) Assessment of patient's health status and complaint prior to and after administering medications including as needed (PRN) medications.
 - (c) When to contact the prescriber.
 - (d) Education of patient, family and caregiver regarding prescribed medication.
- (3) The registered nurse or licensed practical nurse shall exhibit skills when administering medications including but not limited to:
- (a) Physical ability to open medication packaging and access delivery systems.
 - (b) Read, write, and comprehend English.
 - (c) Read, write, and comprehend scientific phrases relevant to administration of medication.
 - (d) Measuring medication dosages.
 - (e) Math calculations.
 - (f) Routes of administration.
 - (g) Proper usage of technical equipment for medication administration.
- (4) Documentation of medication administration shall comply with the principles of documentation and include safety precautions of medication administration, controlled drug records per federal and state law, and facility policy.
- (5) Administration of medications by routes beyond basic educational preparation, including but not limited to intrathecal, intracavitary, intraosseus, require a standardized procedure.
- (6) The registered nurse may not administer the initial dose of any medication by intrathecal, epidural, intrapleural or peripheral nerve catheter.
- (7) The registered nurse is not authorized to administer bolus dosages via an epidural or brachial plexus catheter.

(8) The topical, intradermal, subcutaneous, or intramuscular administration of a local anesthetic agent in a specified amount designated by order of a licensed physician or dentist and in compliance with the Food and Drug Administration regulations may be performed by a registered nurse or licensed practical nurse when they meet the requirements of Rule 610-X-6-.04 or 610-X-6-.05 respectively.

(9) The monitoring and adjustment of local anesthetic agent(s) and analgesic agent(s) infusing via an epidural, brachial plexus, or femoral catheter placed by a qualified certified registered nurse anesthetist or qualified licensed physician may be performed by a registered nurse, with the use of an electronic pump or infusion reservoir, as ordered by a licensed prescriber.

(a) The registered nurse is authorized to replace and refill reservoirs with a solution prepared by a licensed registered pharmacist. The registered nurse is authorized to adjust infusion rates at the direction of a physician licensed to practice medicine or a certified registered nurse anesthetist.

(b) A standardized procedure is required for monitoring and adjustment of epidural, brachial plexus, and femoral catheter infusions of local anesthetics and analgesics.

(c) The organized program of study shall include:

(i) Advanced cardiac life support or other comparable certification.

(ii) Review of pertinent anatomy, physiology, and pathophysiology.

(iii) Electronic pump/reservoir management.

(iv) Theory of epidural analgesia.

(v) Neurological assessment.

(vi) Recognition and management of complications.

(vii) Pharmacokinetics and pharmacodynamics

(viii) Annual review and competency evaluation.

(10) Intravenous chemotherapeutic agents may be administered by registered nurses following participation in:

(a) An organized program of study.

- (b) Supervised clinical practice.
- (c) Demonstrated clinical competence.
- (d) Annual evaluation of competence.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).

History: New Rule: Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.08 Standards For Moderate Sedation.

(1) After a patient assessment and verification of physician's presence in the procedural area, the registered nurse may administer ordered medications for the purpose of moderate sedation that allows the patient to be aroused and to retain reflexes for short-term therapeutic, or diagnostic procedures pursuant to facility policies and procedures.

(2) The minimum requirements for a registered nurse to perform moderate sedation and associated monitoring includes successful completion of an organized program of study, supervised clinical practice and demonstrated clinical competence.

(3) The minimum training for the registered nurse managing the care of patients receiving moderate sedation shall include:

(a) Anatomy, physiology, pharmacology, cardiac arrhythmia recognition and complications related to sedation and medications.

(b) Total patient care requirements to be assessed during moderate sedation and recovery including physiologic measurements including but not limited to,

- (i) Respiratory rate.
- (ii) Oxygen saturation.
- (iii) Blood pressure.
- (iv) Cardiac rate and rhythm.

- (v) Level of consciousness.
 - (c) Principles of oxygen delivery, respiratory physiology, transport and uptake and demonstration the ability to use oxygen delivery devices.
 - (d) Anticipation and recognition of potential complications of sedation in relation to the type of medication being administered.
 - (e) Requisite knowledge and skills to assess and intervene in the event of complications or undesired outcomes and to institute nursing interventions in compliance with orders or institutional protocols or guidelines.
 - (f) Demonstration of skill in airway management resuscitation.
- (4) The registered nurse managing and monitoring the patient receiving moderate sedation shall have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring.
- (5) The registered nurse shall ensure safety considerations including but not limited to continuous monitoring of:
- (a) Blood pressure
 - (b) Cardiac rate and rhythm
 - (c) Continuous intravenous access
 - (d) Level of consciousness
 - (e) Oxygen saturation
 - (f) Respiratory rate
- (6) The registered nurse shall have advanced cardiac life support (ACLS) or comparable certification.
- (7) The registered nurse may not administer medications for moderate sedation if the following are not available:
- (a) Physical presence of a physician or dentist and assistive personnel.

(b) Immediate availability of monitors, defibrillator, airway devices including suction, and emergency medications.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6)..

History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.09 Assessment Standards.

(1) Patient assessment shall be provided in accordance with the definitions of professional nursing and practical nursing as defined in the Alabama Nurse Practice Act, Section 34-21-1.

(2) The registered nurse shall conduct and document comprehensive and focused nursing assessments of the health status of patients by:

(a) Collecting objective and subjective data from observations, physical examinations, interviews and written records in an accurate and timely manner as appropriate to the patient's health care needs.

(b) Analysis and reporting of data collected.

(c) Developing plan of care based upon the patient assessment.

(d) Modifying the plan of care based upon the evaluation of patient responses to the plan of care, including:

(i) Anticipating and recognizing changes or potential changes in patient status.

(ii) Identifying signs and symptoms of deviation from current health status.

(iii) Implementing changes in interventions.

(3) The licensed practical nurse shall conduct and document focused nursing assessments of the health status of patients by:

(a) Collecting objective and subjective data from observations, nursing examinations, interviews and written

records in an accurate and timely manner as appropriate to the patient's health care needs.

- (b) Distinguishing abnormal from normal data.
- (c) Recording, and reporting the data.
- (d) Anticipating and recognizing changes or potential changes in patient status; identifying signs and symptoms of deviation from current health status.
- (e) Reporting findings of the focused nursing assessment to the registered nurse, licensed physician, advanced practice nurse, or dentist.
- (f) Implementing the plan of care.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).

