

Approved: February 13, 1994  
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## MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Joann Flower at 1:30 p.m. on January 27, 1994 in Room 423-S of the Capitol.

All members were present except: Rep. Elaine Wells, excused.

### Committee staff present:

William Wolff, Legislative Research Department  
Norman Furse, Revisor of Statutes  
Sue Hill, Committee Secretary

### Conferees appearing before the committee:

Patsy Johnson, Executive Administrator, Kansas Board of Nursing  
Carolyn Middendorf, R.N., President, Kansas State Nurses Association  
Kay Hale, Director of Education, Kansas Hospital Association  
Chip Wheelen, Director of Public Affairs, Kansas Medical Society  
Elizabeth Taylor, Kansas Federation of Licensed Practical Nurses  
Linda Lubensky, Kansas Home Care Association

Others attending: See attached list

Chairperson Flower called the meeting to order drawing attention to Committee minutes ready for approval from January 24, and 25th. Chair urged members to read them carefully and if there are corrections call Committee Secretary by 5:00 p.m. tomorrow, January 28, 1994. If no corrections suggested, the minutes will be considered approved as presented.

Chair requested a staff briefing on **HB 2602**.

Mr. Furse stated, **HB 2602** concerns qualifications of licensed practical nurses to administer intravenous fluid therapy. He gave background information on **HB 2602**, drew attention to the definitions on requirements on the limited scope of practice and the expanded scope of practice as defined by rules and regulations of the Board for a licensed practical nurse (LPN), working under the supervision of a registered professional nurse, (RN). He detailed the qualifications and requirements set out in the proposed language of **HB 2602**. He detailed the composition of the Advisory Committee. He answered numerous questions, i.e., page 2, line 10, it appears there should be a (,) added after the word "condition"; there isn't the authority for the Board of Nursing to compensate the Advisory Committee members for travel expenses; perhaps the Board would comment on questions and members concerns with some phrasing of the language .

### HEARINGS BEGAN ON **HB 2602**.

Pat Johnson, Executive Administrator, Kansas Board of Nursing offered hand-out, (Attachment No. 1). She noted the increasing need to have LPNs perform intravenous fluid (IV) therapy is prompted by a change in health care practices with the increasing utilization of IV therapy. Medications that once were given by injection are now given only intravenously. IV therapy is not being administered in hospitals but also in long term care facilities, out-patient departments, and to patients' homes. It has been recognized there was a lack of standardization of IV therapy courses. The Board of Nursing has met many times since 1990 with representatives from many nursing organizations in an attempt to develop a consensus for the regulation of licensed practical nurse IV therapy practice. She drew attention to her hand-out , i.e., A) -- IV therapy course guidelines; B)-- Kansas Occupational Profile for LPN IV therapist which can be used as a skills check list; C)-- rules and regulations written by the Board in preparation of **HB 2602**; D)-- draft #8, Intravenous Fluid Therapy. She then detailed the regulations proposed, i.e., new training recommendations; competency examination; fiscal impact. She stated in the interest of maintaining accountability for protecting the health care consumer, **HB 2602** has been prepared by the Board of Nursing to govern the practice of LPN IV therapy by establishing parameters for LPN education and practice.

## CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S  
Statehouse, at 1:30 p.m. on January 27, 1994.

Ms. Johnson's testimony on HB 2602 continued:--

Standardized requirements for LPN IV therapy courses should provide consistency in educational content. Maximum competency will be validated by successful completion of an examination approved by the Board. She urged passage for HB 2602.

Ms. Johnson answered numerous questions. There was lengthy discussion, questions and answers related to the requirements and restrictions on who is authorized to give IV therapy in a variety of settings, i.e., hospital, private home, hospice facility. She explained the difference in family members and LPN's administering IV therapy were explained. The authority given by a physician or nurse to instruct and/or supervise different individuals, i.e., family members, or LPN's, or RNs, who administer IV therapy was discussed at length.

Carolyn Middendorf, R.N., President, Kansas State Nurses Association offered hand-out (Attachment No. 2). She expressed appreciation for the efforts of many of the nursing organizations and the Board of Nursing in their attempt to reach a unified resolution to the issue of LPN's administering IV medications. HB 2602 is a compromise formulated by many groups. The Kansas Nurses Association supports HB 2602 in its current form. This legislation will provide a parameter regarding the administration of IV medications within the LPN practice; will insure a standard of preparation and competency; will provide safety for the clients; will give direction to the RNs who supervise LPNs; will provide limitations for inappropriate employer mandates. She stated a commitment for good implementation of HB 2602 and will continue to review the education package on LPN/IV therapy, non-compliance by employers of practice parameters, regulations which specify the expanded role of functions and limitations. She asked for favorable consideration for HB 2602. She answered numerous questions.

Kay Hale, Director of Education, Kansas Hospital Association, offered hand-out (Attachment No.3). She stated support for HB 2602, for several reasons. Because standardizing a course of study would be implemented, plus, clarification for what has been a confusing area in the practice of nursing regarding who is authorized to perform which IV therapy procedures, and what constitutes adequate educational preparation. She stated, as a major employer of LPNs, hospitals are concerned that the grandfathering provision in Section 1 (c) work smoothly. The Hospital Association has been assured by the Board of Nursing that the Board will meet the requirements for the expanded scope of practice. The Hospital Association wishes to emphasize, the Board must be prepared to review the influx of applications for approval of IV therapy courses in a timely manner. The Hospital Association supports regulatory limitations as opposed to statutory limitation, and also agree that a legal requirement for the Advisory Committee to meet annually is appropriate. The Kansas Hospital Association wholeheartedly supports HB 2602. She answered questions.

Chip Wheelen, Director of Public Affairs, Kansas Medical Society offered hand-out (see Attachment No.4). He stated his remarks are not in support of, nor in opposition to HB 2602, but for purposes of clarification. He drew attention to language he proposed in an amendment, i.e., in line 25, (h), "Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy when such performance constitutes delegation of the practice of medicine and surgery by a person licensed to practice medicine and surgery in this state,--- (followed by (i). Mr. Wheelen gave a detailed explanation, then answered questions. He noted, the recently the Medical Society had received calls raising concerns regarding the liability issue in HB 2602. The amendment he proposed will address that issue. There was lengthy discussion, questions and answers regarding the liability issue of the physician, LPNs, RNs. The amendment proposed, Mr. Wheelen stated, says, "that if a physician delegates to an LPN the performance of IV therapy, then that would constitute the practice of medicine and surgery and the physician could be held accountable for that under the Healing Arts Act, and the LPN would be off the hook, (so to speak)".

He stated the Medical Society takes no position on HB 2602, but suggested the amendment for clarification purposes.

## CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 423-S  
Statehouse, at 1:30 p.m. on January 27, 1994.

Elizabeth Taylor, Kansas Federation of Licensed Practical Nurses, offered hand-out, (Attachment No. 5). She stated, this is an Historic Day. It is the first time in her 14 years as a lobbyist for the Kansas Federation of Licensed Practical Nurses (KFLPN), her organization, and the Kansas Nurses Association agree on an issue. **HB 2602** is the result of several years of meetings and negotiations on the issue of LPNs administering IV therapy in which the Kansas Federation of Licensed Practical Nurses have been a part of the negotiating team, and now strongly support the compromise before this Committee. It is the Position of the KFLPN that under the supervision of an RN, any nursing task for which the LPN has received proper training for and which the RN believes the LPN is competent to perform, she/he should be allowed to perform. As medical, pharmaceutical and nursing technology continue to change, the LPN is willing to plan its role in providing the best possible health care to patients. She noted, currently, LPNs can now administer IV therapy without regulations, but the LPNs want proper training and have asked for that training to be offered and standardized. She responded to several questions posed earlier, i.e., it has been the position of the KFLPN offers a course, which charges a fee, the course provider should pay the fee for the individual taking that course.

