

Agency 60

Kansas State Board of Nursing

Articles

- 60-2. REQUIREMENTS FOR APPROVED NURSING PROGRAMS.
- 60-9. CONTINUING EDUCATION FOR NURSES.
- 60-11. ADVANCED PRACTICE REGISTERED NURSES (APRN).
- 60-13. FEES; REGISTERED NURSE ANESTHETIST.
- 60-15. PERFORMANCE OF SELECTED NURSING PROCEDURES IN SCHOOL SETTINGS.
- 60-16. INTRAVENOUS FLUID THERAPY FOR LICENSED PRACTICAL NURSE.
- 60-17. ADVANCED NURSING EDUCATION PROGRAM.

Article 2.—REQUIREMENTS FOR APPROVED NURSING PROGRAMS

60-2-105. Clinical resources. (a) Written contractual agreements between the nursing education program and each affiliating agency shall be signed and kept on file in the nursing education program office.

(b) Clinical learning experiences and sites shall be selected to provide learning opportunities necessary to achieve the nursing education program objectives or outcomes.

(c) The faculty of each nursing education program shall be responsible for student learning and evaluation in the clinical area.

(d) The nursing education program shall provide verification that each affiliating agency used for clinical instruction has clinical facilities that are adequate for the number of students served in terms of space, equipment, and other necessary resources, including an adequate number of patients or clients necessary to meet the program objectives or outcomes.

(e) A maximum of a 1:10 faculty-to-student ratio, including students at observational sites, shall be maintained during the clinical experience.

(f) Clinical observational experiences.

(1) The objectives or outcomes for each observational experience shall reflect observation rather than participation in nursing interventions.

(2) Affiliating agencies in which observational experiences take place shall not be required to be staffed by registered nurses.

(3) Observational experiences shall constitute

no more than 15 percent of the total clinical hours for the course, unless approved by the board.

(g) Clinical experiences with preceptors shall be no more than 20 percent of the total clinical hours of the nursing education program. This prohibition shall not apply to the capstone course.

(h) Each affiliating agency used for clinical instruction shall be staffed independently of student assignments.

(i) The number of affiliating agencies used for clinical experiences shall be adequate for meeting curriculum objectives or outcomes. The nursing education program faculty shall provide the affiliating agency staff with the organizing curriculum framework and either objectives or outcomes for clinical learning experiences used.

(j) A sufficient number and variety of patients representing all age groups shall be utilized to provide learning experiences that meet curriculum objectives or outcomes. If more than one nursing education program uses the same affiliating agency, the nursing education programs shall document the availability of appropriate learning experiences for all students. (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended March 6, 2009.)

60-2-106. Educational facilities. (a) Classrooms, laboratories, and conference rooms shall be available when needed and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(b) Each nursing education program shall provide the following:

(1) A physical facility that is safe and is conducive to learning;

(2) offices that are available and adequate in size, number, and type to provide the faculty with privacy in counseling students;

(3) secure space for nursing student records; and

(4) current technological resources.

(c) The library resources, instructional media, and materials shall be of sufficient recency, pertinence, level of content, and quantity as indicated by the curriculum to meet the needs of nursing students and faculty. (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended March 6, 2009.)

Article 9.—CONTINUING EDUCATION FOR NURSES

60-9-105. Definitions. (a) “Approval” means the act of determining that a providership application or course offering meets applicable standards based on review of either the total program or the individual offering.

(b) “Approved provider” means a person, organization, or institution that is approved by the board and is responsible for the development, administration, and evaluation of the continuing nursing education (CNE) program or offering.

(c) “Authorship” means a person’s development of a manuscript for print or a professional paper for presentation. Each page of text, formatted according to the American psychological association’s guidelines, shall equal three contact hours.

(1) Authorship of a manuscript means a person’s development of an original manuscript for a journal article or text accepted by a publisher for statewide or national distribution on a subject related to nursing or health care. Proof of acceptance from the editor or the published work shall be deemed verification of this type of credit. Credit shall be awarded only once per topic per renewal period.

(2) Authorship of a professional research paper means a person’s completion of a nursing research project as principal investigator, co-investigator, or project director and presentation to other health professionals. A program brochure, course syllabus, or letter from the offering provider identifying the person as a presenter shall be deemed

verification of this type of credit. Credit shall be awarded only once.

(d) “Behavioral objectives” means the intended outcome of instruction stated as measurable learner behaviors.

(e) “Certificate” means a document that is proof of completion of an offering consisting of one or more contact hours.

(f) “CE transcript” means a document that is proof of completion of one or more continuing nursing education offerings.

(g) “Clinical hours” means planned learning experiences in a clinical setting. Three clinical hours equal one contact hour.

(h) “College course” means a class taken through a college or university and meeting the definition of CNE in K.S.A. 65-1117 and amendments thereto. One college credit hour equals 15 contact hours.

(i) “Computer-based instruction” means a learning application that provides computer control to solve an instructional problem or to facilitate an instructional opportunity.

(j) “Contact hour” means 50 minutes of participation in a learning experience that meets the definition of CNE in K.S.A. 65-1117, and amendments thereto.

(k) “Distance learning” means the acquisition of knowledge and skills through information and instruction, encompassing a variety of technologies.

(l) “Independent study” means a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of and monitored by an approved provider. This term may include self-study programs, distance learning, and authorship.

(m) “Individual offering approval (IOA)” means a request for approval of an education offering meeting the definition of CNE but not presented by an approved provider or other acceptable approving body.

(n) “In-service education” and “on-the-job training” mean learning activities in the work setting designed to assist the individual in fulfilling job responsibilities. In-service education and on-the-job-training shall not be eligible for CNE credit.

(o) “Offering” means a single CNE learning experience designed to enhance knowledge, skills, and attitudes related to nursing. Each offering shall consist of at least one contact hour.

(p) “Orientation” means formal or informal in-

struction designed to acquaint employees with the institution and the position. Orientation shall not be considered CNE.

(q) "Program" means an organized effort to achieve overall CNE goals.

(r) "Refresher course" means a course of study providing review of basic preparation and current developments in nursing practice.

(s) "Total program evaluation" means a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions. (Authorized by K.S.A. 2007 Supp. 65-1117, K.S.A. 65-1119, and K.S.A. 65-4203; implementing K.S.A. 2007 Supp. 65-1117, K.S.A. 65-1119, and K.S.A. 2007 Supp. 65-4205; effective Sept. 2, 1991; amended March 9, 1992; amended April 26, 1993; amended April 3, 1998; amended April 20, 2001; amended Oct. 25, 2002; amended March 6, 2009.)

60-9-107. Approval of continuing nursing education. (a) Offerings of approved providers shall be recognized by the board.

(1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.

(2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.

(b) Each applicant shall include the following information on the application:

(1)(A) The name and address of the organization; and

(B) the name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization;

(2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);

(3) written policies and procedures, including at least the following areas:

(A) Assessing the need and planning for CNE activities;

(B) fee assessment;

(C) advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the

Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: _____";

(D) for long-term providers, the offering approval process as specified in subsection (d);

(E) awarding contact hours, as specified in subsection (e);

(F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);

(G) recordkeeping and record storage, as specified in subsection (h);

(H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and

(I) for long-term providers, a copy of the total program evaluation plan; and

(4) the proposed continuing nursing education offering, as specified in subsection (i).