History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.10 Patient Care Orders.

(1) The registered nurse and licensed practical nurse may receive medical orders from the legally authorized prescriber relayed by another licensed or registered health care professional and registered or certified medical assistant.

(2) The registered nurse and licensed practical nurse may implement verifiable standing orders at the direction of a legally authorized prescriber.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3), 34-21-2(c)(21).

History: New Rule: Filed November 23, 2009; effective December 28, 2009.

610-X-6-.11 Assignment, Delegation And Supervision.

(1) The registered nurse shall be accountable and responsible for the assignment of nursing activities and tasks to other health care workers based on but not limited to:

(a) Knowledge, skills and experience.

(b) Complexity of assigned tasks.

(c) Health status of the patient.

(2) Assignments may not exceed the scope of an individual registered nurse or licensed practical nurse's scope of practice including, but not limited to:

(a) Educational preparation, initial and continued.

(b) License status.

(c) State and federal statutes, and regulations.

(d) State and national standards appropriate to the type of practice.

(e) Nursing experience.

(f) Demonstrated competence.

(g) Consideration for patient safety.

(h) Knowledge, skills, and ability to manage risks and potential complications.

(3) The registered nurse or licensed practical nurse shall delegate only after considering various factors including but not limited to:

(a) Knowledge, skills and experience of the person receiving the delegation.

(b) Complexity of the delegated tasks.

(c) Health status of the patient.

(4) Tasks delegated to unlicensed assistive personnel may not include tasks that require:

(a) The exercise of independent nursing judgment or intervention.

(b) Invasive or sterile procedures.

(i) Finger sticks are not an invasive or sterile procedure within the meaning of these rules.

(ii) Peripheral venous phlebotomy for laboratory analysis is not an invasive or sterile procedure within the meaning of these rules.

(c) The assistance with medications except as provided in Chapter 610-X-7.

(5) Supervision shall be provided to individuals to whom nursing functions or responsibilities are delegated or assigned.

(6) The practice of licensed practical nursing shall be directed by a registered nurse or physician or dentist.

(7) A licensed practical nurse or unlicensed individual may not supervise, direct, or evaluate the nursing care provided by the registered nurse.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(21).

History: New Rule: Filed November 23, 2009; effective December 28, 2009.

610-X-6-.12 Practice Beyond Basic Nursing Education-Standardized Procedures.

(1) For practice beyond basic education that has not been previously approved by the Board, a standardized procedure is required for the registered nurse or licensed practical nurse in any practice setting.

(a) Approval is not required for an acute care hospital prior to implementation except for standardized procedures related to rapid sequence intubation (RSI), and IV push medications by LPNs.

(b) Practice beyond basic education in home health, hospice, physician offices, and other locations outside a licensed hospital requires approval by the Board prior to implementation.

(2) A complete Standardized Procedure Application shall be submitted to the Board for practice beyond basic education preparation required in rule, practice not previously approved by the Board, and shall include:

(a) Approval from the submitting facility as evidenced by signatures on the application form of:

(i) The chief nursing officer with an unencumbered Alabama RN license.

(ii) The chief medical officer with an Alabama license.

(iii) The chief executive officer for the Alabama organization.

(b) The policy and procedure.

(c) The organized program of study by a qualified instructor with the method of evaluation of learning specified.

(d) The plan for supervised clinical practice.

(e) The plan for demonstration of competence, initially and at periodic intervals during which the nurse demonstrates the knowledge, skills and ability to perform the procedure safely and to manage any complications.

(3) Any registered nurse or licensed practical nurse providing patient care in a licensed hospital shall comply with the standardized procedure(s) of that licensed hospital.

(4) Board action on a proposed standardized procedure may include, but is not limited to:

(a) Approval.

(b) Approval as a pilot project for a period of time not to exceed twelve months with reports to the Board at intervals specified by the Board.

(c) Denial of the request.

(5) The Board may decline to consider a proposed standardized procedure if the subject of the proposed standardized procedure is the same or similar to the proposed standardized procedure presented in another request that has been considered by the Board within the previous twelve months.

(6) The chief nursing officer shall submit an annual report to the Board in a format specified by the Board.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).

History: New Rule: Filed February 3, 2004; refilled February 25, 2004; effective March 9, 2004. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.13 Standards For Wound Assessment And Care.

(1) It is within the scope of a registered nurse or licensed practical nurse practice to perform wound assessments including, but not limited to, staging of a wound and making determinations as to whether wounds are present on admission to a healthcare facility pursuant to an approved standardized procedure, outlined in Rule 610-X-6-.12, Standardized Procedures, including supervised clinical practice and demonstrated clinical competence, initially and at periodic intervals.

(2) The minimum training for the registered nurse or licensed practical nurse that performs selected tasks associated with wound assessment and care shall include:

- (a) Anatomy, physiology and pathophysiology.
- (b) Fluid and electrolyte balance.
- (c) Equipment and procedures used in wound assessment and care.
- (d) Chronic wound differentiation.
- (e) Risk identification.
- (f) Measurement of wound.
- (g) Stage of wound
- (h) Condition of the wound bed including:
 - (i) Tissues.
 - (ii) Exudate.
 - (iii) Edges.
 - (iv) Infection.
 - (i) Skin surrounding the wound.
 - (j) Pain.

(k) Complications, prevention, and nursing intervention.

(l) Identification of any contributing factors including but not limited to:

(i) Perfusion/oxygenation

(ii) Nutritional status

(iii) Infection

(iv) Medications

(v) Diabetes

(m) Photographing wounds.

(3) The registered nurse and licensed practical nurse may provide wound care beyond their basic education in accordance with an order from an authorized prescriber and after successful completion of an organized program of study, supervised clinical practice and demonstrated clinical competence, initially and at periodic intervals.

(4) The minimum training for the registered nurse and licensed practical nurse performing selected tasks associated with wound care shall include:

(a) Dressing changes including authorized prescriber ordered medication or topical treatment or topical dressing including:

(i) Chemical debridement.

(ii) Enzymatic debridement.

(iii) Autolytic debridement.

(iv) Application and maintenance of wound vac therapy.

(b) Systemic support including but not limited to

(i) Adequate diet.

(ii) Hydration.

(iii) Turning and repositioning.