Joan Sevy, Board member of the Kansas Organization of Nurse Executives, offered hand-out, (Attachment No.6). She stated the proposed change in the Nurse Practice Act will assure consistent appropriate, and safe practice for the LPNs engaged in administering IV therapy. There are two important points in the planning to implement the rules and regulations for legislation proposed in **HB 2602**, i.e., the mechanism for grandfathering LPNs who have already been appropriately trained to perform IV therapy, must begin to function as soon as the law is effective. Therefore, the Board of Nursing needs to prepare now, in order to offer approvals for educational courses and for the individuals already prepared to practice. Also the Board has assured the Kansas Organization of Nurse Executives that proposed standards for educational programs will not exceed those of current programs in existence. She answered numerous questions, i.e., it is clearly the responsibility of nurses to question an order given, if they aren't qualified to perform the task ordered to perform, or to administer the therapy directed to administer.

Linda Lubensky, Executive Director, Home Health Care Association answered numerous questions at the request of Chairperson Flower. Ms. Lubensky pointed out the differences in various settings where care is provided, the absence of a RN when an LPN is the only provider available in a home health care setting.

It was noted by many members, this issue is very complex.

Chair stated, in the interest of time, further questions of staff would be deferred until such time that Committee will hold discussion on **HB 2602**.

Chair adjourned the meeting at 3:05 p.m.

The next meeting is scheduled for January 31, 1994.

## VISITOR REGISTER

## HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE

Jan. 27, 1994

NAME	ORGANIZATION	ADDRESS
Dorothy Zwick	KSBN - KFELPN	Horton, KS
Carmen Spalding, RN	KSDA	Topeka, KS
Vivian Allen	KHCA	Topeka, KS
Joan Sery	KONE	Topeka, KS
Elizabeth E. Taylor	KELPN	Topeka
Pat McMillan	KSBN	Topeka
Pat Johnson	KSBN	Topeka
Delores Price	KSBN	Salina Lake
Roberta Kellogg	KSBN	Granville
Samuel Johnson Betts	KDHE	LSO B
Sandy Strand	KINH	Lawrence
Janet Jacobs	KSBN	Wichita
Marie Zook		Horton, KS
Ernie Long	KFELPN	Ottawa
Tom Bell	KHA	Topeka
Annette Fuhl	KAHA	Topeka
Chip Wheelen	KS Medical Soc.	Topeka
Linda Lubensky	KS Home Care Assoc	Lawrence
Kay Hale	KS Hospital Assn	Topeka
Brent Dams	WICHITA HOSPITALS	WICHITA
Tom Young	AARP	Topeka
Mara Baer	intern - Swall	
Michelle Peterson	K. Gov. Consulting	Topeka



HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 1-27-94

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# Kansas State Board of Nursing

Landon State Office Building  
900 S.W. Jackson, Rm. 551  
Topeka, Kansas 66612-1230  
913-296-4929  
FAX 913-296-3929



Patsy L. Johnson, R.N., M.N.  
Executive Administrator  
913-296-5752

**TO:** The Honorable Representative Joann Flower, Chairperson and  
Members of the Public Health & Welfare Committee

**FROM:** Patsy L. Johnson, R.N., M.N.  
Executive Administrator  
Kansas State Board of Nursing

**DATE:** January 27, 1994

**RE:** HB 2602

## Introduction

The Kansas State Board of Nursing asks support of a change in the Nurse Practice Act to govern the licensed practical nurse in the practice of intravenous fluid therapy.

## History

Based on a 1990 interpretation of the Nurse Practice Act, the licensed practical nurse (L.P.N.) may perform intravenous fluid therapy (IV therapy) under the direction of a physician or registered professional nurse (R.N.). The increasing need to have L.P.N.'s perform IV therapy is prompted mainly by a change in health care practices with increased utilization of IV therapy. Medications that used to be given by injection are now given only intravenously. IV therapy has moved from hospitals to long term care facilities, out-patient departments, and patients' homes.

Another problem recognized was the lack of standardization of IV therapy courses. One faculty might give an 8 hour course while another provides a 40 hour course. Some

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Janette Pucci, R.N., M.S.N.  
Education Specialist  
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Patricia McKillip, R.N., Ph.D.  
Education Specialist  
296-3782

Diane Glynn, R.N., J.D.  
Practice Specialist  
296-4325

Mark S. Braun, J.D.  
Assistant Attorney General  
Disciplinary Counsel  
296-4325

providers require clinical hours or an examination upon completion while others do not. Evaluation of competency is inconsistent. Because of this, R.N.'s often are hesitant to let L.P.N.'s administer IV therapy because of the unknown knowledge and skill level of the L.P.N.

Since January, 1990, the Board of Nursing has had 18 meetings with representatives from various nursing organizations to develop a consensus for the regulation of L.P.N. IV therapy practice. A survey was conducted of employers, nurses, and schools of nursing to determine existing IV therapy practice in Kansas. (Gray - Attachment A) Intravenous therapy course guidelines have been written and utilized on a voluntary basis by continuing nursing education providers and schools of nursing for over two years. (Ivory - Attachment B) The Department of Education also wrote a Kansas Occupational Profile for the L.P.N. IV Therapist which can be used as a skills check list. (Green - Attachment C) As part of preparation for HB 2602, the Board has written rules and regulations. (Blue - Attachment D) The Board wants to assure various nursing groups what exactly will be in regulation. For the third legislative session, the Board submits a bill on L.P.N.'s and IV therapy and hopes it will be passed.

### **Review of HB 2602**

Section 1 (a) provides the definitions used in the bill. As noted earlier, education and competency are the core concepts of this legislation.

Section 1 (b) refers to the L.P.N.'s limited scope of I.V. therapy practice. Limited scope will be defined in rules and regulations and includes those procedures learned in the basic educational preparation. L.P.N.'s will be able to continue performing these procedures without any further education. (Page 1, lines 21-23)

In Section 1 (c), expanded scope of I.V. therapy for L.P.N.'s is added. An advanced course in IV therapy will be required before progressing to a higher level of practice. The first requirement before a L.P.N. is eligible for advanced IV therapy is that the

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L.P.N. have one year of clinical experience. There is a great amount of information provided in the basic educational program. During the first six months after graduation, the L.P.N. develops motor skills and gets oriented to the new job situation. Psychosocial interactions with patients stabilize during the second six months. By the end of one year, the new graduate is integrating all aspects of nursing into one whole. The Board believes this one year of experience is essential before going on to advanced procedures in I.V. therapy.

The second topic of section 1 (c) addresses how L.P.N.'s become qualified to administer IV therapy. (Page 1, lines 28-43) There are three routes a L.P.N. may follow to qualify:

- (1) take an approved IV therapy course and pass an examination,
- (2) if have already been performing IV therapy, pass the examination given by an approved provider, or
- (3) if have already taken an IV therapy course which has not been approved by the Board, apply to have the IV therapy course approved by the Board.

Currently the Board is recommending a 40 hour IV therapy course with 8 clinical hours. There are several IV therapy courses already being given by continuing nursing education providers and schools of nursing. The Board expects the number of courses to increase. Hopefully there will be no problem for L.P.N.'s to meet requirements through one of the avenues outlined.