(c) (1) Long-term provider. The individual responsible for CNE shall meet these requirements:

(A) Be a licensed professional nurse;

(B) have three years of clinical experience;

(C) have one year of experience in developing and implementing nursing education; and

(D) have a baccalaureate degree, except those individuals exempted under K.S.A. 65-1119 (e) (6), and amendments thereto.

(2) Single offering provider. If the offering coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet these requirements:

(A) Be licensed to practice nursing; and

(B) have three years of clinical experience.

(d) For long-term providers, the policies and procedures for the offering approval process shall include the following:

(1) A summary of the planning;

(2) the behavioral objectives;

(3) the content, which shall meet the definition of CNE in K.S.A. 65-1117, and amendments thereto;

(4) the instructor's education and experience, documenting knowledge and expertise in the content area;

(5) a current bibliography that is reflective of the offering content. The bibliography shall in-

clude books published within the past 10 years, periodicals published within the past five years, or both; and

(6) an offering evaluation that includes each participant's assessment of the following:

- (A) The achievement of each objective; and
- (B) the expertise of each individual presenter.

(e) An approved provider may award any of the following:

(1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours;

(2) credit for fractions of hours over one contact hour;

(3) instructor credit, which shall be two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum;

(4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or

(5) clinical hours.

(f) (1) Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:

(A) The provider's name, address, provider number, and coordinator;

(B) the date and title of the offering, and the presenter or presenters; and

(C) the participant's name and license number, and the number of contact hours awarded.

(2) Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:

(A) The provider's name, address, provider number, and coordinator;

(B) the participant's name and license number, and the number of contact hours awarded;

(C) the title of the offering;

(D) the date on which the offering was completed; and

(E) either the completion of a posttest or a return demonstration.

(g) (1) A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider.

(2) Each certificate and each CE transcript shall be complete before distribution to the participant.

(3) Each certificate and each CE transcript shall contain the following information:

(A) The provider's name, address, and provider number;

(B) the title of the offering;

(C) the date or dates of attendance or completion;

(D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;

(E) the signature of the individual responsible for the providership; and

(F) the name and license number of the participant.

(h)(1) For each offering, the approved provider shall retain the following for two years:

(A) A summary of the planning;

(B) a copy of the offering announcement or brochure;

(C) the title and objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) a bibliography;

(F) a summary of the participants' evaluations;

(G) each instructor's education and experience; and

(H) documentation to verify completion of the offering, as specified in subsection (f).

(2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.

(3) Each approved single offering CNE provider shall submit to the board the original signature roster and a typed, alphabetized roster of individuals who have completed an offering, within 15 working days of course completion.

(i)(1) Long-term provider application. The provider shall submit two proposed offerings, including the following:

(A) A summary of planning;

(B) a copy of the offering announcement or brochure;

(C) the title and behavioral objectives;

(D) the offering agenda or, for independent study, pilot test results;

(E) each instructor's education and experience;

(F) a current bibliography, as specified in paragraph (d)(5); and

(G) the offering evaluation form.

(2) Single offering provider application. The provider shall submit the proposed offering,

which shall include the information specified in paragraphs (i)(1)(A) through (G).

(j) (1) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted if a providership is still desired.

(2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.

(k) (1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:

(A) An evaluation of all the components of the providership based on the total program evaluation plan;

(B) a statistical summary report; and

(C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).

(2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.

(1) (1) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.

(2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the provider-

ship may be applied by the board after giving the approved provider notice and an opportunity to be heard. These proceedings shall be conducted in accordance with provisions of the Kansas administrative procedures act.

(3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3). (Authorized by and implementing K.S.A. 2007 Supp. 65-1117 and K.S.A. 65-1119; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009.)

Article 11.—ADVANCED PRACTICE REGISTERED NURSES (APRN)

60-11-101. Definition of expanded role; limitations; restrictions. (a) Each “advanced practice registered nurse” (APRN), as defined by K.S.A. 65-1113 and amendments thereto, shall function in an expanded role to provide primary, secondary, and tertiary health care in the APRN’s role of advanced practice. Each APRN shall be authorized to make independent decisions about advanced practice nursing needs of families, patients, and clients and medical decisions based on the authorization for collaborative practice with one or more physicians. This regulation shall not be deemed to require the immediate and physical presence of the physician when care is given by an APRN. Each APRN shall be directly accountable and responsible to the consumer.

(b) “Authorization for collaborative practice” shall mean that an APRN is authorized to develop and manage the medical plan of care for patients or clients based upon an agreement developed jointly and signed by the APRN and one or more physicians. Each APRN and physician shall jointly review the authorization for collaborative practice annually. Each authorization for collaborative practice shall include a cover page containing the names and telephone numbers of the APRN and the physician, their signatures, and the date of review by the APRN and the physician. Each authorization for collaborative practice shall be maintained in either hard copy or electronic format at the APRN’s principal place of practice.

(c) “Physician” shall mean a person licensed to

practice medicine and surgery by the state board of healing arts.

(d) "Prescription" shall have the meaning specified in K.S.A. 65-1626, and amendments thereto.

(e) "Prescription order" shall have the meaning specified in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended March 31, 2000; amended Sept. 4, 2009; amended May 18, 2012.)

60-11-102. Roles of advanced practice registered nurses. The four roles of advanced practice registered nurses licensed by the board of nursing shall be the following:

(a) Clinical nurse specialist;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) nurse practitioner. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended Sept. 4, 2009; amended May 18, 2012.)

60-11-103. Educational requirements for advanced practice registered nurses. (a) To be issued a license as an advanced practice registered nurse in any of the roles of advanced practice, as identified in K.A.R. 60-11-102, each applicant shall meet at least one of the following criteria:

(1) Complete a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board and prepares the nurse to function in the advanced role for which application is made;

(2) complete a formal, post-basic nursing education program that is not located or offered in Kansas but is determined by the board to meet the standards for program approval established by K.A.R. 60-17-101 through 60-17-108;

(3) have completed a formal, post-basic nursing education program that could be no longer in existence but is determined by the board to meet standards at least as stringent as those required for program approval by the board at the time of graduation;

(4) hold a current license to practice as an advanced practice registered nurse in the role for which application is made and that meets the following criteria:

(A) Was issued by a nursing licensing authority of another jurisdiction; and

(B) required completion of a program meeting standards equal to or greater than those established by K.A.R. 60-17-101 through 60-17-108; or

(5) complete a formal educational program of post-basic study and clinical experience that can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the role of advanced practice for which application is made. The applicant shall show that the curriculum of the program is consistent with public health and safety policy and that it prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing.