- (iv) Reducing shear and friction with movement.
 - (v) Incontinence care.
- (5) Sharp debridement is reserved for registered nurses with national certification that included didactic instruction, supervised clinical practice and demonstration of competency, initially and at periodic intervals.
- Author:** Alabama Board of Nursing
- Statutory Authority:** Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).
- History: New Rule:** Filed May 21, 2004; effective June 25, 2004.
- Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.14 Intravenous (IV) Therapy By Licensed Practical Nurses.

- (1) A licensed hospital may develop a standardized procedure, as defined in Rule 610-X-6-.12, for intravenous (IV) therapy by a licensed practical nurse.
- (2) The minimum requirements for a licensed practical nurse to perform IV therapy includes successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals according to the requirements of Rule 610-X-6-.12.
- (3) The minimum training for the licensed practical nurse that performs selected tasks associated with IV therapy shall include:
- (a) Anatomy and physiology.
 - (b) Fluid and electrolyte balance.
 - (c) Equipment and procedures utilized in intravenous therapy
 - (d) Complications, prevention, and nursing intervention.
 - (e) Introducing a peripheral intravenous device on an adult patient.
 - (f) Set-up, replacement, and removal of intravenous tubing for gravity flow and/or pump infusion.

(g) Intravenous fluid infusion calculations, and adjustment of flow rates on intravenous fluids, and administration of intravenous medications by piggyback.

(h) Procedures for reconstituting and administering intravenous medications via piggyback including but not limited to pharmacology, compatibilities and flow rates.

(4) Medications may be administered by licensed practical nurses through a peripheral intravenous catheter by intravenous push provided the following criteria are met:

(a) A complete standardized procedure application is submitted and approved by the Board prior to implementation.

(b) The medication(s) does not require the substantial skill, judgment, and knowledge of a registered nurse.

(c) Documented one year of experience with IV therapy,

(d) On site supervision by a registered nurse at any time IV push medication therapy is performed by a licensed practical nurse.

(i) The registered nurse is required to be physically present and immediately available in the facility.

(ii) Heparin (10 units:1 ml) flush or saline flush via a peripheral IV line is not a medication within the meaning of these rules.

(e) Medications that may be administered by peripheral IV push by a licensed practical nurse if identified in the licensed hospital's standardized procedure include, but are not limited to the following:

(i) H2 blockers.

(ii) Analgesics.

(iii) Antiemetics.

(iv) Antibiotics.

(v) Fifty percent (50%) dextrose in an emergency situation.

(5) The minimum training for the licensed practical nurse that performs selected tasks associated with IV push therapy shall include:

(a) Pharmacology of specific drugs and reversal agents, if applicable, including but not limited to:

(i) Classification.

(ii) Indications.

(iii) Usual IV dosage.

(iv) Dilution.

(v) Contraindications and precautions.

(vi) Side effects.

(vii) Antidote, if applicable.

(viii) Nursing considerations and implications.

(b) Procedure for reconstituting medications including compatibilities.

(c) Technique of medication administration by IV push.

(6) Tasks that shall not be performed by a licensed practical nurse include:

(a) Initiation of intravenous therapy in a neonate.

(b) Administration of:

(i) Solutions requiring titration. Solutions, such as heparin drips, that require changes based on lab results subject to written orders or protocol, are not solutions requiring titration for purposes of these rules.

(ii) Blood or blood components.

(iii) Plasma volume expanders.

(iv) Fibrinolytic or thrombolytic agents.

(v) GP-II-B-III-A inhibitors, also known as platelet-aggregate inhibitors.

(vi) Hyperalimentation administered by routes other than peripheral intravenous catheter.

(vii) IV medications for the purposes of moderate sedation or anesthesia.

(viii) IV medications via push or bolus through a central line including a peripherally inserted central catheter (PICC).

(ix) IV push insulin or chemotherapeutic agents. This does not preclude hanging a pre-mixed bag of fluids containing additives except for insulin and chemotherapeutic agents.

(x) Any other drugs deemed to be inappropriate by the licensed hospital standardized procedure.

(c) Accessing or programming an implanted IV infusion pump.

(d) Performance of the repair of a central venous route access device.

(e) Performance of therapeutic phlebotomy.

(f) Direct access of a central venous route access device including but not limited to:

(i) Implanted ports for intravenous therapy.

(ii) Lines used for hemodynamic monitoring.

(iii) Central venous catheters and devices including Groshong catheters, Hickman catheters and peripherally inserted central catheters (PICC). These rules do not prohibit licensed practical nurses from administering medications via piggyback or in secondary solutions via central lines.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).

History: New Rule: Filed March 20, 2003; effective

April 24, 2003. **Repealed and New Rule:** Filed

September 25, 2006; effective October 30, 2006. **Amended:** Filed

March 12, 2007; effective April 16, 2007. **Repealed and New Rule:**

Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .11 was renumbered .14 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.15 Telecommunication For Pronouncement Of Patient Death.

(1) The registered nurse or licensed practical nurse may receive a pronouncement of a patient's death from a physician via telecommunication without a physical examination of the patient by that physician.

(2) A facility policy shall specify the permissible patient conditions for which the registered nurse or licensed practical nurse in a specific health care facility or agency may receive the pronouncement of a patient's death by telecommunications.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§22-31-2, 34-21-2(c) (21).

History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .10 was renumbered .15 as per certification filed November 23, 2009; effective December 28, 2009.

**ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE**

**CHAPTER 610-X-6
STANDARDS OF NURSING PRACTICE**

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610-X-6-.01 Definitions.

(1) Accountability: The state of being answerable or responsible for action.

(2) Assessment, Comprehensive: The systematic collection and analysis of data, including the physical, psychological, social, cultural, and spiritual aspects of the patient by the registered nurse for the purpose of judging a patient's health and illness status and actual or potential health needs. Comprehensive assessment includes patient history, physical examination, analysis of the data collected, and development, implementation, and evaluation of the patient's plan of care.

(3) Assessment, Focused: An appraisal of a patient's status and specific complaint through observation and collection of objective and subjective data by the registered nurse or licensed practical nurse. Focused assessment may contribute to a comprehensive assessment performed by the registered nurse and involves identification of normal and abnormal findings, and anticipation and recognition of changes or potential changes in the patient's health status.

(4) Assignment, Licensed Nurse: The transfer of responsibility and accountability for nursing activities from one licensed nurse to another.

