

APPENDIX I -- PART 1

DECLARATORY STATEMENTS OF THE BOARD OF NURSING

NUMBERS 1 TO 6

[NOTE: DELETED MATERIAL IS NOTED BY AN ELLIPSES (* * *)]

NO. 1

**DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING**

IN RE:

Petition for Declaratory
Statement of:

FILED DATE: 3/12/80

ESTELLE B. WILLIAMSON, R.N.

ORDER

Notice was published in the Florida Administrative Weekly on April 10, 1981, that the Board of Nursing had received a petition for declaratory statement from Estelle B. Williamson, R.N. requesting an interpretation of Chapter 464, Florida Statutes. In accordance with Section 120.565, Florida Statutes, the Board has reviewed this petition and being fully advised in the premises, makes the following Findings of Fact and Conclusions of Law with regard to the Petitioner:

FINDINGS OF FACT

1. The Petitioner seeks a declaratory statement from the Board concerning the legality of the "UTR" program in a hospital setting, maintaining that it places non-professional staff in supervisory positions over other non-professionals in the rendering of services to patients. According to the petition, R.N.'s who are a part of the UTR team have no line authority over non-professionals resulting in their performing nursing services without being licensed as a nurse and without acting under a nurse's direct supervision. The Petitioner fears that nurses participating in the UTR are placing their licenses in jeopardy.

2. The UTR (Unit Treatment and Rehabilitation) concept has been in use for several years in Florida's Mental Health facilities. This concept contrasts with the traditional "medical model" of mental health treatment, and may be variously referred to as the "unitization," "decentralization" and "multi disciplinary" approach to mental health care. The essence of this approach is the "teamwork" concept of mental health care delivery. Under this approach, all staff members directly involved in mental health treatment participate in the development of a patient's treatment plan. That is, UTR specialists, rehabilitation therapists, social workers, and psychologists, as well as physicians, psychiatrists, and nurses participate in the development of the decision concerning the patient's treatment.

3. It is central to the UTR concept that non-medical and paraprofessional staff persons will participate in this decision-making process; at the same time, however, the Guide to Minimum Staffing Pattern Standards for State Mental Health Facilities in Florida, published by the Department of Health and Rehabilitative Services for use in the State mental health facilities, states:

The purpose of the team is not to have social workers prescribe medication, psychologists take blood pressures and give

medications, or physicians administer Rorschachs. There are many well defined functions which are clearly within the purview of a particular profession (or job classification). A great majority of the necessary functions in quality patient care, however, are in a sense a disciplinary and could be performed by any team member.

In this sense, members of each discipline in the context of the team, serve first as team members with the ability to perform a common set of tasks. Secondly, each member serves as a consultant to the team, contributing those skills which are unique to his or her profession when they are believed by the team, to be needed. The team concept does not blur roles (Raskin, 1975), but rather it limits those occasions when team members function in manners totally unique to their respective disciplines. In most instances the number of these occasions will be fewer than was formerly believed.

Supervision of a team physician by the team leader extends to administration only. In medical matters, the physician is subordinate only to the clinical director. The intent of the Practice Act applying to the various disciplines such as dentists, nurses, physicians, and pharmacists will be strictly followed. In summary, the team concept is meant to optimize the utilization of the skills of all mental health workers. (e.s.)

It appears, then, that the UTR concept purports to recognize that mental health treatment is inter-disciplinary and that many aspects of a patient's' treatment are not "medical" and therefore do not necessarily require performance of functions falling within a particular discipline as defined by one of the professional practice acts. At the same time, HRS stresses that in no event is a professional under the direction (as to professional or medical decisions) of a team leader who is a non-professional and that all medical professionals will be solely responsible for carrying out those functions unique to their respective professions.

CONCLUSIONS OF LAW

1. The statutory provisions applicable to this petition are as follows:

Section 464.003 Definitions

(3)(a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the maintenance of health and prevention of illness of others.

2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

(b) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the maintenance of health and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatrist, or a licensed dentist. Section 464.003(3)(a), Florida Statutes.

Section 464.016 Violations and penalties.

(1) Each of the following acts constitutes a felony of the third degree, punishable as provided in Section 775.082; 775.083; or 775.084:

(a) Practicing advanced or specialized, professional nursing, as defined in this chapter, unless holding an active license or certificate to do so.

(c) Knowingly employing unlicensed persons in the practice of nursing.

(2) (c) Knowingly concealing information relating to violations of this chapter. Sections 464.016(1)(a); 464.016(1)(c); 464.016(2)(c), Florida Statutes.

Section 464.022 Exceptions.

No provision of this chapter shall be construed to prohibit:

(5) The rendering of services by nursing assistants acting under the direct supervision of a registered professional nurse. Section 464.022(5), Florida Statutes.

2. The Board must limit its declaratory statement to an interpretation of the Nurse Practice Act and how it might prohibit a nurse from functioning in a certain capacity in the UTR system; however, the Board is not empowered to pass on the legality or wisdom of that system.