A competency examination is also prescribed in section 1 (c). This helps assure that a minimum competency is reached before the individual is allowed to perform in an expanded area. Even if L.P.N.'s have been practicing I.V. therapy for awhile, the Board felt that a competency examination should be taken by everyone.

In section 1 (d) the statute allows the Board to write rules and regulations in several areas. The Board as well as other groups of nurses believe there are some IV therapy practices which L.P.N.'s should not be performing. Often R.N.'s who perform these procedures have to take advanced educational courses themselves. Limited, expanded, and restricted practices are very specifically defined in the proposed rules and regulations (Page 2, lines 2-6). This section of the statute also allows the Board to write rules and

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regulations to govern providers of education courses for the expanded IV practice (Page 2, lines 7-11).

Because regulation of L.P.N.'s and IV therapy has been a difficult and often emotional topic, the Board has worked with the many Kansas nursing associations and organizations to reach a consensus. Nursing practice is always changing so the Board anticipates new issues will arise with L.P.N.'s and IV therapy in the future. Section 1 (e) established an advisory committee to the Board which will meet at least annually to review current topics (page 2, lines 13-17). Five nonboard nurses will serve on the committee for public input.

Although educational course guidelines on IV therapy have been in place for over two years, there is concern that there be plenty of time for L.P.N.'s and employers to meet regulations. There is no intent for L.P.N.'s to lose their jobs nor place undue burdens upon employers who have L.P.N.'s giving IV therapy. In section 1 (f), the Board set a July 1, 1995, date so that L.P.N.'s can meet established requirements and can practice in the expanded role of IV therapy. The Board asks the Committee to allow HB 2602 to take effect upon publication in the Kansas register. This will maximize the amount of time for L.P.N.'s to meet qualification standards, but not postpone full implementation.

### **Fiscal Impact**

Since the issue of L.P.N. IV therapy has been discussed over the past three years, there has been improvement in education. There may be some increase in education costs to the L.P.N. and employer initially. Having qualified individuals to perform IV therapy should be positive for employers who may wish to change practice policies.

The Board has not proposed any fees for approval of IV therapy courses. After review with the Board's two Education Specialists, it has been determined that some additional staffing is going to be needed to carry out this change. Rather than another Education

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Specialist, the Board suggests an Administrative Officer I on a part-time basis. An Education Specialist would oversee the review process.

### Summary

In the interest of maintaining accountability for protecting the health care consumer, HB 2602 has been prepared by the Board of Nursing to govern the practice of L.P.N. IV therapy by establishing parameters for L.P.N. education and practice. Standardized requirements for the L.P.N. IV therapy course should provide consistency in educational content. Minimum competency will be validated by successful completion of an examination approved by the Board.

The Board asks passage of HB 2602.

Thank you.

I will be glad to answer questions.

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## L.P.N. and IV Therapy

Survey of Employers - 1990

## Percentage of Affirmative Responses

	Level of Practice	Hospital N = 98	Nursing Homes N = 159	Home Health N = 79	Total N = 336
IV Procedures					
Monitor IV treatments	+	62	13	14	28
Adjust IV infusion rates without medications	+	10	17	25	25
Discontinue IV fluid treatments	+	65	14	19	30
Change IV tubing and dressings	++	40	6	9	16
Calculate the rate of IV infusions	*	41	5	11	17
Add parenteral solutions to existing IV lines	*	34	2	9	13
Perform venipuncture peripherally	*	7	8	5	7
Add designated premixed medications to existing IV	*	19	2	4	8
Administer medications by piggy-back methods	*	22	3	3	9
Adjust IV infusion rates with medications	*	27	6	5	11
Add TPN fluids to existing lines	*	6	3	1	4
Administer drugs IV push	*-	8	0	1	3
Initiate TPN fluids	-	3	1	0	2
Initiate or add antineoplastic age	-	0	0	0	0
Initiate or add blood and/or blood components	-	1	1	0	0
A mandatory IV infusion therapy certification program for LPNs	*	16	4	6	8
A voluntary IV infusion therapy certification program for LPNs	+	7	7	9	7