(5) Assignment, Unlicensed Individual: The assignment of tasks from a licensed nurse to unlicensed assistive personnel. The licensed nurse making the assignment retains accountability for accurate and timely completion and outcome of the tasks.

(6) Delegation: The act of authorizing a competent individual to perform selected nursing activities supportive to registered nurses or licensed practical nurses in selected situations, while retaining accountability for the outcome, if the delegation is to an unlicensed individual.

(7) Dual Relationship: Any time a licensed nurse interacts with a patient outside the nurse-patient relationship.

(8) Hospital: A facility described in Code of Ala. 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff, or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital shall not include the private offices of physicians or dentists, whether in individual, group, registered corporation, or registered association practice.

(9) Legally Authorized Prescriber: Licensed physician, dentist, certified registered nurse practitioner, certified nurse midwife, or physician assistant.

(10) May: Power, privilege, or right retained by the Board.

(11) May not: Prohibition.

(12) Moderate Sedation: The administration of pharmacological agent(s) for the purpose of inducing a

medically controlled state of depressed consciousness limited to short periods of time and used for diagnostic and therapeutic procedures that:

- (a) Allow protective reflexes to be maintained.
 - (b) Retain the patient's ability to maintain a patent airway, respiratory rate, and rhythm.
 - (c) Permit expected responses by the patient to physical stimulation and verbal command.
- (13) Organized Program of Study: An organized sequence of learning activities that provides the instructional foundation (didactic and clinical) for participants to achieve the desired learning outcomes in a given subject matter.
- (14) Professional Boundary: Behavior of the licensed nurse in maintaining a therapeutic relationship with a patient for the patient's benefit, rather than behavior that shifts the focus to the licensed nurse.
- (15) Qualified Instructor: An individual with the knowledge, skills, ability, experience, and expertise to present the selected topic.
- (16) Responsibility: The charge to do something that is expected performance.
- (17) Shall: Duty, requirement, or condition.
- (18) Supervised Clinical Practice: A systematic plan for practicing the behavior or skill related to the standardized procedure under the supervision of a qualified instructor for the purpose of mastering the procedure.
- (19) Supervision, Direct: Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision by a registered nurse is required for new graduates practicing on a temporary permit.
- (20) Supervision, Indirect: Responsible licensed nurse is available for periodic inspection and evaluation through physical presence, electronic or telephonic communication for direction, consultation, and collaboration.
- (21) Standardized Procedure: Written policies and

protocols establishing the permissible functions, activities, and level of supervision of registered nurses and licensed practical nurses for practice beyond basic nursing education preparation.

(22) Standardized Procedure Report: Document submitted annually to the Board of Nursing identifying the facility's current practices and procedures beyond basic education.

(23) Unencumbered license: An active license that has no current stipulations, conditions, or limitations.

(24) Standard Precautions: Recommendations issued by the Centers for Disease Control and Prevention (CDC) to minimize the risk of transmission of pathogens.

(25) Telehealth nursing: The practice of distance nursing care using telecommunications technology.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).

History: New Rule: Filed November 23, 2009; effective December 28, 2009.

610-X-6-.02 Standards Of Practice. The Board of Nursing may adopt standards of nursing practice and continuing competency.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).

History: Filed September 29, 1982. **Repealed and New Rule:**

Filed October 29, 2001; effective December 3, 2001. **Repealed and**

New Rule: Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .01 was renumbered .02 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.03 Conduct And Accountability. The registered nurse or licensed practical nurse shall:

(1) Have knowledge and understanding of the laws and rules regulating nursing.

(2) Function within the legal scope of nursing practice.

(3) Obtain instruction and supervision as necessary, when implementing new or unfamiliar nursing techniques or practices.

(4) Be responsible and accountable for the quality of nursing care delivered to patients, based on and limited to scope of education, demonstrated competence, and nursing experience.

(5) Be responsible for monitoring and evaluating the quality of patient care delivered by personnel under the individual nurse's supervision.

(6) Be responsible and accountable for the delegation of selected nursing activities in selected situations to unlicensed individuals.

(7) Accept individual responsibility and accountability for judgments, actions, and nursing competency, remaining current with technology and practicing consistent with facility policies and procedures.

(8) Accept individual responsibility and accountability for recognition and appropriate nursing action following a change in the patient's mental or physical status.

(9) Practice in compliance with current CDC Standard Precautions and Infection Control, including aseptic technique.

(10) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis, or disability.

(11) Respect the dignity and rights of patients and their significant others, including, but not limited to:

- (a) Privacy.
- (b) Safety.
- (c) Protection of confidential information, unless disclosure is required by law.
- (d) Freedom from exploitation of physical, mental, sexual, or financial boundaries.
- (e) Protection of real and personal property.
- (f) Behavior that is therapeutic and places the

patient's interests before the nurse's interests.

(12) Collaborate with other members of the health care team.

(13) Accept individual responsibility and accountability to avoid personal disruptive behaviors that negatively impact patient care and the nursing profession.

(14) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board of Nursing.

(15) Accept individual responsibility and accountability for accurate, complete, and legible documentation related to:

- (a) Patient care records.
- (b) Health care employment.
- (c) Licensure and other credentials.
- (d) Continuing education records.

(16) Accept individual responsibility and accountability for the assignment of tasks to others.

(17) Accept individual responsibility and accountability for proper delegation of nursing care activities to other health care workers.

(18) Assess individual competency when assigning selected components of nursing care to other health care workers, including, but not limited to:

- (a) Knowledge, skills, and experience.
- (b) Complexity of assigned tasks.
- (c) Health status of the patient.

Author: Alabama Board of Nursing.

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21), 34-21-25(b).

History: Filed September 29, 1982. **Repealed and New Rule:**

Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Ed. Note:** Rule .02 was renumbered .03 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.04 **Practice of Professional Nursing (Registered Nurse Practice).**

(1) The practice of professional nursing includes, but is not limited to:

- (a) Care and counseling of patients.
- (b) Provision of care supportive to or restorative of life and well-being.
- (c) Exercise of appropriate nursing judgment.
- (d) Promotion of health and prevention of illness and injury.
- (e) Conducting and documenting comprehensive and focused assessments, to include the evaluations of patient care.
- (f) Documentation of nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.
- (g) Executing medical regimens, including administering medications and treatments prescribed by a legally authorized prescriber.