(b) Each applicant for a license as an advanced practice registered nurse in a role other than anesthesia or midwifery shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (a) before July 1, 1994;

(2) if none of the requirements in subsection (a) have been met before July 1, 1994, meet one of the requirements of subsection (a) and hold a baccalaureate or higher degree in nursing; or

(3) if none of the requirements in subsection (a) have been met before July 1, 2002, meet one of the requirements of subsection (a) and hold a master's or higher degree in a clinical area of nursing.

(c) Each applicant for a license as an advanced practice registered nurse in the role of anesthesia shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (a) before July 1, 2002; or

(2) if none of the requirements in subsection (a) have been met before July 1, 2002, meet one of the requirements of subsection (a) and hold a master's degree or a higher degree in nurse anesthesia or a related field.

(d) Each applicant for a license as an advanced practice registered nurse in the role of midwifery shall meet one of the following requirements:

(1) Have met one of the requirements of subsection (a) before July 1, 2000;

(2) if none of the requirements in subsection (a) have been met before July 1, 2000, meet one of the requirements of subsection (a) and hold a baccalaureate degree in nursing; or

(3) if none of the requirements in subsection (a) have been met before January 1, 2010, meet

one of the requirements of subsection (a) and hold a master's degree or a higher degree in nursing, midwifery, or a related field.

(e) A license may be granted if an individual has been certified by a national nursing organization whose certification standards have been approved by the board as equal to or greater than the corresponding standards established by the board for obtaining a license to practice as an advanced practice registered nurse. National nursing organizations with certification standards that meet this standard shall be identified by the board, and a current list of national nursing organizations with certification standards approved by the board shall be maintained by the board. Any licensee may request that a certification program be considered by the board for approval and, if approved, included by the board on its list of national nursing organizations with approved certification standards.

(f) Each applicant who completes an advanced practice registered nurse program after January 1, 1997 shall have completed three college hours in advanced pharmacology or the equivalent.

(g) Each applicant who completes an advanced practice registered nurse program after January 1, 2001 in a role other than anesthesia or midwifery shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(h) Each applicant who completes an advanced practice registered nurse program after July 1, 2009 shall have completed three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.

(i) Notwithstanding the provisions of subsections (a) through (h), each applicant for a license as an advanced practice registered nurse who has not gained 1,000 hours of advanced nursing practice during the five years preceding the date of application shall be required to successfully complete a refresher course as defined by the board. (Authorized by and implementing K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended, T-60-11-14-90, Nov. 14, 1990; amended, T-60-3-14-91, March 14, 1991; amended Sept. 2, 1991; amended March 9, 1992; amended Sept. 14, 1992; amended April 26, 1993; amended Sept. 6, 1994; amended Jan. 3, 1997; amended March 31, 2000; amended Sept. 4, 2009; amended May 18, 2012.)

60-11-104. Functions of the advanced practice registered nurse in the role of nurse practitioner. Each advanced practice registered nurse in the role of nurse practitioner shall function in an advanced role at a specialized level, through the application of advanced knowledge and skills and shall be authorized to perform the following:

(a) Provide health promotion and maintenance, disease prevention, and independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto, of acute and chronic diseases;

(b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;

(c) provide health care services for which the nurse practitioner is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) provide health care for individuals by managing health problems encountered by patients and clients; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012.)

60-11-104a. Protocol requirements; prescription orders. (a) Each written protocol that an advanced practice registered nurse is to follow when prescribing, administering, or supplying a prescription-only drug shall meet the following requirements:

(1) Specify for each classification of disease or injury the corresponding class of drugs that the advanced practice registered nurse is permitted to prescribe;

(2) be maintained in either a loose-leaf notebook or a book of published protocols. The note-

book or book of published protocols shall include a cover page containing the following data:

(A) The names, telephone numbers, and signatures of the advanced practice registered nurse and a responsible physician who has authorized the protocol; and

(B) the date on which the protocol was adopted or last reviewed; and

(3) be kept at the advanced practice registered nurse's principal place of practice.

(b) Each advanced practice registered nurse shall ensure that each protocol is reviewed by the advanced practice registered nurse and physician at least annually.

(c) Each prescription order in written form shall meet the following requirements:

(1) Include the name, address, and telephone number of the practice location of the advanced practice registered nurse;

(2) include the name, address, and telephone number of the responsible physician;

(3) be signed by the advanced practice registered nurse with the letters A.P.R.N.;

(4) be from a class of drugs prescribed pursuant to protocol; and

(5) contain the D.E.A. registration number issued to the advanced practice registered nurse when a controlled substance, as defined in K.S.A. 65-4101(e) and amendments thereto, is prescribed.

(d) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced practice registered nurse from conveying a prescription order orally or administering a drug if acting under the lawful direction of a person licensed to practice either medicine and surgery or dentistry or licensed as an advanced practice registered nurse.

(e) When used in this regulation, terms shall be construed to have the meanings specified in K.S.A. 65-1626, and amendments thereto. (Authorized by and implementing K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective, T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990; amended Jan. 3, 1995; amended March 31, 2000; amended May 18, 2012.)

60-11-105. Functions of the advanced practice registered nurse in the role of nurse-midwife. Each advanced practice registered nurse in the role of nurse-midwife shall function in an advanced role through the application of advanced skills and knowledge of women's health

care through the life span and shall be authorized to perform the following:

(a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto;

(b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;

(c) provide health care services for which the nurse-midwife is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) in a manner consistent with subsection (c), provide health care for women, focusing on gynecological needs, pregnancy, childbirth, the postpartum period, care of the newborn, and family planning, including indicated partner evaluation, treatment, and referral for infertility and sexually transmitted diseases; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012.)

60-11-106. Functions of the advanced practice registered nurse; nurse anesthetist. The functions that may be performed by any advanced practice registered nurse functioning in the advanced role of registered nurse anesthetist shall be those functions defined in K.S.A. 65-1158, and amendments thereto. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended March 31, 2000; amended May 18, 2012.)

60-11-107. Functions of the advanced practice registered nurse in the role of clinical nurse specialist. Each advanced practice

registered nurse in the role of clinical nurse specialist shall function in an advanced role to provide evidence-based nursing practice within a specialty area focused on specific patients or clients, populations, settings, and types of care. Each clinical nurse specialist shall be authorized to perform the following:

(a) Provide independent nursing diagnosis, as defined in K.S.A. 65-1113(b) and amendments thereto, and treatment, as defined in K.S.A. 65-1113(c) and amendments thereto;

(b) develop and manage the medical plan of care for patients or clients, based on the authorization for collaborative practice;

(c) provide health care services for which the clinical nurse specialist is educationally prepared and for which competency has been established and maintained. Educational preparation may include academic coursework, workshops, institutes, and seminars if theory or clinical experience, or both, are included;

(d) provide care for specific patients or clients or specific populations, or both, utilizing a broad base of advanced scientific knowledge, nursing theory, and skills in assessing, planning, implementing, and evaluating health and nursing care; and

(e) provide innovation in evidence-based nursing practice based upon advanced clinical expertise, decision making, and leadership skills and serve as a consultant, researcher, and patient advocate for individuals, families, groups, and communities to achieve quality, cost-effective patient outcomes and solutions. (Authorized by and implementing K.S.A. 65-1113, as amended by L. 2011, ch. 114, sec. 39, and K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985; amended Sept. 4, 2009; amended May 18, 2012.)