Limited scope +

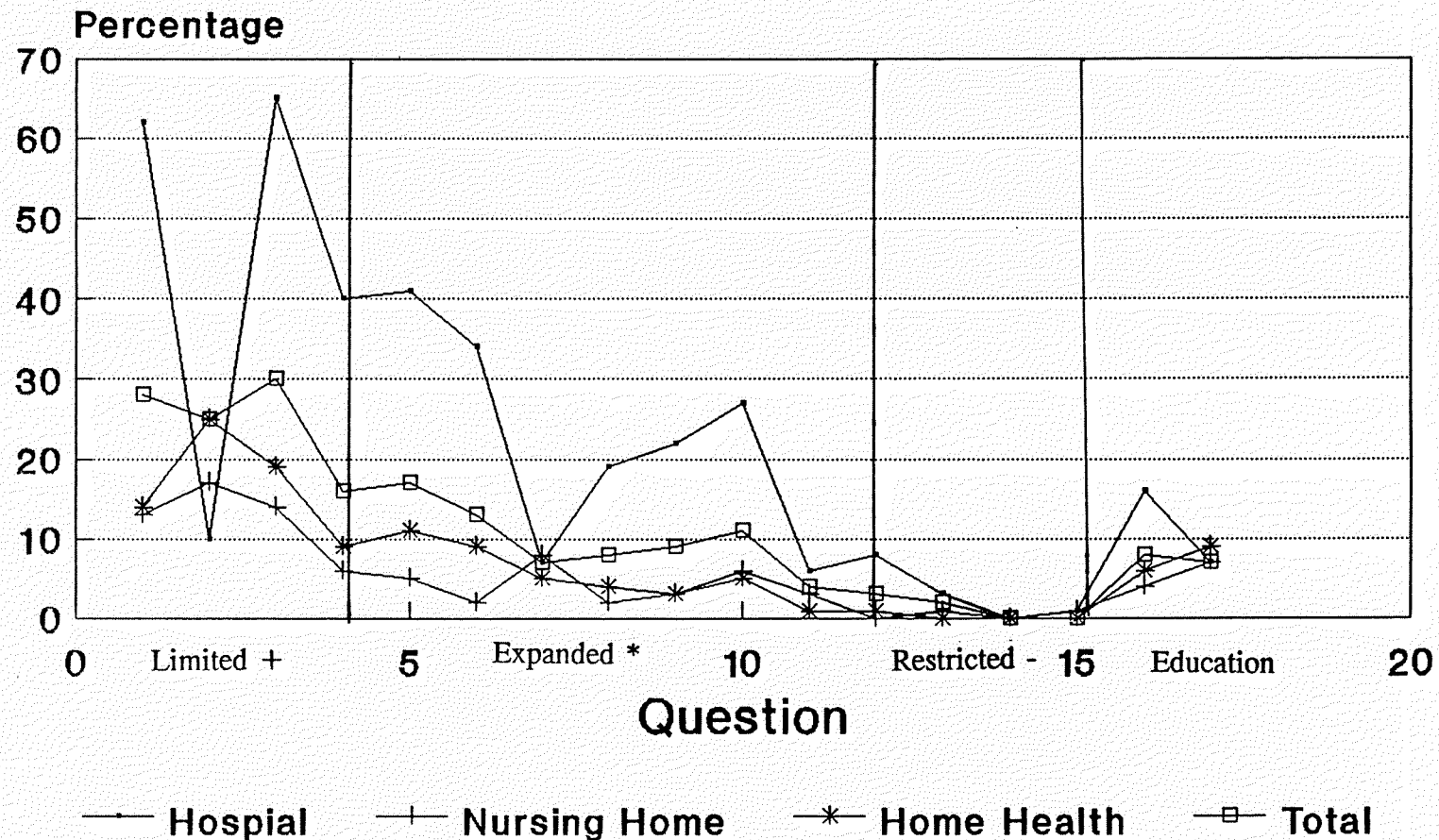
Expanded scope \*

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# L.P.N. and IV Therapy

## Survey of Employers - 1990



Allowing Practice

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OCTOBER 22, 1991

## IV THERAPY COURSE GUIDELINES

The following IV therapy course guidelines were prepared by a task force comprised of representatives from nursing associations, hospitals, long term care facilities, vocational technical schools, community colleges, the Kansas State Board of Education and the Kansas State Board of Nursing. The guidelines will be recommended to the State Board of Education to be used as review criteria for applications submitted by area vocational technical schools or community colleges to offer an IV therapy course.

A. Limitations: The core IV therapy course will not teach students to perform the following functions:

1. Initiating anti-neoplastic agents.
2. Initiating blood and blood products.
3. Initiating TPN.
4. Administration of IV push medications (administration of selected medications could be taught in additional course of study).
5. Central venous catheter management.

B. Pre-requisites for admission

1. Must be a licensed nurse.
2. Schools and/or community colleges may establish other pre-requisites according to institutional policy.

C. Length of course

1. The course shall be a minimum of 48 contact hours and must include clinical instruction.

D. Course components: The course shall include the following components:

1. Review of the Kansas Nurse Practice Act and the policies and procedures of the clinical agency where practical experience is received including scope of practice.
2. Anatomy and physiology applied to IV therapy.
3. Relationship between intravenous fluid treatment administration and the body's hemostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance and cellular physiology.

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4. Principles of infection control in intravenous fluid treatment administration.
5. Identification of various types of equipment used in intravenous fluid treatment administration with content related to criteria for use of each and means of trouble-shooting for malfunctions.
6. Principles of compatibility and incompatibility of drugs and solutions.
7. Nursing management of special intravenous fluid treatment administration procedures that are commonly used in the clinical setting, such as heparin lock.
8. Procedures for venipuncture, including psychological preparation, site selections, skin preparation, puncture, anchor, collection of equipment and documentation.
9. Maintenance of intravenous fluid treatment administration system: discontinuing intravenous fluid treatment administration, monitoring infusion, changing containers and tubing, care of site, etc.
10. Nursing management of the patient receiving drug therapy, including actions, interactions, adverse reactions, methods of administration and assessment.
11. Signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for those complications.
12. Calculations of fluid and drug administration rates.
13. Psychosocial aspects of IV therapy throughout the life-span.

E. Clinical supervision of students

1. By the instructor of record employed by an area vocational technical school or community college as an adult education teacher.
2. By a preceptor who has been oriented to course content and course expectations and who functions under an agreement between the teaching institution and the clinical facility.

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3. No more than five (5) students per instructor will be allowed in the clinical setting.

F. Class enrollment

1. Maximum enrollment shall not exceed ten (10) per class.

G. Instructor qualifications

1. Current licensure as a registered nurse.
2. Occupational experience of no less than 4000 hours within the last three years.

H. Testing and Evaluation:

1. The student shall achieve a passing grade of 80% or better on a final exam consisting of written and clinical components.
2. The clinical exam shall include evaluation of the achievement of the clinical objectives of the course.
3. The instructor shall complete the final records and the record sheet shall include competencies and scores.

I. Competency Check List:

1. The Competency Profile developed by the Kansas State Board of Education - Competency Based Center will be available for determining competencies of students enrolled in the IV therapy course.
2. It is suggested that a copy of the completed profile be given to each student at the completion of the course.

J. Certificate of Completion:

Shall be provided to the student according to the education institutional policy and procedure.

Addendum: Specific guidelines for Advanced IV Therapy Training Courses have not been adopted. Health care providers requiring advanced IV therapy courses should contact the nearest area vocational technical school or community college for appropriate procedures to facilitate the training program needed.

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# KANSAS OCCUPATIONAL PROFILE

## IV THERAPIST - LPN

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Cotton # 1/11  
9/23/03  
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Name \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

School \_\_\_\_\_ Instructor \_\_\_\_\_

ENROLLMENT

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

COMPLETION

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

HOURS

COMPLETED \_\_\_\_\_

I certify that the student received training in the areas indicated.

Student Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### RATING SCALE:

- 3 Skilled-Works independently
- 2 Limited Skill-Requires assistance to perform task
- 1 Skill Undeveloped-Received instruction but has not developed skill
- 0 No Exposure-No instruction or training in this area

### DIRECTIONS:

Evaluate the student by checking the appropriate number to indicate the degree of competency reached. Rate each task to reflect employability readiness.