(2) Competence in the practice of nursing by a registered nurse shall include, but is not limited to:

- (a) Knowledge and compliance with:
 - (i) Applicable statutes and regulations.
 - (ii) Standards of nursing practice.
 - (iii) Standardized procedures for nursing practice, including but not limited to facility policies and procedures.
- (b) Maintenance of knowledge and skills in the area of practice.
- (c) Assumption of responsibility for recognizing personal limits of knowledge and experience.

(d) Consulting with or referring patients to other healthcare providers to resolve situations beyond the expertise of the registered nurse.

(3) The scope of an individual registered nurse's level of practice includes, but is not limited to:

(a) Educational preparation, initial and continued.

(b) License status, including Board approval for advanced practice nursing as detailed in Chapters 610-X-5 and 610-X-9 of these rules.

(c) State and federal statutes and regulations.

(d) State and national standards appropriate to the type of practice.

(e) Nursing experience.

(f) Limitations on scope, as determined by facility policy and procedure.

(g) Demonstrated competence.

(h) Knowledge, skills, and ability to manage risks and potential complications.

(4) Practice as an advanced practice nurse requires educational preparation, appropriate certification, and approval to practice, as outlined in Chapters 610-X-5 and 610-X-9 of these rules. Requests for approval of procedures for certified registered nurse practitioners and certified nurse midwives shall comply with the requirements of the Joint Committee for Advanced Practice Nursing.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-2(a)(21), 34-21-85.

History: Filed September 29, 1982. **Repealed and New Rule:**

Filed October 29, 2001; effective December 3, 2001. **Repealed and**

New Rule: Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .03 was renumbered .04 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.05 Practice Of Practical Nursing (Licensed Practical

Nurse Practice).

(1) The practice of practical nursing includes, but is not limited to:

- (a) Acts designed to promote and maintain health.
- (b) Prevention of illness and injury.
- (c) Exercise of appropriate nursing judgment.
- (d) Conducting and documenting focused nursing assessments, to include the patient's health status.
- (e) Collecting and documenting data elements of a comprehensive assessment.
- (f) Administering medications and treatments, when ordered by a legally authorized prescriber.

(g) Provision of care under the direction of a registered nurse, physician, or dentist who considers the following elements:

- (i) Evaluation of knowledge, skills, and experience of the licensed practical nurse.
- (ii) Complexity of the assigned tasks.
- (iii) Health status of the patient.
- (h) Documentation of nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.

(2) Competence in the practice of practical nursing by a licensed practical nurse shall include, but is not limited to:

- (a) Knowledge and compliance with:
 - (i) Applicable statutes and regulations.
 - (ii) Standards of nursing practice.
 - (iii) Standardized procedures for nursing practice, including but not limited to facility policies and procedures.
- (b) Maintenance of knowledge and skills in the area of practice.
- (c) Assumption of responsibility for recognizing

limits of personal knowledge and experience.

(d) Consulting with or referring patients to other healthcare providers to resolve situations beyond the expertise of the licensed practical nurse.

(3) The scope of an individual licensed practical nurse's level of practice includes, but is not limited to:

- (a) Educational preparation, initial and continued.
- (b) License status.
- (c) State and federal statutes and regulations.
- (d) State and national standards appropriate to the type of practice.
- (e) Limitations on scope, as determined by facility policy and procedure.
- (f) Nursing experience.
- (g) Demonstrated competence.
- (h) Knowledge, skills, and ability to manage risks and potential complications.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).

History: Filed September 29, 1982. **Amended:** Filed September 21, 1984; effective October 29, 1984. **Repealed and New**

Rule: Filed October 29, 2001; effective December 3, 2001.

Repealed and New Rule: Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .04 was renumbered .05 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.06 Documentation Standards.

(1) The standards for documentation of nursing care provided to patients by licensed nurses are based on principles of documentation, regardless of the documentation format.

(2) Documentation of nursing care shall be:

- (a) Legible.
- (b) Accurate.
- (c) Complete. Complete documentation includes reporting and documenting on appropriate records a patient's status, including signs and symptoms, responses, treatments, medications, other nursing care rendered, communication of pertinent information to other health team members, and unusual occurrences involving the patient. A signature of the writer, whether electronic or written, is required in order for the documentation to be considered complete.
- (d) Timely.
 - (i) Charted at the time or after the care, to include medications. Charting prior to care being provided, including medications, violates principles of documentation.
 - (ii) Documentation of patient care that is not in the sequence of the time the care was provided shall be recorded as a "late entry," including a date and time the late entry was made, as well as the date and time the care was provided.
- (e) A mistaken entry in the record by a licensed nurse shall be corrected by a method that does not obliterate, white-out, or destroy the entry.
- (f) Corrections to a record by a licensed nurse shall include the name or initials of the individual making the correction.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).

History: New Rule: Filed October 29, 2001; effective December 3, 2001. **Amended:** Filed July 21, 2004; effective August 25, 2004. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.07 **Medication Administration And Safety.**

(1) The registered nurse or licensed practical nurse shall have applied knowledge of medication administration and safety, including but not limited to:

- (a) Drug action.
- (b) Classifications.
- (c) Expected therapeutic benefit of medication.
- (d) Expected monitoring.
- (e) Indications based on existing patient illness or injury processes.
- (f) Contraindications based on presence of additional known patient illnesses, disease processes, or pre-existing conditions.
- (g) Possible side effects and interventions for same.
- (h) Adverse reactions and interventions for same.
- (i) Emergency interventions for anaphylactic reactions.
- (j) Safety precautions, including but not limited to:
 - (i) Right patient.
 - (ii) Right medication.
 - (iii) Right time.
 - (iv) Right dose.
 - (v) Right route.
 - (vi) Right reason.
 - (vii) Right documentation.
- (k) Interactions with other drugs, foods, or complementary therapies.
- (l) Calculation of drug dosages.
- (m) Federal and state legal requirements related to storage of controlled substances.
- (n) Healthcare facility policy and procedure on

secure storage of all medications.