60-11-113. License renewal. (a) Advanced practice registered nurse licenses shall be renewed on the same biennial cycle as the cycle for the registered professional nurse licensure renewal, as specified in K.A.R. 60-3-108.

(b) On and after January 1, 2013, each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to the advanced practice registered nurse role during the most recent prior license period. Proof of completion of 30 contact hours of approved CNE in the ad-

vanced practice nurse role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of the advanced practice registered nursing role. Each separate offering shall be approved before the individual submits the license renewal application.

(e) Approval shall not be granted for identical offerings completed within the same license renewal period.

(f) Any individual renewing a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over 30 minutes.

(h) All CNE accumulated for APRN license renewal shall also be applicable to the renewal of the registered professional nurse license. (Authorized by K.S.A. 2011 Supp. 65-1117 and K.S.A. 65-1129; implementing K.S.A. 2011 Supp. 65-1117 and K.S.A. 2011 Supp. 65-1132; effective Sept. 2, 1991; amended May 9, 1994; amended July 29, 2005; amended May 18, 2012.)

60-11-116. Reinstatement of license. (a) Any nurse anesthetist whose Kansas APRN license has lapsed and who desires to obtain a reinstatement of APRN licensure shall meet the same requirements as those in K.A.R. 60-13-110.

(b) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas APRN license has lapsed may, within five years of its expiration date, reinstate the license by submitting proof that the applicant has met either of the following requirements:

(1) Obtained 30 hours of continuing nursing education related to the advanced practice registered nurse role within the preceding two-year period; or

(2) been licensed in another jurisdiction and, while licensed in that jurisdiction, has accumulated 1,000 hours of advanced practice registered nurse practice within the preceding five-year period.

(c) Any nurse practitioner, clinical nurse specialist, or nurse-midwife whose Kansas APRN license has lapsed for more than five years beyond its expiration date may reinstate the license by submitting evidence of having attained either of the following:

(1) A total of 1,000 hours of advanced practice registered nurse practice in another jurisdiction within the preceding five-year period and 30 hours of continuing nursing education related to the advanced practice registered nurse role; or

(2) completion of a refresher course approved by the board. (Authorized by K.S.A. 2010 Supp. 65-1117, as amended by L. 2011, ch. 114, sec. 79, and K.S.A. 65-1129; implementing K.S.A. 2010 Supp. 65-1117, as amended by L. 2011, ch. 114, sec. 79, and K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective Sept. 2, 1991; amended March 22, 2002; amended May 18, 2012.)

60-11-118. Temporary permit to practice. (a) A temporary permit to practice as an advanced practice registered nurse may be issued by the board for a period of not more than 180 days to an applicant for licensure as an advanced practice registered nurse who meets the following requirements:

- (1) Was previously licensed in this state; and
- (2) is enrolled in a refresher course required by the board for reinstatement of a license that has lapsed for more than five years.

(b) A one-time temporary permit to practice as an advanced practice registered nurse may be issued by the board for a period of not more than 180 days pending completion of the application for a license. (Authorized by K.S.A. 65-1129; implementing K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 45; effective Sept. 2, 1991; amended April 26, 1993; amended May 18, 2012.)

60-11-119. Payment of fees. Payment of fees for advanced practice registered nurses shall be as follows:

(a) Initial application for license	\$50.00
(b) Biennial renewal of license	60.00
(c) Application for reinstatement of license without temporary permit	75.00

(d) Application for license with temporary permit	100.00
(e) Application for exempt license	50.00
(f) Renewal of exempt license	50.00

(Authorized by K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45; implementing K.S.A. 65-1118, as amended by L. 2011, ch. 114, sec. 41, and 65-1131, as amended by L. 2011, ch. 114, sec. 45; effective Sept. 2, 1991; amended May 17, 1993; amended Feb. 6, 1995; amended April 3, 1998; amended July 1, 2001; amended April 20, 2007; amended May 18, 2012.)

60-11-120. Expiration dates of licenses; applications. The expiration dates of all licenses and applications shall be in accordance with K.A.R. 60-3-107 and 60-3-108. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45, and K.S.A. 2010 Supp. 65-1132, as amended by L. 2011, ch. 114, sec. 46; effective April 3, 1998; amended July 29, 2005; amended May 18, 2012.)

60-11-121. Exempt license. (a) An exempt license shall be granted only to an advanced practice registered nurse who meets these requirements:

(1) Is not regularly engaged as an advanced practice registered nurse in Kansas, but volunteers advanced practice registered nurse services or is a charitable health care provider, as defined by K.S.A. 75-6102 and amendments thereto; and

(2) (A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or

(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.

(b) The expiration date of the exempt license shall be in accordance with K.A.R. 60-3-108.

(c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee in accordance with K.A.R. 60-11-119. (Authorized by and implementing K.S.A. 65-1131, as amended by L. 2011, ch. 114, sec. 45; effective April 3, 1998; amended Oct. 25, 2002; amended July 29, 2005; amended May 18, 2012.)

Article 13.—FEES; REGISTERED NURSE ANESTHETIST

60-13-103. School approval requirements. (a) In order for a school of nurse anesthe-

sia to be approved by the board of nursing, consideration shall be given as to whether the school meets the requirements in standards I, II, III, IV, and V and the appendix in the “standards for accreditation of nurse anesthesia educational programs,” as revised by the council on accreditation of nurse anesthesia educational programs in January 2006 and effective March 1, 2006. These portions are hereby adopted by reference.

(b) An up-to-date list of approved programs shall be prepared and kept by the board.

(c) A program shall not be approved without the formal action of the board.

(d) (1) A program review shall be conducted by the board at least once every five years, or in conjunction with the council on accreditation review cycles.

(2) The school shall submit to the board of nursing for review a copy of a self-study report documenting compliance with the established standards.

(3) Additional information may be requested by the board of nursing to assess the school’s compliance with standards.

(4) An on-site visit to the school of nurse anesthesia may be conducted by the board of nursing if there is reason to believe that the program is in violation of the established standards or if the program is placed on public probation by the council on accreditation. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1152; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; amended March 22, 2002; amended March 6, 2009.)

60-13-104. Exam approval. The content outline of the examination administered by the council on certification of nurse anesthetists shall be reviewed and approved annually by the board of nursing. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1152; effective, T-88-48, Dec. 16, 1987; effective May 1, 1988; amended March 6, 2009.)

60-13-112. License renewal. (a) Each license to practice as a registered nurse anesthetist (RNA) in Kansas shall be subject to the same biennial expiration dates as those specified in K.A.R. 60-3-108 for the registered professional nurse license in Kansas.

(b) Each individual renewing a license shall have completed the required 30 contact hours of approved continuing nursing education (CNE) related to nurse anesthesia during the most recent

prior licensure period. Proof of completion of 30 contact hours of approved CNE in the nurse anesthesia role may be requested by the board. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

(c) The number of contact hours assigned to any offering that includes a recognized standard curriculum shall be determined by the board.