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| <p><b>A. ROLES &amp; RESPONSIBILITIES RELATED TO IV THERAPY</b></p> <p><b>IX. PLAN PROMOTION</b></p> <p>3210 1. Review Kansas Nursing Practice Act</p> <p>3210 2. Demonstrate understanding of practices &amp; procedures of clinical agency</p> <p>3210 3. Demonstrate knowledge of scope of practice</p> <p>3210 4. Identify examples of negligence/malpractice in performance of IV Therapy</p> <p>3210 5. Identify principles in avoiding malpractice lawsuits</p> <p><b>B. ANATOMY AND PHYSIOLOGY AS APPLIED TO IV THERAPY</b></p> <p>3210 6. Identify functions of the skin</p> <p>3210 7. Identify layers of the skin</p> <p>3210 8. Differentiate between arteries, arterioles, veins, venules, and capillaries</p> <p>3210 9. Locate four structures of a vein</p> <p>3210 10. Identify veins of upper extremity and torso</p> <p>3210 11. List predisposing factors to vasovagal reaction</p> <p>3210 12. Match cardiopulmonary anatomy and physiology terms to correct definitions</p> <p>3210 13. Trace the circulation of blood through the cardiopulmonary system</p> <p>3210 14. Identify anatomical structures of the heart</p> <p>3210 15. State the function of the heart</p> <p>3210 16. Recognize factors that can cause alterations to cardiopulmonary system</p> <p>3210 17. Match hematology terms to correct definitions</p> <p>3210 18. State the number of liters of blood in adult</p> <p>3210 19. List three functions of blood</p> | <p>3210 20. Match formed elements in blood to correct functions</p> <p>3210 21. List steps of the blood clotting process</p> <p>3210 22. Name factors which can alter the normal blood clotting process</p> <p><b>C. FUNDAMENTAL ASPECTS OF FLUID AND ELECTROLYTE BALANCE</b></p> <p>3210 23. Name percentage of body weight composed of water for prematures, infants, adults, elderly</p> <p>3210 24. Name functions of water</p> <p>3210 25. Name normal sources of water</p> <p>3210 26. Identify major organs regulating fluid output</p> <p>3210 27. List nursing responsibilities when monitoring fluid balance</p> <p>3210 28. List fluid compartments</p> <p>3210 29. Name functions of electrolytes</p> <p>3210 30. List major electrolytes</p> <p>3210 31. Define acid-base balance</p> <p>3210 32. List buffer systems</p> <p>3210 33. Identify nursing objective in fluid and electrolyte imbalances</p> <p>3210 34. Define types of fluid and electrolyte imbalances</p> <p>3210 35. Match types of fluid and electrolyte imbalances</p> <p>3210 36. Identify types of acid-base imbalances</p> <p>3210 37. List possible related causes for acid-base imbalances</p> <p>3210 38. Match terms related to parenteral fluids to correct definitions</p> <p>3210 39. List official requirements of intravenous fluids</p> <p>3210 40. Identify specific IV fluids and indications for use</p> | <p>3210 41. List systemic dangers in administration of specific intravenous fluids</p> <p><b>D. RECOGNITION AND PREVENTING IV THERAPY RELATED COMPLICATIONS</b></p> <p>3210 42. Adhere to local practices/procedures and applicable national guidelines</p> <p>3210 43. Employ infection control guidelines relevant to prevention of communicable diseases</p> <p><b>E. PSYCHOSOCIAL NEEDS OF PATIENT RECEIVING IV THERAPY</b></p> <p>3210 44. State rationale for patient preparation for IV therapy</p> <p>3210 45. Communicate steps of procedure to patient</p> <p>3210 46. Gain an awareness of patient's personal psychosocial needs</p> <p>3210 47. Identify effects of stress on patient's nervous system, cardiovascular system, emotional status</p> <p>3210 48. Provide emotional support of IV therapy patient</p> <p>3210 49. Identify factors causing patient non-cooperation</p> <p>3210 50. Demonstrate nursing approaches for dealing with an uncooperative patient</p> <p>3210 51. Identify psychological needs throughout the life span associated with IV therapy administration</p> <p><b>F. ADMINISTRATION OF IV FLUID THERAPY</b></p> <p>3210 52. Select appropriate venous access devices</p> |
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- 0 53. Identify advantages and disadvantages of various venous access devices
- 0 54. Collect and assemble IV therapy equipment
- 3210 55. Conduct physical preparation of patient for procedure
- 3210 56. Insert venous access devices
- over-the-needle cannula
  - winged-tip needle
  - heparin lock
- 3210 57. Convert IV access device to heparin lock
- 3210 58. Adapt equipment and procedures for pediatric patient
- Pediatric fluid and electrolyte balance
  - Equipment and site selection
  - Documentation
  - Administration of preservative free heparin flush to neonates
  - Other age-related differences
    - adolescent
    - geriatric
      - IV therapy related conditions for which the geriatric patient is at greater risk

#### G. INTRAVENOUS FLUID THERAPY MAINTENANCE

- 3210 59. Monitor and maintain flow rate
- 3210 60. Replace fluid containers
- 3210 61. Replace and/or change tubing administration set
- 3210 62. Replace peripheral venous access devices
- 3210 63. Perform heparin flush
- 3210 64. Assess need for armboard/restraint use
- 3210 65. Apply armboard/restraint
- 3210 66. Manage IV site care
- Site observation
  - Aseptic application of dressing
- 3210 67. Discontinue IV infusion

#### H. IV MEDICATIONS

- 3210 68. Identify and state major implications of medication therapy
- 3210 69. List advantages and disadvantages of the IV route
- 3210 70. Identify types of incompatibilities
- 3210 71. Prevent incompatibilities
- drug-admixture stability
- 210 72. Demonstrate knowledge of drug interactions

- 3210 73. State the five rights of accurate drug administration
- 3210 74. List modes of intravenous administration
- 3210 75. Recognize signs and symptoms of drug reactions
- 3210 76. Recognize and respond to emergency drug reactions
- 3210 77. Identify terms and abbreviations used in IV medication dosage calculation
- 3210 78. Convert equivalencies
- 3210 79. Calculate volume needed to give a prescribed dose
- 3210 80. Calculate dosage needed to give a prescribed dose
- 3210 81. Calculate mcgm/kg/minute
- 3210 82. Administer IV piggy back medications via:
- continuous-flow tubing
  - heparin lock
  - secondary line with established primary line
- 3210 83. Administer IV meds via volumetric control device
- 3210 84. Administer med via direct injection
- 3210 85. Roles and responsibilities of LPN in chemotherapy
- Identify safety precautions when caring for patients receiving cytotoxic drug
  - Identify signs and symptoms of toxicity/side effects

#### I. BLOOD TRANSFUSION THERAPY

- 3210 86. Role and responsibilities of LPN in blood transfusion administration
- Identify principles of blood transfusion therapy
  - Choose which parenteral solution is appropriate for initiation/facilitation of delivery of blood/blood components
  - Recognize adverse reactions to blood transfusion
- 3210 87. Initiate nursing intervention responding to adverse reactions
- 3210 88. Identify disorders associated with blood transfusion therapy
- Hepatitis
  - AIDS

#### J. PARENTERAL NUTRITION

- 3210 89. Define TPN
- 3210 90. Recognize terms describing TPN
- 3210 91. Recognize indications for TPN
- 3210 92. Recognize TPN solution components

- 3210 93. Identify potential complications of TPN
- 3210 94. Recognize symptoms of sepsis
- 3210 95. Adhere to institution protocol for TPN therapy
- 3210 96. Recognize nursing considerations in fat emulsion therapy

- K. DOCUMENTATION
- 3210 97. Document according to legal and institutional policies and procedures

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**DRAFT #8**

**9/15/93**

**INTRAVENOUS FLUID THERAPY**

**60-16-101. Definitions.** (a) "Administration of Intravenous Fluid Therapy" means the therapeutic infusion or injection of substances through the venous system, consisting of activity which includes, but is not limited to: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, assessing, intervening and evaluating.

(b) "Supervision" means the provision of guidance by a qualified registered professional nurse for the accomplishment of a nursing activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(c) "Direct Supervision" means the registered professional nurse has to be physically present.

(d) "Indirect supervision" means the registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions.

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

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9/15/93

**60-16-102. Scope of practice for licensed practical nurse and intravenous fluid therapy. (a)**

Upon completion of a generic practical nursing program approved by the board, an L.P.N. under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment to include:

- (1) Observing and monitoring intravenous infusions;
- (2) maintaining the calculated flow rate of intravenous infusions;
- (3) discontinuing intravenous infusions and removal of peripheral lines;
- (4) changing intravenous dressings;
- (5) observing and reporting subjective and objective signs of adverse reactions to IV administration; and

- (6) documenting observations and procedures performed;

(b) Licensed practical nurses who have satisfactorily completed an approved course of instruction approved by the board may perform in addition to functions in section (a) the following procedures relating to the expanded administration of intravenous fluid therapy under the indirect supervision of a registered professional nurse:

- (1) Calculating the rate of intravenous fluid infusions;
- (2) adding parenteral solutions to existing patent intravenous lines;
- (3) changing intravenous tubing;
- (4) initiating intravenous fluid treatment only peripherally and only with ~~devices~~ cannulas which do not exceed three (3) inches in length;

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(5) adding, to existing patent intravenous lines, designated premixed medications, via intravenous piggy-back, either by continuous or intermittent methods;

(6) adding the same fluid and electrolyte parenteral solutions as is currently infusing to an existing patent intravenous line;

(7) maintaining the patency of I.V. lines with heparin or normal saline;

(8) administering continuous I.V. drip analgesics and antibiotics; and

(9) in acute care settings:

(A) Mixing I.V. medications after passing a course approved by the specific institution's pharmacy and nurse administrator; and

(B) administering by direct IV push analgesics, antibiotics, antiemetics, and diuretics.