- (o) Patient education specific to medication.
- (2) The licensed nurse shall exercise decision-making skills when administering medications, to include but not limited to:
 - (a) Whether medications should be administered.
 - (b) Assessment of patient's health status and complaint prior to and after administering medications, including as needed (PRN) medications.
 - (c) When to contact the prescriber.
 - (d) Education of patient, family, and caregiver regarding prescribed medication.
- (3) The licensed nurse shall exhibit skills when administering medications, including but not limited to:
 - (a) Physical ability to open medication packaging and access delivery systems.
 - (b) Read, write, and comprehend English.
 - (c) Read, write, and comprehend scientific phrases relevant to administration of medication.
 - (d) Measuring medication dosages.
 - (e) Math calculations.
 - (f) Routes of administration.
 - (g) Proper usage of technical equipment for medication administration.
- (4) Documentation of medication administration shall comply with the principles of documentation and include safety precautions of medication administration, controlled drug records per federal and state law, and facility policy.
- (5) Administration of medications by routes beyond basic educational preparation, including but not limited to intrathecal, intracavitary, and intraosseous, require a standardized procedure.
- (6) The topical, intradermal, subcutaneous, or

intramuscular administration of a local anesthetic agent in a specified amount designated by order of a licensed physician or dentist and in compliance with the Food and Drug Administration regulations may be performed by a licensed nurse when they meet the requirements of Rule 610-X-6-.04 or 610-X-6-.05 respectively.

(7) The monitoring and adjustment of local anesthetic agent(s) and analgesic agent(s) infusing via an epidural, brachial plexus, or femoral catheter placed by a qualified certified registered nurse anesthetist or qualified licensed physician may be performed by a registered nurse, with the use of an electronic pump or infusion reservoir, as ordered by a legally authorized prescriber.

(a) The registered nurse is authorized to replace and refill reservoirs with a solution prepared by a licensed registered pharmacist. The registered nurse is authorized to adjust infusion rates at the direction of a physician licensed to practice medicine or a certified registered nurse anesthetist.

(b) A standardized procedure is required for monitoring and adjustment of epidural, intrathecal, brachial plexus, and femoral catheter infusions of local anesthetics and analgesics.

(c) The organized program of study shall include:

(i) Advanced cardiac life support or other comparable certification.

(ii) Review of pertinent anatomy, physiology, and pathophysiology.

(iii) Electronic pump/reservoir management.

(iv) Theory of epidural analgesia.

(v) Neurological assessment.

(vi) Recognition and management of complications.

(vii) Pharmacokinetics and pharmacodynamics

(viii) Annual review and competency evaluation.

(d) The monitoring and adjustment of local anesthetic agent(s) and analgesic agents infusing via an epidural, intrathecal, brachial plexus, or femoral catheter placed by a qualified certified registered nurse anesthetist or qualified

licensed physician may be performed by a registered nurse, with the use of an electronic pump or infusion reservoir, as ordered by a legally authorized prescriber.

(e) The registered nurse is not authorized to administer bolus dosages via an epidural, intrathecal, or brachial plexus catheter.

(8) Intravenous chemotherapeutic agents may be administered by a registered nurse, following participation in:

- (a) An organized program of study.
- (b) Supervised clinical practice.
- (c) Demonstrated clinical competence.
- (d) Annual evaluation of competence.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).

History: New Rule: Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.08 Standards For Moderate Sedation.

(1) After a patient assessment and verification of the physical presence of a physician, dentist, or certified registered nurse anesthetist and assistive personnel in the procedural area, the registered nurse may administer ordered medications for the purpose of inducing moderate sedation that allows the patient to be aroused and to retain reflexes for short-term therapeutic or diagnostic procedures, pursuant to facility policies and procedures.

(2) The minimum requirements for a registered nurse to perform moderate sedation and associated monitoring includes; successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence.

(3) The minimum training for the registered nurse managing the care of patients receiving moderate sedation shall include:

(a) Anatomy, physiology, pharmacology, cardiac arrhythmia recognition, and complications related to sedation and medications.

(b) Total patient care requirements to be assessed during moderate sedation and recovery, including but not limited to the following physiologic measurements:

- (i) Respiratory rate.
- (ii) Oxygen saturation.
- (iii) Blood pressure.
- (iv) Cardiac rate and rhythm.
- (v) Level of consciousness.

(c) Principles of oxygen delivery, respiratory physiology, transport, uptake and demonstration of the ability to use oxygen delivery devices.

(d) Anticipation and recognition of potential complications of sedation in relation to the type of medication being administered.

(e) Requisite knowledge and skills to assess and intervene in the event of complications or undesired outcomes and to institute nursing interventions, in compliance with orders or institutional protocols or guidelines.

(f) Demonstration of skill in airway management resuscitation.

(4) The registered nurse managing and monitoring the patient receiving moderate sedation shall have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring.

(5) The registered nurse shall ensure safety considerations, including but not limited to continuous monitoring of:

- (a) Blood pressure
- (b) Cardiac rate and rhythm
- (c) Continuous intravenous access

- (d) Level of consciousness
- (e) Oxygen saturation
- (f) Respiratory rate
- (6) The registered nurse shall have advanced cardiac life support (ACLS) or comparable certification.

(7) The registered nurse may not administer medications for moderate sedation if the following are not available:

(a) Physical presence of a physician, dentist, or certified registered nurse anesthetist and assistive personnel.

(b) Immediate availability of monitors, defibrillator, airway devices including suction, and emergency medications.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6)

History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.09 Assessment Standards.

(1) Patient assessment shall be provided in accordance with the definitions of professional nursing and practical Nursing, as defined in the Alabama Nurse Practice Act, Section 34-21-1.

(2) The registered nurse shall conduct and document comprehensive and focused nursing assessments of the health status of patients by:

(a) Collecting objective and subjective data from observations, physical examinations, interviews, and written records in an accurate and timely manner, as appropriate to the patient's health care needs.

(b) Analysis and reporting of data collected.

(c) Developing a plan of care based upon the patient assessment.

(d) Modifying the plan of care based upon the evaluation of patient responses to the plan of care, including:

(i) Anticipating and recognizing changes or potential changes in patient status.

(ii) Identifying signs and symptoms of deviation from current health status.

(iii) Implementing changes in interventions.

(3) The licensed practical nurse shall conduct and document focused nursing assessments of the health status of patients by:

(a) Collecting objective and subjective data from observations, nursing examinations, interviews, and written records in an accurate and timely manner, as appropriate to the patient's health care needs.

(b) Distinguishing abnormal from normal data.

(c) Recording and reporting the data.

(d) Anticipating and recognizing changes or potential changes in patient status; identifying signs and symptoms of deviation from current health status.

(e) Reporting findings of the focused nursing assessment to the registered nurse, licensed physician, advanced practice nurse, or dentist.