(d) Any individual attending any offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for offerings that the licensee demonstrates as having a relationship to the practice of nurse anesthesia. Each separate offering shall be approved before the individual submits the license renewal application.

(e) Approval shall not be granted for identical offerings completed within the same license renewal period.

(f) Any individual renewing a license may accumulate 15 contact hours of the required CNE from instructor credit. Each presenter shall receive instructor credit only once for the preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.

(g) Fractions of contact hours may be accepted for offerings over 30 minutes.

(h) All CNE accumulated for RNA license renewal shall also be applicable to the renewal of the registered professional nurse license. (Authorized by K.S.A. 65-1164; implementing K.S.A. 65-1159; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001; amended July 29, 2005; amended May 18, 2012.)

Article 15.—PERFORMANCE OF SELECTED NURSING PROCEDURES IN SCHOOL SETTINGS

60-15-101. Definitions and functions.

(a) Each registered professional nurse in a school setting shall be responsible for the nature and quality of all nursing care that a student is given under the direction of the nurse in the school setting. Assessment of the nursing needs, the plan of nursing action, implementation of the plan, and evaluation of the plan shall be considered essential components of professional nursing practice and shall be the responsibility of the registered professional nurse.

(b) In fulfilling nursing care responsibilities, any nurse may perform the following:

(1) Serve as a health advocate for students receiving nursing care;

(2) counsel and teach students, staff, families, and groups about health and illness;

(3) promote health maintenance;

(4) serve as health consultant and a resource to teachers, administrators, and other school staff who are providing students with health services during school attendance hours or extended program hours; and

(5) utilize nursing theories, communication skills, and the teaching-learning process to function as part of the interdisciplinary evaluation team.

(c) The services of a registered professional nurse may be supplemented by the assignment of tasks to a licensed practical nurse or by the delegation of selected nursing tasks or procedures to unlicensed personnel under supervision by the registered professional nurse or licensed practical nurse.

(d) “Unlicensed person” means anyone not licensed as a registered professional nurse or licensed practical nurse.

(e) “Delegation” means authorization for an unlicensed person to perform selected nursing tasks or procedures in the school setting under the direction of a registered professional nurse.

(f) “Activities of daily living” means basic caretaking or specialized caretaking.

(g) “Basic caretaking” means the following tasks:

(1) Bathing;

(2) dressing;

(3) grooming;

(4) routine dental, hair, and skin care;

(5) preparation of food for oral feeding;

(6) exercise, excluding occupational therapy and physical therapy procedures;

(7) toileting, including diapering and toilet training;

(8) handwashing;

(9) transferring; and

(10) ambulation.

(h) “Specialized caretaking” means the following procedures:

(1) Catheterization;

(2) ostomy care;

(3) preparation and administration of gastrostomy tube feedings;

(4) care of skin with damaged integrity or potential for this damage;

(5) medication administration;

(6) taking vital signs;

(7) blood glucose monitoring, which shall include taking glucometer readings and carbohydrate counting; and

(8) performance of other nursing procedures as selected by the registered professional nurse.

(i) “Anticipated health crisis” means that a student has a previously diagnosed condition that, under predictable circumstances, could lead to an imminent risk to the student’s health.

(j) “Investigational drug” means a drug under study by the United States food and drug administration to determine safety and efficacy in humans for a particular indication.

(k) “Nursing judgment” means the exercise of knowledge and discretion derived from the biological, physical, and behavioral sciences that requires special education or curriculum.

(l) “Extended program hours” means any program that occurs before or after school attendance hours and is hosted or controlled by the school.

(m) “School attendance hours” means those hours of attendance as defined by the local educational agency or governing board.

(n) “School setting” means any public or non-public school environment.

(o) “Supervision” means the provision of guidance by a nurse as necessary to accomplish a nursing task or procedure, including initial direction of the task or procedure and periodic inspection of the actual act of accomplishing the task or procedure.

(p) “Medication” means any drug required by the federal or state food, drug, and cosmetic acts to bear on its label the legend “Caution: Federal law prohibits dispensing without prescription,” and any drugs labeled as investigational drugs or prescribed for investigational purposes.

(q) “Task” means an assigned step of a nursing procedure.

(r) “Procedure” means a series of steps followed in a regular, specific order that is part of a defined nursing practice. (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

60-15-102. Delegation procedures. Each registered professional nurse shall maintain the primary responsibility for delegating tasks to unlicensed persons. The registered professional nurse, after evaluating a licensed practical nurse's competence and skill, may decide whether the licensed practical nurse under the direction of the registered professional nurse may delegate tasks to unlicensed persons in the school setting. Each nurse who delegates nursing tasks or procedures to a designated unlicensed person in the school setting shall meet the requirements specified in this regulation.

(a) Each registered professional nurse shall perform the following:

- (1) Assess each student's nursing care needs;
- (2) formulate a plan of care before delegating any nursing task or procedure to an unlicensed person; and
- (3) formulate a plan of nursing care for each student who has one or more long-term or chronic health conditions requiring nursing interventions.

(b) The selected nursing task or procedure to be delegated shall be one that a reasonable and prudent nurse would determine to be within the scope of sound nursing judgment and that can be performed properly and safely by an unlicensed person.

(c) Any designated unlicensed person may perform basic caretaking tasks or procedures as defined in K.A.R. 60-15-101 (g) without delegation. After assessment, a nurse may delegate specialized caretaking tasks or procedures as defined in K.A.R. 60-15-101 (h) to a designated unlicensed person.

(d) The selected nursing task or procedure shall be one that does not require the designated unlicensed person to exercise nursing judgment or intervention.

(e) If an anticipated health crisis that is identified in a nursing care plan occurs, the unlicensed person may provide immediate care for which instruction has been provided.

(f) The designated unlicensed person to whom the nursing task or procedure is delegated shall be adequately identified by name in writing for each delegated task or procedure.

(g) Each registered professional nurse shall orient and instruct unlicensed persons in the performance of the nursing task or procedure. The registered professional nurse shall document in writing the unlicensed person's demonstration of the competency necessary to perform the dele-

gated task or procedure. The designated unlicensed person shall co-sign the documentation indicating the person's concurrence with this competency evaluation.

(h) Each registered professional nurse shall meet these requirements:

- (1) Be accountable and responsible for the delegated nursing task or procedure;
- (2) at least twice during the academic year, participate in joint evaluations of the services rendered;
- (3) record the services performed; and
- (4) adequately supervise the performance of the delegated nursing task or procedure in accordance with the requirements of K.A.R. 60-15-103. (Authorized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended March 6, 2009.)

60-15-104. Medication administration in a school setting. Any registered professional nurse may delegate the procedure of medication administration in a school setting only in accordance with this article.

(a) Any registered professional nurse may delegate the procedure of medication administration in a school setting to unlicensed persons if both of the following conditions are met:

(1) The administration of the medication does not require dosage calculation. Measuring a prescribed amount of liquid medication, breaking a scored tablet for administration, or counting carbohydrates for the purpose of determining dosage for insulin administration shall not be considered calculation of the medication dosage.

