Agency Mission: **To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.**

Kansas State Board of Nursing
Landon State Office Building, Suite 509
IV Therapy Task Force Agenda
December 12, 2016 @ 12:30pm

NOTE: **The meeting will be held by Conference Call. To participate in the Conference Call, dial 1-877-278-8686, Access 653226**

Time: **12:30pm – 2:30pm**

TASK: The task-force will be appointed by the President with members of the education and practice committee and representatives from LPN and bi-level ADN schools to review the regulations and adding content of the IV Therapy certification course to the PN curriculum.

Committee Members:

Leanna Beeson, LPN, Chair
Patsy Zeller, MSN, APRN, NP-C, V. Chair
William (Rex) Patty, RN, MSN, APRN
Susan White, RN, BSN, MS
Cindy Jacobson, MSN, RN
Beverly Rousch, MSN, RN, CNS, CNE

Staff: Miriah Kidwell, MBA, RN, Education Specialist
Jill Simmons, Senior Administrative Assistant

I. Additions/Revisions to Agenda

II. Minutes: Approval of September 13, 2016 Meeting

III. New Business
1. Draft Regulation Changes
   i. 60-16-103
   ii. 60-16-104
   iii. 60-2-104
2. Statutes and Regulations
   i. 65-1136
   ii. 60-16-101
   iii. 60-16-103
   iv. 60-16-104
   v. 60-2-104

IV. Unfinished Business

V. Agenda for Next Meeting

VI. Adjourn

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60-16-103. ***Stand-alone*** **Course approval procedure.**

(a) Each person desiring to obtain approval for ~~an~~ *a stand-alone* 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)~~ *(b)*;

(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.~~ *Continuing education providers shall award contact hours to each LPN who successfully completes the course according to K.A.R. 60-9-106.Continuing education providers may award ½ the calculated contact hours, one time, to each RN who successfully 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.

History: (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.~~

(b) Intravenous fluid therapy curriculum requirements:

(1) An intravenous fluid therapy course or content provided as part of a practical nursing programs curriculum as outlined in KAR 60-2-104 or as a stand-alone course offered by an approved provider shall meet requirements outlined in 60-16-104;

(2) Providers of a stand-alone course shall apply for approval from the board before offering an Intravenous fluid therapy course as outlined in 60-16-103; and

(3) An intravenous fluid therapy course shall include instruction in the following topics:

(A) Definition of intravenous fluid therapy and indications as outlined in KAR 60-16-101;

(B) scope of practice as outlined in KAR 60-16-102;

(C) types of vascular access delivery devices;

(C) age-related considerations;

(D) legal implications for intravenous fluid therapy;

(E) anatomy and physiology;

(F) fluid and electrolyte balance;

(G) infusion equipment used in intravenous fluid therapy;

(H) patient care;

(I) infusion therapies;

(J) parenteral solutions and indications;

(K) infection control and safety;

(L) site care and maintenance;

(M)vascular access device selection and placement;

(N) insertion of peripheral short catheters;

(O) administration, maintenance, and monitoring of peripheral intravenous fluid therapy;

(P) infusion related complications and nursing interventions;

(Q)central and peripheral vascular devices;

(R) administration, maintenance, and monitoring of central intravenous fluid therapy;

(S) documentation;

(T) patient education;

(U) a testing component through which a student is able to demonstration competency related to intravenous fluid therapy; and

(V) a means to verify that a student has successfully completed the course in intravenous fluid therapy as set forth in this rule.

(c) To be eligible to enroll in *a stand-alone* 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) (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)~~ *(d) (1) Stand-alone intravenous fluid therapy course, final written competency examinations and final clinical competency examinations shall meet board approved guidelines.*

~~(1)~~ *(2)* The faculty shall complete the final record sheet~~, which shall include competencies and scores.~~

~~(2)~~ *(3)* The *stand-alone* intravenous fluid therapy course coordinator shall perform the following:

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

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

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

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

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

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

60-2-104. Curriculum requirements.

(a) The faculty in each nursing education program shall develop a curriculum to meet program and graduate outcomes and fulfill these requirements:
  (1) Identify the competencies of the graduate for the level of nursing practice;
  (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 nursing courses.

(b) The curriculum in each nursing education program shall include the following:
  (1) Content in the biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice;
  (2) the art and science of nursing; and
  (3) didactic content and clinical experience to meet the objectives or outcomes specified in subsection (c) or (d).

(c) Each professional nursing program shall provide instruction and clinical experience in the following areas:
  (1) The aspects of a safe, effective care environment, including the management of care, safety, and infection control;
  (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
  (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation; and
  (4) physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, and physiological adaptation.