(f) Implementing the plan of care.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).

History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

610-X-6-.10 Patient Care Orders.

(1) The licensed nurse may receive handwritten, verbal, or electronic medical orders from the legally authorized

prescriber relayed by another licensed or registered health care professional, or registered or certified medical assistant.

(2) The licensed nurse may implement verifiable standing orders at the direction of a legally authorized prescriber.

(3) The licensed nurse shall follow the facility policy and procedures on verifying and implementing electronic orders.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1 (3), 34-21-2(c) (21).

History: New Rule: Filed November 23, 2009; effective December 28, 2009.

610-X-6-.11 Assignment, Delegation And Supervision.

(1) The registered nurse shall be accountable and responsible for the assignment of nursing activities and tasks to other health care workers based on, but not limited to:

- (a) Knowledge, skills, and experience.
- (b) Complexity of assigned tasks.
- (c) Health status of the patient.

(2) Assignments may not exceed the scope of an individual licensed nurse's scope of practice, including, but not limited to:

- (a) Educational preparation, initial and continued.
- (b) License status.
- (c) State and federal statutes and regulations.
- (d) State and national standards appropriate to the type of practice.
- (e) Nursing experience.
- (f) Demonstrated competence.
- (g) Consideration for patient safety.

(h) Knowledge, skills, and ability to manage risks and potential complications.

(3) The licensed nurse shall delegate only after considering various factors, including but not limited to:

(a) Knowledge, skills, and experience of the person receiving the delegation.

(b) Complexity of the delegated tasks.

(c) Health status of the patient.

(4) Tasks delegated to unlicensed assistive personnel may not include tasks that require:

(a) The exercise of independent nursing judgment or intervention.

(b) Invasive or sterile procedures.

(i) Finger sticks are not an invasive or sterile procedure within the meaning of these rules.

(ii) Peripheral venous phlebotomy for laboratory analysis is not an invasive or sterile procedure within the meaning of these rules.

(c) Assistance with medications, except as provided in Chapter 610-X-7.

(5) Supervision shall be provided to individuals to whom nursing functions or responsibilities are delegated or assigned.

(6) The practice of licensed practical nursing shall be directed by a registered nurse, physician, or dentist.

(7) A licensed practical nurse or unlicensed individual may not supervise, direct, or evaluate the nursing care provided by the registered nurse.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(21).

History: New Rule: Filed November 23, 2009; effective December 28, 2009.

**610-X-6-.12 Practice Beyond Basic Nursing Education:
Standardized Procedures.**

(1) For practice beyond basic education that has not been previously approved by the Board, a standardized procedure is required for the licensed nurse in any practice setting.

(a) Approval is not required for an acute care hospital prior to implementation, except for standardized procedures related to rapid sequence intubation (RSI) and IV push medications by LPNs.

(b) Practice beyond basic education in home health, hospice, physician offices, and other locations outside a licensed hospital requires approval by the Board prior to implementation.

(2) A complete Standardized Procedure Application shall be submitted to the Board for practice beyond basic education preparation required in rule, practice not previously approved by the Board, and shall include:

(a) Approval from the submitting facility, as evidenced by signatures on the application form of:

(i) The chief nursing officer with an unencumbered Alabama RN license.

(ii) The chief medical officer with an Alabama license.

(iii) The chief executive officer for the Alabama organization.

(b) The policy and procedure.

(c) The organized program of study by a qualified instructor with the method of evaluation of learning specified.

(d) The plan for supervised clinical practice.

(e) The plan for demonstration of competence, initially and at periodic intervals, during which the nurse demonstrates the knowledge, skills, and ability to perform the procedure safely and to manage any complications.

(3) Any licensed nurse providing patient care in a licensed hospital shall comply with the standardized procedure(s)

of that licensed hospital.

(4) Board action on a proposed standardized procedure may include, but is not limited to:

(a) Approval.

(b) Approval as a pilot project for a period of time not to exceed twelve months, with reports to the Board at intervals specified by the Board.

(c) Denial of the request.

(5) The Board may decline to consider a proposed standardized procedure, if the subject of the proposed standardized procedure is the same or similar to the proposed standardized procedure presented in another request that has been considered by the Board within the previous twelve months.

(6) The chief nursing officer of all healthcare facilities that employ licensed nurses in clinical areas, with the exception of K-12 public schools, shall review the facility's standardized procedure report and acknowledge the review, as specified by the Board.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).

History: New Rule: Filed February 3, 2004; refilled February 25, 2004; effective March 9, 2004. **Repealed and New**

Rule: Filed November 23, 2009; effective December 28, 2009.

610-X-6-.13 Standards For Wound Assessment And Care.

(1) It is within the scope of a licensed nurse practice to perform wound assessments, including but not limited to staging of a wound and making determinations as to whether wounds are present on admission to a healthcare facility, pursuant to an approved standardized procedure, outlined in Rule 610-X-6-.12, Standardized Procedures, including supervised clinical practice and demonstrated clinical competence, initially and at periodic intervals.

(2) The minimum training for the licensed nurse who

performs selected tasks associated with wound assessment and care shall include:

- (a) Anatomy, physiology, and pathophysiology.
- (b) Fluid and electrolyte balance.
- (c) Equipment and procedures used in wound assessment and care.
- (d) Chronic wound differentiation.
- (e) Risk identification.
- (f) Measurement of wound.
- (g) Stage of wound.
- (h) Condition of the wound bed,

including:

- (i) Tissues.
- (ii) Exudate.
- (iii) Edges.
- (iv) Infection.
- (i) Skin surrounding the wound.
- (j) Pain.
- (k) Complications, prevention, and nursing intervention.

(l) Identification of any contributing factors, including but not limited to:

- (i) Perfusion/oxygenation.
- (ii) Nutritional status.
- (iii) Infection.
- (iv) Medications.
- (v) Diabetes.

(m) Photographing wounds.

(3) The licensed nurse may provide wound care beyond their basic education, in accordance with an order from an authorized prescriber and after successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals.

(4) The minimum training for the licensed nurse performing selected tasks associated with wound care shall include:

(a) Dressing changes, including authorized prescriber ordered medication or topical treatment or topical dressing, including:

- (i) Chemical debridement.
 - (ii) Enzymatic debridement.
 - (iii) Autolytic debridement.
 - (iv) Application and maintenance of wound vac therapy.
- (b) Systemic support, including but not limited to
- (i) Adequate diet.
 - (ii) Hydration.
 - (iii) Turning and repositioning.
 - (iv) Reducing shear and friction with movement.
 - (v) Incontinence care.