(2) The nursing care plan requires administration by accepted methods of administration other than those listed in subsection (b).

(b) A registered professional nurse shall not delegate the procedure of medication administration in a school setting to unlicensed persons when administered by any of these means:

- (1) By intravenous route;
- (2) by intramuscular route, except when administered in an anticipated health crisis;
- (3) through intermittent positive-pressure breathing machines; or
- (4) through an established feeding tube that is not inserted directly into the abdomen. (Author-

ized by K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1129; implementing K.S.A. 2007 Supp. 65-1124 and K.S.A. 65-1165; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998; amended July 29, 2005; amended March 6, 2009.)

Article 16.—INTRAVENOUS FLUID THERAPY FOR LICENSED PRACTICAL NURSE

60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. (a) A licensed practical nurse under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment, including the following:

- (1) Monitoring;
- (2) maintaining basic fluids;
- (3) discontinuing intravenous flow and an intravenous access device not exceeding three inches in length in peripheral sites only; and
- (4) changing dressings for intravenous access devices not exceeding three inches in length in peripheral sites only.

(b) Any licensed practical nurse who has met one of the requirements under K.S.A. 65-1136, and amendments thereto, may perform, in addition to the functions specified in subsection (a) of this regulation, the following procedures relating to the expanded administration of intravenous fluid therapy under the supervision of a registered professional nurse:

- (1) Calculating;
- (2) adding parenteral solutions to existing patient central and peripheral intravenous access devices or administration sets;
- (3) changing administration sets;
- (4) inserting intravenous access devices that meet these conditions:
 - (A) Do not exceed three inches in length; and
 - (B) are located in peripheral sites only;
- (5) adding designated premixed medications to existing patient central and peripheral intravenous access devices or administration sets either by continuous or intermittent methods, excluding the initial dosage of medications or solutions;
- (6) maintaining the patency of central and peripheral intravenous access devices and administration sets with medications or solutions as allowed by policy of the facility;

(7) changing dressings for central venous access devices;

(8) administering continuous intravenous drip analgesics and antibiotics; and

(9) performing the following procedures in any facility having continuous on-site registered professional nurse supervision:

- (A) Admixing intravenous medications; and
- (B) administering by direct intravenous push any drug in a drug category that is not specifically listed as a banned drug category in subsection (c), including analgesics, antibiotics, antiemetics, diuretics, and corticosteroids, as allowed by policy of the facility.

(c) A licensed practical nurse shall not perform any of the following:

(1) Administer any of the following by intravenous route:

(A) Blood and blood products, including albumin;

(B) investigational medications;

(C) anesthetics, antianxiety agents, biological therapy, serums, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations, anti-neoplastics agents, hematopoietics, autonomic drugs, and respiratory stimulants;

(D) intravenous fluid therapy in the home health setting, with the exception of the approved scope of practice authorized in subsection (a); or

(E) intravenous fluid therapy to any patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of the approved scope of practice authorized in subsection (a);

(2) initiate total parenteral nutrition or lipids;

(3) titrate medications;

(4) draw blood from a central intravenous access device;

(5) remove a central intravenous access device or any intravenous access device exceeding three inches in length; or

(6) access implantable ports for any purpose.

(d) Licensed practical nurses qualified by the board before June 1, 2000 may perform those activities listed in subsection (a) and paragraph (b)(9)(A) regardless of their intravenous therapy course content on admixing.

(e) This regulation shall limit the scope of practice for each licensed practical nurse only with respect to intravenous fluid therapy and shall not restrict a licensed practical nurse's authority to care for patients receiving this therapy. (Author-

ized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended June 12, 1998; amended Oct. 29, 1999; amended Jan. 24, 2003; amended May 18, 2012.)

60-16-103. Course approval procedure.

(a) Each person desiring to obtain approval for an intravenous (IV) fluid therapy course shall submit a proposal to the board.

(b) The proposal shall contain the following:

(1) The name and qualifications of the coordinator;

(2) the name and qualifications of each faculty member of the course;

(3) the mechanism through which the provider will determine that each licensed practical nurse seeking to take the course meets the admission requirements;

(4) a description of the educational and clinical facilities that will be utilized;

(5) the outlines of the classroom curriculum and the clinical curriculum, including time segments. These curricula shall meet the requirements of K.A.R. 60-16-104(g);

(6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final clinical competency examination; and

(7) if applicable, a request for continuing education approval meeting the following criteria:

(A) For each long-term provider, the IV therapy course provider number shall be printed on the certificates and the course roster, along with the long-term provider number; and

(B) for each single program provider, the single program application shall be completed. There shall be no cost to this provider for the initial single offering providership.

(c) Continuing education providers shall award at least 32 contact hours to each LPN who completes the course. Continuing education providers may award 20 contact hours, one time only, to each RN who completes the course.

(d) After initial approval, each change in the course shall be provided to the board for approval before the change is implemented.

(e) (1) Each IV fluid therapy course provider shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the intravenous fluid therapy course, the number passing the course, and the number of courses held.

(2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.

(3) Each long-term provider shall submit the materials outlined in subsection (b) with the five-year long-term provider renewal.

(f) If a course does not meet or continue to meet the criteria for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012.)

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

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

(b) The course shall meet both of the following conditions:

(1) Consist of at least 30 hours of instruction; and

(2) require at least eight hours of supervised clinical practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality on an individual.

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

(d) The intravenous therapy course coordinator shall meet the following requirements:

(1) Be licensed as a registered professional nurse;

(2) be responsible for the development and implementation of the intravenous fluid therapy course; and

(3) have experience in intravenous fluid therapy

and knowledge of the intravenous therapy standards.

(e) (1) Each primary faculty member shall meet the following requirements:

(A) Be currently licensed to practice as a registered professional nurse in Kansas;

(B) have clinical experience within the past five years that includes intravenous fluid therapy; and

(C) maintain competency in intravenous fluid therapy.

(2) Each guest lecturer shall have professional preparation and qualifications for the specific subject area in which that individual instructs.

(f) (1) Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.

(2) The facility in which clinical practice and the competency examination are conducted shall allow the students and faculty access to the intravenous fluid therapy equipment and intravenous fluid therapy recipients, and to the pertinent records for the purpose of documentation.

(3) There shall be a signed, written agreement between the provider and a cooperating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is also the provider.