(c) Aspects of intravenous fluid treatment which are outside the scope of practice of the licensed practical nurse and shall not be administered by the licensed practical nurse include:

(1) Blood and blood products;

(2) investigational medications;

(3) anesthetics, antianxiety agents, biological therapy, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations and antineoplastics agents;

(4) initiating total parenteral nutrition;

(5) intravenous therapy in the home health setting with the exception of the approved scope of practice authorized in section (a);

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(6) intravenous therapy to any patient under the age of 12 or less than 80 pounds with the exception of the approved scope of practice authorized in section (a); and

(7) titration of medications.

(d) Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses to care for patients receiving such therapy.

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**DRAFT #8**

**9/15/93**

**60-16-103. Approval procedure.** (a) A provider desiring to obtain approval for an Intravenous Fluid Therapy Program shall submit a proposal to the board and pay a fee.

(b) The proposal shall contain:

(1) Objectives of the program;

(2) qualifications of the faculty of the program;

(3) curriculum;

(4) maximum faculty-student ratio in clinical component;

(5) number of classroom hours and clinical practice under the supervision of a registered professional nurse designated by the sponsoring agency;

(6) description of the educational facilities which will be used by the program;

(7) mechanism through which the institution will determine that L.P.N.'s seeking admission to the program meet the admission requirements; and

(8) methods of student evaluation which will be used including the examination.

(c) After initial approval, any change in the program shall be provided to the board for approval.

(d) When a program has been approved, then continuing nursing education will be awarded for 42 contact hours under a single program providership at no further cost. The single providership will be good for two years and then may be renewed as desired by the provider.

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**DRAFT #8**

**9/15/93**

60-16-104. Standards for Course; Competency examination. (a) The purpose of the Intravenous Fluid Therapy Program shall be to prepare licensed practical nurses to perform **expanded** intravenous fluid therapy. The program shall be designed to teach knowledge, skills, and competencies in administration of intravenous therapy which shall qualify licensed practical nurses to perform this procedure safely.

(b) The course shall consist of at least forty (40) classroom hours of instruction and a minimum of eight (8) hours of clinical practice. It shall take place in a laboratory and clinical setting with patients under the supervision of faculty.

(c) To be eligible to enroll in an I.V. therapy course, a nurse must be currently licensed and, if a licensed practical nurse, have one year of clinical experience.

(d) Faculty qualifications:

(1) Each faculty member shall be currently licensed to practice as a registered professional nurse in Kansas;

(2) each faculty member shall have a minimum of three (3) years clinical experience which includes I.V. therapy prior to his or her appointment and demonstrate I.V. therapy competency; and

(3) non-nurse lecturers shall have professional preparation and qualifications for the specific subject area in which they are involved.

(e) Clinical Facility:

(1) All classrooms shall contain sufficient space, equipment and teaching aids to meet the course objectives;

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(2) the facility in which clinical practice and the final competency examination is conducted shall allow students and instructors access to the intravenous fluid therapy equipment and access to intravenous fluid therapy recipients and to the pertinent records for purpose of documentation; and

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

(f) An intravenous fluid therapy curriculum shall have the following components:

(1) Review of the Kansas nurse practice act, including current rules and the regulations and the policies and procedures of the clinical agency where **clinical instruction is given**;

(2) structure of the circulatory system including site and function of the veins used for venipuncture;

(3) relationship between intravenous fluid treatment administration and the body's hemostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance and cellular physiology;

(4) principles of infection control in intravenous fluid therapy administration;

(5) identification of various types of equipment used in intravenous fluid therapy administration with content related to criteria for use of each and means of trouble-shooting for malfunctions;

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- (6) principles of compatibility and incompatibility of drugs and solutions;
- (7) nursing management of special intravenous fluid therapy administration procedures that are commonly used in the clinical setting, such as heparin lock;
- (8) procedures for venipuncture, including psychological preparation, site selections, skin preparation, puncture, anchor, collection of equipment and documentation;
- (9) maintenance of intravenous fluid therapy administration system: discontinuing intravenous fluid therapy administration, monitoring infusion, changing containers and tubing, care of site, etc;
- (10) nursing management of the patient receiving the drug therapy, including actions, interactions, adverse reactions, methods of administration and assessment;
- (11) signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for those complications;
- (12) calculations of fluid and drug administration rates; and
- (g) Competency examination standards:
  - (1) The student shall achieve a passing grade at the 85% level on a final competency examination. The final examination shall be constructed based on a test plan which will contain the components as listed in section (f). The test plan shall be reviewed by the advisory committee and approved by the board; and
  - (2) the instructor shall complete the final records and the record sheet shall include competencies and scores; and
  - (3) testing shall not be included as part of the clinical time.

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(g) Records:

(1) The agency conducting the intravenous fluid therapy course shall:

(A) submit to the board within sixty (60) days the names and license numbers of the individuals who have successfully completed the course and the dates of completion;

(B) maintain the records of the individuals who have successfully completed the program for a period of at least five (5) years; and

(C) award a certificate documenting successful completion of the approved program by the board to the licensed nurse.

(D) submit to the board an annual report which includes the total number of applicants taking the IVFT course or competency examination and the number passing and failing the course or examination.

(2) a copy of the final record shall be provided to the licensed nurse.

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**DRAFT #8**

**9/15/93**

**60-16-105. Advisory Council or Review Committee.** (a) There shall be a committee established to assist in the development and review of rules and regulations governing L.P.N.'s and intravenous therapy.

(b) The committee shall include, but is not limited to the following members:

(1) Two board members, one who shall chair the committee; and

(2) at least five non board members who shall be a:

(A) L.P.N. who practices I.V. therapy;

(B) R.N. nurse executive;

(C) provider of an I.V. therapy educational program who is a R.N.;

(D) nurse certified in I.V. therapy by the Intravenous Nurse Association; and

(E) academic educator who is a R.N..

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For Further Information Contact:  
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Executive Director  
Kansas State Nurses Association  
700 SW Jackson, Suite 601  
Topeka, KS 66603-3731  
913-233-8638  
Date: January 27, 1994

## **H.B. 2602 LPN/IV Administration**

Chairperson Joann Flower and members of the House Public Health and Welfare Committee, thank you for this opportunity to speak with you. My name is Carolyn Middendorf M.N., R.N. and I am the President of the **Kansas State Nurses Association**. I am a registered professional nurse in Kansas and I teach nursing at Washburn University in Topeka. I am a clinical instructor in both community and acute care nursing.

The Kansas State Nurses Association appreciates the efforts of the other statewide nursing organizations and the Kansas Board of Nursing to reach a unified resolution to the issue of LPNs administering intravenous medications. H.B. 2602 is a compromise on the part of the nursing organizations involved. The KSNA Council on Education and Council on Practice with nurses that represent nursing education and practice have been instrumental in the professional organizations deliberation over the past three years. KSNA supports H.B. 2602 in its current form.

We believe the bill will:

- \*provide a parameter regarding the administration of intravenous medications within the LPN practice
- \*ensure a standard of preparation and competency across the state
- \*provide safety for the client
- \*give direction to registered professional nurses (RN's) who must supervise LPN's
- \*provide limitations for inappropriate employer mandates.