(d) Each practical nursing program shall provide instruction and clinical experience in the following areas:
  (1) The aspects of a safe, effective care environment, including the coordination of care, safety, and infection control;
  (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
  (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation;~~ and~~
  (4) physiological integrity, including basic care and comfort, pharmacology, reduction of risk potential, and physiological adaptation*; and*
  (5) a course or content in intravenous fluid therapy which shall have, at minimum, didactic, laboratory, and supervised clinical practice, meeting requirements in KAR 60-16-104.

(e) Minimum length of program.
  (1) Each practical nursing education program shall have a minimum of 15 credit hours in nursing courses or the equivalent in clock-hours.
  (2) Each professional nursing education program shall have a minimum of 30 credit hours in the nursing major.

(f) The faculty in each nursing education program shall develop and implement a written plan that meets the following requirements:
  (1) Provides evidence of program evaluation and effectiveness; and
  (2) is used for ongoing program improvement.

(g) Each nursing education program shall submit major curriculum revisions for approval by the board at least 30 days before the board meetings. The program shall have received board approval before implementation. Major curriculum revisions shall include the following:
  (1) Any change in the plan of nursing curriculum organization involving philosophy, number of semesters of study, or the delivery method of nursing courses;
  (2) any change in content requiring a change of clock-hours or credit hours in nursing courses; and
  (3) any change in the number of students to be admitted to the nursing education program.

(h) Each nursing education program shall submit minor curriculum revisions of a course's content, title, objectives, or outcomes to the board's education specialist for approval, which shall be received by the program before implementation.

(i) The nurse administrator shall submit to the board office each change not requiring board approval. This information shall be submitted in writing with the annual report.

(j) Each nursing education program shall have an articulation plan.

History: (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008.)

65-1136. Intravenous fluid therapy; qualifications of licensed practical nurses to administer; definitions; rules and regulations; advisory committee established; prohibitions; exceptions.

(a) As used in this section:
  (1) "Provider" means a person who is approved by the board to administer an examination and to offer an intravenous fluid therapy course which has been approved by the board.
  (2) "Person" means an individual, organization, agency, institution or other legal entity.
  (3) "Examination" means an intravenous fluid therapy competency examination approved by the board.
  (4) "Supervision" means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(b) A licensed practical nurse may perform a limited scope of intravenous fluid therapy under the supervision of a registered professional nurse.

(c) A licensed practical nurse may perform an expanded scope of intravenous fluid therapy under the supervision of a registered professional nurse, if the licensed practical nurse:
  (1) Successfully completes an intravenous fluid therapy course given by a provider and passes an intravenous fluid therapy examination administered by a provider; or
  (2) has had one year clinical experience, has performed intravenous fluid therapy prior to July 1, 1995, and has successfully passed an examination; or
  (3) has successfully completed an intravenous fluid therapy course and passed an intravenous fluid therapy examination not administered by a provider and, upon application to the board for review and approval of such course and examination, the board has determined that such course and examination meets or exceeds the standards required under this act for an approved course and approved examination; or
  (4) prior to July 1, 2001, qualified under paragraph (3) of this sub-section (c), as such subsection existed immediately prior to July 1, 2001, to perform an expanded scope of intravenous fluid therapy.

(d) The board may adopt rules and regulations:
  (1) Which define the limited and expanded scope of practice of intravenous fluid therapy which may be performed by a licensed practical nurse under the supervision of a registered professional nurse;
  (2) which restricts specific intravenous fluid therapy practices;
  (3) which prescribe standards for an intravenous fluid therapy course and examination required of a provider;
  (4) which govern provider record requirements;
  (5) which prescribe the procedure to approve, condition, limit and withdraw approval as a provider; and
  (6) which further implement the provisions of this section.

(e) An advisory committee of not less than two board members and five nonboard members shall be established by the board to advise and assist the board in implementing this section as determined by the board. The advisory committee shall meet at least annually. Members of the advisory committee shall receive amounts provided for in subsection (e) of K.S.A. 75-3223 and amendments thereto for each day of actual attendance at any meeting of the advisory committee or any subcommittee meeting of the advisory committee authorized by the board.

(f) No licensed practical nurse shall perform intravenous fluid therapy unless qualified to perform intravenous fluid therapy under this section and rules and regulations adopted by the board.

(g) Nothing in this section shall be construed to prohibit the performance of intravenous fluid therapy by a registered professional nurse.

(h) Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy by a licensed practical nurse when performed by delegation of a person licensed to practice medicine and surgery or dentistry.