(g)(1) The board-approved intravenous fluid therapy curriculum shall be the following standards of the infusion nurses society's supplement titled "infusion nursing standards of practice," volume 34, number 1S, dated January/February 2011, which are hereby adopted by reference:

(A) "Nursing practice":

(i) "Practice setting" standard 1.1, 1.2, 1.3;

(ii) "neonatal and pediatric patients" standard 2.1, 2.2, 2.3, which shall be taught only for clinical knowledge and awareness;

(iii) "older adult patients" standard 3.1, 3.2;

(iv) "ethics" standard 4.1, 4.2, 4.3, 4.4;

(v) "scope of practice" standard 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7;

(vi) "competence and competency validation" standard 6.1, 6.2, 6.3, 6.4;

(vii) "quality improvement" standard 7.1;

(viii) "research and evidence-based practice" standard 8.1, 8.2, 8.3, 8.4; and

(ix) "policies, procedures, and/or practice guidelines" standard 9.1, 9.2, 9.3, 9.4;

(B) "patient care":

(i) "Orders for the initiation and management

of infusion therapy" standard 10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7;

(ii) "patient education" standard 11.1, 11.2;

(iii) "informed consent" standard 12.1, 12.2, 12.3; and

(iv) "plan of care" standard 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7;

(C) "documentation":

(i) "Documentation" standard 14.1, 14.2, 14.3, 14.4, 14.5;

(ii) "unusual occurrence and sentinel event reporting" standard 15.1, 15.2;

(iii) "product evaluation, integrity, and defect reporting" standard 16.1, 16.2, 16.3, 16.4, 16.5; and

(iv) "verification of products and medications" standard 17.1, 17.2, 17.3;

(D) "infection prevention and safety compliance":

(i) "Infection prevention" standard 18.1, 18.2, 18.3, 18.4, 18.5, 18.6, 18.7, 18.8, 18.9;

(ii) "hand hygiene" standard 19.1, 19.2, 19.3, 19.4;

(iii) "scissors" standard 21.1, 21.2, 21.3;

(iv) "safe handling and disposal of sharps, hazardous materials, and hazardous waste" standard 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7, 22.8;

(v) "disinfection of durable medical equipment" standard 23.1, 23.2, 23.3, 23.4;

(vi) "transmission-based precautions" standard 24.1, 24.2; and

(vii) "latex sensitivity or allergy" standard 25.1, 25.2, 25.3;

(E) "infusion equipment":

(i) "Add-on devices" standard 26.1, 26.2, 26.3;

(ii) "needleless connectors" standard 27.1, 27.2, 27.3, 27.4, 27.5;

(iii) "filters" standard 28.1, 28.2, 28.3, 28.4, 28.5, 28.6;

(iv) "flow-control devices" standard 29.1, 29.2, 29.3, 29.4, 29.5; and

(v) "tourniquets" standard 31.1, 31.2;

(F) "vascular access device selection and placement":

(i) "Vascular access device selection" standard 32.1, 32.2, 32.3, 32.4;

(ii) "site selection" standard 33.1, 33.2, 33.3, 33.4, 33.5. Standard 33.4 and 33.5 shall be taught only for clinical knowledge and awareness;

(iii) "local anesthesia for vascular access device placement and access" standard 34.1, 34.2, 34.3, 34.4;

(iv) "vascular access site preparation and device

placement” standard 35.1, 35.2, 35.3, 35.4, 35.5, 35.6, 35.7, 35.8;

(v) “vascular access device stabilization” standard 36.1, 36.2, 36.3, 36.4;

(vi) “joint stabilization” standard 37.1, 37.2, 37.3, 37.4; and

(vii) “site protection” standard 38.1, 38.2, 38.3;

(G) “site care and maintenance”:

(i) “Administration set change” standard 43.1, 43.2, 43.3, 43.4, 43.5, 43.6;

(ii) “vascular access device removal” standard 44.1, 44.2, 44.3, 44.4, 44.5, 44.6;

(iii) “flushing and locking” standard 45.1, 45.2, 45.3, 45.4; and

(iv) “vascular access device site care and dressing changes” standard 46.1, 46.2, 46.3, 46.4;

(H) “infusion-related complications”:

(i) “Phlebitis” standard 47.1, 47.2, 47.3;

(ii) “infiltration and extravasation” standard 48.1, 48.2, 48.3;

(iii) “infection” standard 49.1, 49.2, 49.3, 49.4;

(iv) “air embolism” standard 50.1, 50.2, 50.3, 50.4, 50.5, 50.6;

(v) “catheter embolism” standard 51.1, 51.2, 51.3, 51.4;

(vi) “catheter-associated venous thrombosis” standard 52.1, 52.2, 52.3, 52.4; and

(vii) “central vascular access device malposition” standard 53.1, 53.2, 53.3, 53.4, 53.5; and

(I) “infusion therapies”:

(i) “Parenteral medication and solution administration” standard 61.1, 61.2, 61.3, which shall be taught only for clinical knowledge and awareness;

(ii) “antineoplastic therapy” standard 62.1, 62.2, 62.3, 62.4, which shall be taught only for clinical knowledge and awareness;

(iii) “biologic therapy” standard 63.1, 63.2, 63.3, which shall be taught only for clinical knowledge and awareness;

(iv) “patient-controlled analgesia” standard 64.1, 64.2, 64.3, 64.4;

(v) “parenteral nutrition” standard 65.1, 65.2, 65.3, 65.4, 65.5, 65.6, 65.7, which shall be taught only for clinical knowledge and awareness;

(vi) “transfusion therapy” standard 66.1, 66.2, 66.3, 66.4;

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

(viii) “administration of parenteral investigational drugs” standard 68.1, 68.2, 68.3, which shall

be taught only for clinical knowledge and awareness.

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

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

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

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

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

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

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

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

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

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

(C) maintain the records of each individual who has successfully completed the course for a period of at least five years. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994;

amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012.)

60-16-105. (Authorized by and implementing L. 1994, Chap. 218, §1; effective Nov. 21, 1994; revoked July 30, 2010.)

Article 17.—ADVANCED NURSING EDUCATION PROGRAM

60-17-101. Definitions. (a) An “advanced nursing education program” may be housed within a part of any of the following organizational units within an academic institution:

- (1) A college;
- (2) a school;
- (3) a division;
- (4) a department; or
- (5) an academic unit.

(b) “Affiliating agency” means an agency that cooperates with the advanced nursing education program to provide clinical facilities and resources for selected student experiences.

(c) “Clinical learning” means an active process in which the student participates in advanced nursing activities while being guided by a member of the faculty.

(d) “Contractual agreement” means a written contract or letter signed by the legal representatives of the advanced nursing education program and the affiliating agency.

(e) “Preceptor” means an advanced practice registered nurse or a physician who provides clinical supervision for advanced practice registered nurse students as a part of nursing courses taken during the advanced nursing education program.

(f) “Satellite program” means an existing, accredited advanced nursing education program provided at a location geographically separate from the parent program. The students may spend a portion or all of their time at the satellite location. The curricula in all locations shall be the same, and each credential shall be conferred by the parent institution.

(g) “Transfer student” means an individual who is permitted to apply advanced nursing courses completed at another institution to a different advanced nursing education program. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended May 18, 2012.)

60-17-104. Faculty and preceptor qualifications. (a) Each nurse faculty member shall be licensed as a registered professional nurse in Kansas.

(b) Each preceptor shall be licensed in the state in which the preceptor is currently practicing. Each preceptor shall complete a preceptor orientation that includes information about the pedagogical aspects of the student-preceptor relationship.

(c) For advanced nursing education programs in the role of nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree.

(3) Each nurse faculty member responsible for clinical instruction shall possess a license as an advanced practice registered nurse and a graduate degree.