(5) Sharp debridement is reserved for registered nurses with national certification that included didactic instruction, supervised clinical practice, and demonstration of competency, initially and at periodic intervals.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).

History: New Rule: Filed May 21, 2004; effective June 25, 2004.

Repealed and New Rule: Filed November 23, 2009; effective

December 28, 2009.

610-X-6-.14 Intravenous (IV) Therapy By Licensed Practical Nurses.

(1) A licensed facility may develop a standardized procedure, as defined in Rule 610-X-6-.12, for intravenous (IV) therapy by a licensed practical nurse.

(2) The minimum requirements for a licensed practical nurse to perform IV therapy includes successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals, according to the requirements of Rule 610-X-6-.12.

(3) The minimum training for the licensed practical nurse who performs selected tasks associated with IV therapy shall include:

- (a) Anatomy and physiology.
- (b) Fluid and electrolyte balance.
- (c) Equipment and procedures utilized in intravenous therapy.
- (d) Complications, prevention, and nursing intervention.
- (e) Introducing a peripheral intravenous device on an adult patient.
- (f) Set-up, replacement, and removal of intravenous tubing for gravity flow and/or pump infusion.
- (g) Intravenous fluid infusion calculations and adjustment of flow rates on intravenous fluids and administration of intravenous medications by piggyback.
- (h) Procedures for reconstituting and administering intravenous medications via piggyback, including but not limited to pharmacology, compatibilities, and flow rates.

(4) Medications may be administered by licensed practical nurses through a peripheral intravenous catheter by intravenous push, provided the following criteria are met:

- (a) A complete standardized procedure application is submitted and approved by the Board prior to implementation.

(b) The medication(s) does not require the substantial skill, judgment, and knowledge of a registered nurse.

(c) On-site supervision by a registered nurse any time an IV push medication therapy is performed by a licensed practical nurse.

(i) The registered nurse is required to be physically present and immediately available in the facility.

(ii) Heparin (10 units: 1 ml) flush or saline flush via a peripheral IV line is not a medication within the meaning of these rules.

(d) Medications that may be administered by peripheral IV push by a licensed practical nurse, if identified in the licensed hospital's standardized procedure include, but are not limited to the following:

(i) H2 blockers.

(ii) Analgesics.

(iii) Antiemetics.

(iv) Antibiotics.

(v) Fifty percent (50%) dextrose in an emergency situation.

(5) The minimum training for the licensed practical nurse who performs selected tasks associated with IV push therapy shall include:

(a) Pharmacology of specific drugs and reversal agents, if applicable, including but not limited to:

(i) Classification.

(ii) Indications.

(iii) Usual IV dosage.

(iv) Dilution.

(v) Contraindications and precautions.

(vi) Side effects.

- (vii) Antidote, if applicable.
- (viii) Nursing considerations and implications.
- (b) Procedure for reconstituting medications including compatibilities.
- (c) Technique of medication administration by IV push.
- (6) Tasks that shall not be performed by a licensed practical nurse include:
 - (a) Initiation of intravenous therapy in a neonate.
 - (b) Administration of:
 - (i) Solutions requiring titration. Solutions, such as heparin drips, that require changes based on lab results subject to written orders or protocol, are not solutions requiring titration for purposes of these rules.
 - (ii) Blood or blood components.
 - (iii) Plasma volume expanders.
 - (iv) Fibrinolytic or thrombolytic agents.
 - (v) GP-II-B-III-A inhibitors, also known as platelet-aggregate inhibitors.
 - (vi) Hyperalimentation administered by routes other than peripheral intravenous catheter.
 - (vii) IV medications for the purposes of moderate sedation or anesthesia.
 - (viii) IV medications via push or bolus through a central line including a peripherally inserted central catheter (PICC).
 - (ix) IV push insulin or chemotherapeutic agents. This does not preclude hanging a pre-mixed bag of fluids containing additives, except for insulin and chemotherapeutic agents.
 - (x) Any other drugs deemed to be inappropriate by the licensed hospital's standardized procedure.
 - (c) Accessing or programming an implanted IV infusion pump.

- (d) Performance of the repair of a central venous route access device.
- (e) Performance of therapeutic phlebotomy.
- (f) Direct access of a central venous route access device, including but not limited to:
 - (i) Implanted ports for intravenous therapy.
 - (ii) Lines used for hemodynamic monitoring.
 - (iii) Central venous catheters and devices, including Groshong catheters, Hickman catheters, and peripherally inserted central catheters (PICC). These rules do not prohibit licensed practical nurses from administering medications via piggyback or in secondary solutions via central lines.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).

History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed

September 25, 2006; effective October 30, 2006. **Amended:** Filed March 12, 2007; effective April 16, 2007. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .11 was renumbered .14 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.15 Telecommunication For Pronouncement Of Patient Death.

(1) The licensed nurse may receive pronouncement of a patient's death from a physician via telecommunication without a physical examination of the patient by that physician.

(2) The facility policy shall specify the permissible patient conditions for which the licensed nurse in a specific health care facility or agency may receive the pronouncement of a patient's death by telecommunication.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§22-31-2, 34-21-2(c)(21).

History: New Rule: Filed March 20, 2003; effective

April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009.

Ed. Note: Rule .10 was renumbered .15 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.16 Telehealth Nursing.

(1) The licensed nurse must hold an active Alabama license in order to practice telenursing in the State of Alabama (610-X-4-.16). The licensed nurse shall adhere to the existing Alabama Nurse Practice Act and Alabama Administrative Code.

(2) Telenursing practice can take place in varied practice settings. The individual nurse is responsible for:

(a) Having knowledge and understanding of the laws and rules regulating telenursing.

(b) Functioning within the legal scope of nursing practice for Alabama licensed nurses.

(c) Maintaining competency in the area of practice.

(i) Competency should include how to use telehealth technologies and medical devices in the practice of nursing at a distance.

(d) The licensed nurse shall follow the facility specific policy of the permissible activities of telenursing.

Author: Alabama Board of Nursing **Statutory Authority:** Code of Ala. 1975, §§22-31-2, 34-21-2(c)(21).