(i) This section shall be part of and supplemental to the Kansas nurse practice act.

History: (L. 1994, ch. 218, § 1; L. 2000, ch. 113, § 3; L. 2001, ch. 161, § 7; July 1.)

60-16-101. Definitions.

(a) "Administration of intravenous fluid therapy" means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.

(b) "Admixing" means the addition of a diluent to a medication or a medication to an intravenous solution.

(c) "Calculating" means the mathematical determination of the flow rate and medication dosages.

(d) "Competency examination" means a written examination and demonstration of mastery of clinical components of intravenous fluid therapy.

(e) "Discontinuing" means stopping the intravenous flow or removing the intravenous access device, or both, based on an authorized order or nursing assessment.

(f) "Evaluating" means ongoing analysis of the monitored patient response to the prescribed intravenous therapy for determination of the appropriate patient outcomes.

(g) "Initiating" means the starting of intravenous therapy based on an authorized order by a licensed individual. Initiating shall include the following:

(1) The patient assessment;

(2) selection and preparation of materials;

(3) calculation; and

(4) insertion and stabilization of the cannula.

(h) "Intravenous push" means direct injection of medication into the venous circulation.

(i) "Maintaining" means adjusting the control device for continuance of the prescribed intravenous therapy administration rate.

(j) "Monitoring" means the ongoing assessment, observation, and communication of each patient's response to prescribed intravenous therapy. The infusion equipment, site, and flow rate shall be included in the monitoring process.

(k) "Titration of medication" means an adjustment of the dosage of a medication to the amount required to bring about a given reaction in the individual receiving the medication.

History: (Authorized by and implementing K.S.A. 2001 Supp. 65-1136; effective Nov. 21, 1994; amended June 12, 1998; amended Oct. 29, 1999; amended June 14, 2002.)

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.

History: (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.

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

60-2-104. Curriculum requirements.

(a) The faculty in each nursing education program shall develop a curriculum to meet program and graduate outcomes and fulfill these requirements:
  (1) Identify the competencies of the graduate for the level of nursing practice;
  (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 nursing courses.

(b) The curriculum in each nursing education program shall include the following:
  (1) Content in the biological, physical, social, and behavioral sciences that provides a foundation for safe and effective nursing practice;
  (2) the art and science of nursing; and
  (3) didactic content and clinical experience to meet the objectives or outcomes specified in subsection (c) or (d).

(c) Each professional nursing program shall provide instruction and clinical experience in the following areas:
  (1) The aspects of a safe, effective care environment, including the management of care, safety, and infection control;
  (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
  (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation; and
  (4) physiological integrity, including basic care and comfort, pharmacology, parenteral therapies, reduction of risk potential, and physiological adaptation.

(d) Each practical nursing program shall provide instruction and clinical experience in the following areas:
  (1) The aspects of a safe, effective care environment, including the coordination of care, safety, and infection control;
  (2) health promotion and maintenance, including growth and development through the life span and prevention and early detection of disease;
  (3) psychosocial integrity, including coping, adaptation, and psychosocial adaptation; and
  (4) physiological integrity, including basic care and comfort, pharmacology, reduction of risk potential, and physiological adaptation.

(e) Minimum length of program.
  (1) Each practical nursing education program shall have a minimum of 15 credit hours in nursing courses or the equivalent in clock-hours.
  (2) Each professional nursing education program shall have a minimum of 30 credit hours in the nursing major.

(f) The faculty in each nursing education program shall develop and implement a written plan that meets the following requirements:
  (1) Provides evidence of program evaluation and effectiveness; and
  (2) is used for ongoing program improvement.

(g) Each nursing education program shall submit major curriculum revisions for approval by the board at least 30 days before the board meetings. The program shall have received board approval before implementation. Major curriculum revisions shall include the following:
  (1) Any change in the plan of nursing curriculum organization involving philosophy, number of semesters of study, or the delivery method of nursing courses;
  (2) any change in content requiring a change of clock-hours or credit hours in nursing courses; and
  (3) any change in the number of students to be admitted to the nursing education program.

(h) Each nursing education program shall submit minor curriculum revisions of a course's content, title, objectives, or outcomes to the board's education specialist for approval, which shall be received by the program before implementation.

(i) The nurse administrator shall submit to the board office each change not requiring board approval. This information shall be submitted in writing with the annual report.

(j) Each nursing education program shall have an articulation plan.

History: (Authorized by and implementing K.S.A. 65-1119; effective April 4, 1997; amended Jan. 24, 2003; amended Nov. 7, 2008.)