(d) For advanced nursing education programs in any role other than nurse anesthesia, each nurse faculty member shall have the following academic preparation and experience:

(1) The nurse administrator who is responsible for the development and implementation of the advanced nursing education program shall have had experience in administration or teaching and shall have a graduate degree in nursing.

(2) Each nurse faculty member who is assigned the responsibility of a course shall hold a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(3) Each nurse faculty member responsible for coordinating clinical instruction shall possess a license as an advanced practice registered nurse in the role for which clinical instruction is provided and shall have a graduate degree. Each person who is hired as a nurse faculty member shall have a graduate degree in nursing, except for any person whose graduate degree was conferred before July 1, 2005.

(4) Each preceptor or adjunct faculty shall be licensed as an advanced practice registered nurse or shall be licensed as a physician in the state in

which the individual is currently practicing. Each preceptor shall complete a preceptor orientation including information about the pedagogical aspects of the student-preceptor relationship.

(e) The nonnursing faculty of each advanced nursing education program shall have graduate degrees in the area of expertise.

(f) The nurse administrator of each advanced nursing education program shall submit to the board a faculty qualification report for each faculty member who is newly employed by the program. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012.)

60-17-105. Curriculum requirements.

(a) The faculty in each advanced nursing education program shall fulfill these requirements:

(1) Identify the competencies of the graduate for each role of advanced nursing practice for which the program provides instruction;

(2) determine the approach and content for learning experiences;

(3) direct clinical instruction as an integral part of the program; and

(4) provide for learning experiences of the depth and scope needed to fulfill the objectives or outcomes of advanced nursing courses.

(b) The curriculum in each advanced nursing education program shall include all of the following:

(1) Role alignment related to the distinction between practice as a registered professional nurse and the advanced role of an advanced practice registered nurse as specified in K.A.R. 60-11-101;

(2) theoretical instruction in the role or roles of advanced nursing practice for which the program provides instruction;

(3) the health care delivery system;

(4) the ethical and legal implications of advanced nursing practice;

(5) three college hours in advanced pharmacology or the equivalent;

(6) three college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent for licensure as an advanced practice registered nurse in a role other than nurse anesthesia and nurse midwifery;

(7) if completing an advanced practice registered nurse program after July 1, 2009, three col-

lege hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent; and

(8) clinical instruction in the area of specialization, which shall include the following:

(A) Performance of or ordering diagnostic procedures;

(B) evaluation of diagnostic and assessment findings; and

(C) the prescription of medications and other treatment modalities for client conditions.

(c) (1) Each program shall consist of at least 45 semester credit hours or the academic equivalent. As used in this regulation, "academic equivalent" shall mean the prorated proportionate credit for formal academic coursework if that coursework is completed on the basis of trimester or quarter hours rather than semester hours.

(2) The clinical component shall consist of at least 260 hours of clinical learning. After January 1, 2003, the clinical component shall consist of at least 500 hours of clinical learning. After July 1, 2009, the clinical component shall consist of at least 500 hours of clinical learning in each clinical track, or the program shall provide documentation of the overlap if any clinical track consists of less than 500 clinical hours.

(d) Each nurse administrator shall meet the following requirements:

(1) Develop and implement a written plan for program evaluation; and

(2) submit any major revision to the curriculum of advanced nursing courses for board approval at least 30 days before a meeting of the board. The following shall be considered major revisions to the curriculum:

(A) Any significant change in the plan of curriculum organization; and

(B) any change in content.

(e) Each nurse administrator shall submit all revisions that are not major revisions, as defined in paragraph (d)(2), to the board or the board's designee for approval. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012.)

60-17-110. Discontinuing an advanced practice registered nurse program. Each school terminating its program shall submit, for board approval, the school's plan for its currently enrolled students and for disposition of its rec-

ords. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended April 20, 2007; amended May 18, 2012.)

60-17-111. Requirements for advanced practice registered nurse refresher course.

(a) (1) Each refresher course that prepares advanced practice registered nurses (APRNs) who have not been actively engaged in advanced nursing practice for more than five years shall be accredited by the board.

(2) If a formal refresher course is not available, an individualized course may be designed for a nurse. Each individualized course shall be accredited by the education specialist.

(b) Each refresher course student shall meet both of the following conditions:

(1) Be licensed currently as a Kansas registered professional nurse; and

(2) have been licensed as an advanced practice registered nurse in Kansas or another state or have completed the education required to be licensed as an advanced practice registered nurse in Kansas.

(c) Continuing nursing education contact hours may be awarded for completion of APRN refresher courses. A contact hour shall equal a 50-minute hour of instruction.

(d) The objectives and outcomes of the refresher course shall be stated in behavioral terms and shall describe the expected competencies of the applicant.

(e) Each instructor for an APRN refresher course shall be licensed as an APRN and shall show evidence of recent professional education and competency in teaching.

(f) Each provider that has been accredited by the board to offer an APRN refresher course shall provide the following classroom and clinical experiences, based on the length of time that the student has not been actively engaged in advanced nursing practice:

(1) For students who have not engaged in advanced nursing practice for more than five years, but less than or equal to 10 years, 150 didactic hours and 350 clinical hours; and

(2) for students who have not engaged in advanced nursing practice for more than 10 years, 200 didactic hours and 500 clinical hours.

(g) The content, methods of instruction, and

learning experiences shall be consistent with the objectives and outcomes of the course.

(h) Each refresher course for the roles of nurse practitioner, clinical nurse specialist, and nurse-midwife shall contain the following content:

(1) Didactic:

(A) Role alignment related to recent changes in the area of advanced nursing practice;

(B) the ethical and legal implications of advanced nursing practice;

(C) the health care delivery system;

(D) diagnostic procedures for the area of specialization; and

(E) prescribing medications for the area of specialization; and

(2) clinical:

(A) Conducting diagnostic procedures for the area of specialization;

(B) prescribing medications for the area of specialization;

(C) evaluating the physical and psychosocial health status of a client;

(D) obtaining a comprehensive health history;

(E) conducting physical examinations using basic examination techniques, diagnostic instruments, and laboratory procedures;

(F) planning, implementing, and evaluating care;

(G) consulting with clients and members of the health care team;

(H) managing the medical plan of care prescribed based on protocols or guidelines;

(I) initiating and maintaining records, documents, and other reports;

(J) developing teaching plans; and

(K) counseling individuals, families, and groups on the following issues:

(i) Health;

(ii) illness; and

(iii) the promotion of health maintenance.

(i) Each student in nurse-midwife refresher training shall also have clinical hours in the management of the expanding family throughout pregnancy, labor, delivery, postdelivery care, and gynecological care.

(j) The provider of each refresher course shall provide official evidence of completion to each individual who successfully completes the refresher course. (Authorized by K.S.A. 65-1129 and K.S.A. 2010 Supp. 74-1106; implementing K.S.A. 65-1130, as amended by L. 2011, ch. 114, sec. 44, and K.S.A. 65-1133, as amended by L. 2011, ch. 114, sec. 47; effective March 31, 2000; amended July 29, 2005; amended May 18, 2012.)