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**Kansas State Nurses Association** Constituent of The American Nurses Association

700 SW Jackson, Suite 601 \* Topeka, Kansas 66603-3731 \* (913) 233-8638 \* Fax (913) 233-5222  
Carolyn Middendorf, M.N., R.N. -- President \* Terri Roberts, J.D., R.N. -- Executive Director



While we are pleased to support H.B. 2602, the association is also extremely committed to ongoing implementation involvement. We will be reviewing the:

- \*educational package LPN/IV expectations and functions

- \*non-compliance by employers of practice parameters

- \*regulations to ensure that compromises accepted by major nursing organizations which specify the expanded role of functions and limitations are included.

On behalf of the KSNA, I ask your thoughtful support of H.B. 2602.  
Thank you for your attention.

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Attn # 2-2  
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**Donald A. Wilson**  
President

Testimony  
to the  
House Health and Welfare Committee  
from the  
Kansas Hospital Association  
January 27, 1994

Chairperson Flower and Members of the Committee:

My name is Kay Hale. I am a registered professional nurse and I am the Director of Education for the Kansas Hospital Association.

I am here today, on behalf of KHA and its 144 member hospitals. We appreciate this opportunity to speak in support of H.B. 2602. This bill sets forth the qualifications of licensed practical nurses, LPNs, to administer intravenous fluid therapy.

We support this bill for several reasons. First and foremost, we participated in a consensus building process that alleviated a number of our concerns. The product of that process is not only H.B. 2602, but also a draft of some regulations which the Kansas State Board of Nursing has agreed to at least consider, if the bill is adopted and becomes law. Reaching a consensus on the statutory language and the draft regulations required hours of debate, negotiation and compromise among various groups in the health care community. In the end, we all agreed that H.B. 2602 and the draft regulations, are a reasonable and workable approach to regulating this important area of nursing practice.

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Some of the aspects of this bill which we feel are important are as follows:

KHA supports a standardized course of study as the requirement for LPNs to perform designated IV therapies. The language in this bill clarifies what has been a confusing area of nursing practice. Specifically, who is authorized to perform which IV therapy procedures and what constitutes adequate educational preparation?. H.B. 2602 answers these questions. The answer will be helpful to LPN's, RN's, their employers, as well as the patients they serve.

As a major employer of LPNs, hospitals are concerned that the grandfathering provision in Section 1 (c) work smoothly. In this regard, the Kansas State Board of Nursing has assured us that the IV Therapy Course Guidelines adopted in 1991 and the LPN/IV therapy competency statements prepared by the Kansas State Department of Education, will meet the requirements for expanded scope of practice. We want to emphasize that the Board of Nursing must be prepared to review the influx of applications for approval of IV therapy courses in a timely manner.

Section 1 (d) states that the Board of Nursing may adopt rules and regulations which define the limited and expanded scope of practice of intravenous therapy by a licensed practical nurse under the supervision of a registered professional nurse.

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We support this section of the bill because it does not contain a "laundry list" of IV therapy medications that LPNs are restricted from administering. We support regulatory limitations as opposed to statutory limitations because (as you legislators know) regulations are more easily changed than statutes. We believe that changes to the IV therapy scope of practice will almost certainly be required in the future. The health care field, especially pharmacology, is changing rapidly. There could be advances in IV therapy that would make currently restricted drugs safe for LPNs to administer. Or, more importantly, new drugs could be developed, which would be inappropriate for LPNs to administer.

We believe that a legal requirement for the advisory committee to meet at least annually is appropriate. In view of the technological advances mentioned earlier, the rules and regulations which define the "limited" and "expanded" scope of IV therapy practice by a licensed practical nurse must be reviewed on an annual basis. We trust the Board of Nursing will use the advisory committee for this purpose.

In closing, the Kansas Hospital Association wholeheartedly supports H.B. 2602. Thank you for considering our comments. I would be happy to address any questions you may have.

K/Nrsng/test.lpn

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**DRAFT #8**

**9/15/93**

**INTRAVENOUS FLUID THERAPY**

**60-16-101. Definitions.** (a) "Administration of Intravenous Fluid Therapy" means the therapeutic infusion or injection of substances through the venous system, consisting of activity which includes, but is not limited to: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, assessing, intervening and evaluating.

(b) "Supervision" means the provision of guidance by a qualified registered professional nurse for the accomplishment of a nursing activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(c) "Direct Supervision" means the registered professional nurse has to be physically present.

(d) "Indirect supervision" means the registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions.

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

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**DRAFT #8**

**9/15/93**

**60-16-102. Scope of practice for licensed practical nurse and intravenous fluid therapy. (a)**

Upon completion of a generic practical nursing program approved by the board, an L.P.N. under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment to include:

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(b) Licensed practical nurses who have satisfactorily completed an approved course of instruction approved by the board may perform in addition to functions in section (a) the following procedures relating to the expanded administration of intravenous fluid therapy under the indirect supervision of a registered professional nurse:

- (1) Calculating the rate of intravenous fluid infusions;
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(5) adding, to existing patent intravenous lines, designated premixed medications, via intravenous piggy-back, either by continuous or intermittent methods;

(6) adding the same fluid and electrolyte parenteral solutions as is currently infusing to an existing patent intravenous line;

(7) maintaining the patency of I.V. lines with heparin or normal saline;

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(A) Mixing I.V. medications after passing a course approved by the specific institution's pharmacy and nurse administrator; and

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(4) initiating total parenteral nutrition;

(5) intravenous therapy in the home health setting with the exception of the approved scope of practice authorized in section (a);

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(6) intravenous therapy to any patient under the age of 12 or less than 80 pounds with the exception of the approved scope of practice authorized in section (a); and

(7) titration of medications.

(d) Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses to care for patients receiving such therapy.

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**DRAFT #8**

**9/15/93**

**60-16-103. Approval procedure.** (a) A provider desiring to obtain approval for an Intravenous Fluid Therapy Program shall submit a proposal to the board and pay a fee.

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- (2) qualifications of the faculty of the program;
- (3) curriculum;
- (4) maximum faculty-student ratio in clinical component;
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**DRAFT #8**

**9/15/93**

60-16-104. Standards for Course; Competency examination. (a) The purpose of the Intravenous Fluid Therapy Program shall be to prepare licensed practical nurses to perform **expanded** intravenous fluid therapy. The program shall be designed to teach knowledge, skills, and competencies in administration of intravenous therapy which shall qualify licensed practical nurses to perform this procedure safely.

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(1) Each faculty member shall be currently licensed to practice as a registered professional nurse in Kansas;

(2) each faculty member shall have a minimum of three (3) years clinical experience which includes I.V. therapy prior to his or her appointment and demonstrate I.V. therapy competency; and

(3) non-nurse lecturers shall have professional preparation and qualifications for the specific subject area in which they are involved.

(e) Clinical Facility:

(1) All classrooms shall contain sufficient space, equipment and teaching aids to meet the course objectives;

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(2) the facility in which clinical practice and the final competency examination is conducted shall allow students and instructors access to the intravenous fluid therapy equipment and access to intravenous fluid therapy recipients and to the pertinent records for purpose of documentation; and

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

(f) An intravenous fluid therapy curriculum shall have the following components:

(1) Review of the Kansas nurse practice act, including current rules and the regulations and the policies and procedures of the clinical agency where clinical instruction is given;

(2) structure of the circulatory system including site and function of the veins used for venipuncture;

(3) relationship between intravenous fluid treatment administration and the body's hemostatic and regulatory functions, with attention to the clinical manifestations of fluid and electrolyte imbalance and cellular physiology;

(4) principles of infection control in intravenous fluid therapy administration;

(5) identification of various types of equipment used in intravenous fluid therapy administration with content related to criteria for use of each and means of trouble-shooting for malfunctions;

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- (6) principles of compatibility and incompatibility of drugs and solutions;
  - (7) nursing management of special intravenous fluid therapy administration procedures that are commonly used in the clinical setting, such as heparin lock;
  - (8) procedures for venipuncture, including psychological preparation, site selections, skin preparation, puncture, anchor, collection of equipment and documentation;
  - (9) maintenance of intravenous fluid therapy administration system: discontinuing intravenous fluid therapy administration, monitoring infusion, changing containers and tubing, care of site, etc;
  - (10) nursing management of the patient receiving the drug therapy, including actions, interactions, adverse reactions, methods of administration and assessment;
  - (11) signs and symptoms of local and systemic complications in the delivery of fluids and medications and the preventive and treatment measures for those complications;
  - (12) calculations of fluid and drug administration rates; and
- (g) Competency examination standards:
- (1) The student shall achieve a passing grade at the 85% level on a final competency examination. The final examination shall be constructed based on a test plan which will contain the components as listed in section (f). The test plan shall be reviewed by the advisory committee and approved by the board; and
  - (2) the instructor shall complete the final records and the record sheet shall include competencies and scores; and
  - (3) testing shall not be included as part of the clinical time.

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**(g) Records:**

**(1) The agency conducting the intravenous fluid therapy course shall:**

**(A) submit to the board within sixty (60) days the names and license numbers of the individuals who have successfully completed the course and the dates of completion;**

**(B) maintain the records of the individuals who have successfully completed the program for a period of at least five (5) years; and**

**(C) award a certificate documenting successful completion of the approved program by the board to the licensed nurse.**

**(D) submit to the board an annual report which includes the total number of applicants taking the IVFT course or competency examination and the number passing and failing the course or examination.**

**(2) a copy of the final record shall be provided to the licensed nurse.**

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**DRAFT #8**

**9/15/93**

**60-16-105. Advisory Council or Review Committee.** (a) There shall be a committee established to assist in the development and review of rules and regulations governing L.P.N.'s and intravenous therapy.

(b) The committee shall include, but is not limited to the following members:

(1) Two board members, one who shall chair the committee; and

(2) at least five non board members who shall be a:

(A) L.P.N. who practices I.V. therapy;

(B) R.N. nurse executive;

(C) provider of an I.V. therapy educational program who is a R.N.;

(D) nurse certified in I.V. therapy by the Intravenous Nurse Association; and

(E) academic educator who is a R.N..

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**KMS**  
**KANSAS MEDICAL SOCIETY**

623 SW 10th Ave. • Topeka, Kansas 66612  
(913) 235-2383 FAX # (913) 235-5114

**Chip Wheelen**  
Director of Public Affairs

- 1 (d) The board may adopt rules and regulations:  
2 (1) Which define the limited and expanded scope of practice of  
3 intravenous fluid therapy which may be performed by a licensed  
4 practical nurse under the supervision of a registered professional  
5 nurse;  
6 (2) which restricts specific intravenous fluid therapy practices;  
7 (3) which prescribe standards for an intravenous fluid therapy  
8 course and examination required of an approved provider;  
9 (4) which govern provider record requirements;  
10 (5) which prescribe the procedure to approve, condition limit  
11 and withdraw approval as a provider; and  
12 (6) which further implement the provisions of this section.  
13 (e) An advisory committee of not less than two board members  
14 and five nonboard members shall be established by the board to  
15 advise and assist the board in implementing this section as deter-  
16 mined by the board. The advisory committee shall meet at least  
17 annually.  
18 (f) On and after July 1, 1995, no licensed practical nurse shall  
19 perform intravenous fluid therapy unless qualified to perform intra-  
20 venous fluid therapy under this section and rules and regulations  
21 adopted by the board.  
22 (g) Nothing in this section shall be construed to prohibit the  
23 performance of intravenous fluid therapy by a registered professional  
24 nurse.  
25 (h) This section shall be part of and supplemental to the Kansas  
26 nurse practice act.  
27 Sec. 2. This act shall take effect and be in force from and after  
28 its publication in the Kansas register.

Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy when such performance constitutes delegation of the practice of medicine and surgery by a person licensed to practice medicine and surgery in this state.  
(i)

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Attn # 4





*Taylor & Associates*

A POLITICAL/ASSOCIATION MANAGEMENT COMPANY

933 KANSAS AVENUE  
TOPEKA, KANSAS 66612  
(913) 354-9900

**TESTIMONY PRESENTED ON BEHALF OF  
KANSAS FEDERATION OF LICENSED PRACTICAL NURSES**

**HB 2602  
IV THERAPY BY LPNS**

**JANUARY 27, 1994  
HOUSE PUBLIC HEALTH & WELFARE COMMITTEE**

KFLPN representing the Licensed Practical Nurses throughout Kansas has always sought for the fair and efficient use of nurses at all levels of nursing practice. Licensed Practical Nurses have been trained to function under the supervision of the Registered Nurse. This practice has long been tradition and is well accepted by the LPN. Never has the LPN sought any change in this relationship.

Today, we are here to offer our support to HB 2602 which is the result of several years of meetings and negotiations on the issue of LPNs administering IV Therapy. KFLPN has been a part of the negotiating team and strongly supports the measures which are part of this compromise.

It is the position of KFLPN that under the supervision of an RN, any nursing task which the LPN has received proper training for and which the supervising RN believes the LPN is competent to perform, she/he should be allowed to perform. We are excited to now to be moving on to working with the same group of organizations on the criteria for proper training.

As medical, pharmaceutical and nursing technology continues to change, the LPN stands ready and willing to plan its role in providing the best possible health care to our patients.

Testimony respectfully submitted by Elizabeth E. Taylor on behalf of KFLPN.

*PH&W  
1-27-94  
attm #5*



January 27, 1994

Representative Flowers,  
Members of the Public Health and  
Welfare Committees, Conferees:

My name is Joan Sevy. I am a member of the Board of Directors of the Kansas Organization of Nurse Executives. I am here to represent that organization in support of HB 2601, which amends the Kansas Nurse Practice Act to expand the scope of practice for the Licensed Practical Nurse in intravenous therapy.

The Kansas Organization of Nurse Executives actively participates in the broadly based, consensus building process facilitated by the Kansas State Board of Nursing. As part of that consensus building process, drafted rules and regulations were developed to support the legislation before you. The Kansas Organization of Nurse Executives trusts that the Board will follow through with those proposed rules and regulations which operationalize this legislation.

The proposed change in the State Nurse Practice Act will, in our view, assure consistent appropriate, safe practice for the Licensed Practical Nurse engaged in intravenous therapy. These changes are necessitated by impending health care reform and the need to protect both the public and the nurses engaged in an expanded scope of their practice.

*PRW  
1-27-94  
atm #6*



We support the need to be pro-active in assessing necessary revisions in nursing practice, rather than waiting for crises to dictate change.

There are two points which we believe are particularly important in planning to implement the rules and regulations for this legislation.

Specifically:

- 1) The mechanism for grandfathering Licensed Practical Nurses who have already been appropriately trained to perform intravenous therapy must begin to function as soon as the law is effective. Therefore, the Board needs to prepare now in order to offer approvals for both educational courses and for the individuals already prepared to practice.
- 2) The Board has assured us that proposed standards for education programs will not exceed those of current programs in existence.

On behalf of the Kansas Organization of Nurse Executives, I thank you for your time and attention.

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