3. The Board recognizes that while certain functions relating to the treatment of mental illness may be encompassed within the practice of nursing as defined by Section 464.003(3)(a), Florida Statutes, many of the treatment procedures fall within the practice of other medical professionals, psychologists, or outside a single professional discipline. At the same time, it is recognized that certain functions may not be lawfully performed by

non-professionals, except under defined circumstances. The Board would emphasize that those procedures which are in fact nursing functions as defined by statute may only be carried out by those licensed under Chapter 464, Florida Statutes, or in certain conditions by those under the supervision of a registered nurse. The Board considers the practice of nursing by unlicensed persons to be unauthorized and further considers that any institution or facility knowingly hiring unlicensed persons and allows them to practice nursing functions would be in violation of § 464(1)(c), Florida Statutes. Of particular concern to Petitioner is administration of medications. If non-licensed personnel engage in administration of medications to patients, they may only lawfully so under direct supervision of a registered professional nurse. Section 464.022(5); AGO's 075-218 and 076-149. As set forth by HRS, and UTR concept does not contemplate that non-nurses perform nursing functions, but that if they do provide nursing services, they do so only under direct supervision of an R.N. as required by law. Section 464.016(1)(a) and (c), Florida Statutes.

4. Under the circumstances presented, it is concluded that the UTR concept, as defined, does not have the effect of causing nurses working within it to be in violation of Chapter 464, Florida Statutes. However, if in the implementation of the program, as with any program, violations of the act are present, the Board considers it mandatory that they be reported to the Department so that, if warranted, proper action can be taken.

DONE AND ORDERED this 20th day of August, 1981.

MERN HENRY
Chairman

NO. 2

**STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING**

IN RE:

Petition for Declaratory
Statement of:

FINAL ORDER NO. BON-DS-87-3
FILED DATE: 7-6-1987

SEXUAL ABUSE TREATMENT CENTER,
INC. AND PAM SEWELL, R.N.

FINAL ORDER

This matter came before the Board of Nursing pursuant to Chapter 120.565, Florida Statutes, and Chapter 28-4, Florida Administrative Code, on February 6, 1987, in Miami, Florida, for the purpose of considering the Petition for Declaratory Statement filed by Sexual Abuse Treatment Center, Inc. and Pam Sewell, R.N. (hereinafter "Petitioners"). Petitioners were not present. Having considered the Petition and supporting documentation provided by Petitioners and being otherwise fully advised in the premises, the Board makes the following findings and conclusions:

FINDINGS OF FACT

1. The Sexual Abuse Treatment Center, Inc. (SATC) is a non-profit organization located in Tampa, Florida, that conducts evidence-collecting examinations of female victims of sexual abuse.

2. Petitioner Pam Sewell, R.N., is a nurse examiner with SATC, and is licensed as a registered nurse in the State of Florida.

3. Petitioners are in doubt as to the authority of registered nurses to perform examinations in a non-hospital setting under the standing orders of a licensed physician, but without the physical presence of the physician. Although currently housed in Tampa General Hospital, SATC proposes to move its operations to a non-hospital setting to provide a more emotionally supportive environment for rape victims and to substantially reduce costs of the program.

4. In their Petition for Declaratory Statement filed with the Board, Petitioners requested the Board to answer substantially the following question:

Whether registered nurses will be in compliance with Sections 464.003 and 464.018, Florida Statutes, by performing evidence-collecting examinations of female victims of sexual abuse, at a location where a medical doctor is not on site but available at all times by telephone, and where standing orders have been issued.

5. The Petition was noticed by the Board in the January 23, 1987, issue of the Florida Administrative Weekly. (Vol 13, No. 4, Page 311)

6. The Sexual Abuse Treatment Center is a non-profit organization that conducts the above-described examinations, which are forensic in nature and are intended to aid Hillsborough County law enforcement. For the last five and one-half years, Hillsborough County has contracted with SATC to provide nurse examiners to perform these examinations and to testify in court if necessary. Petitioner Pam Sewell is one of these nurse examiners.

7. Presently, the examinations are conducted in the emergency room of Tampa General Hospital under the standing orders of the medical director. The medical director and officials of SATC desire to move the examinations from the Tampa General Hospital Emergency Room to a non-hospital setting to provide a more emotionally supportive environment for rape victims and to substantially reduce costs of the program. The proposed move to a non-hospital setting will result in the following changes to the duties outlined in Attachment A, "Sexual Battery Examination" (Which is attached hereto and incorporated by reference):

- a. Any victim who is in need of immediate medical attention will be taken directly to the hospital and the nurse examiner will meet them there.
- b. If a victim comes to the center and needs to be seen by a physician, she will be taken to the hospital.
- c. A physician will be available by telephone at all times to provide consultations for the nurse examiners.
- d. Only medications offered by mouth as outlined in Attachment A will be administered at SATC.
- e. The medical director will continue to provide standing orders to the nurse examiners.
- f. No intra-muscular or subcutaneous medications will be given.

- g. Any unusual findings will be referred to the emergency room or a private doctor.
- h. Petitioners assert that no treatment will be offered at the center, however, as reflected in Attachment A and other supporting documents, medication is to be dispensed, including pregnancy prophylaxis.

8. Eight nurse examiners perform the duties outlined in Attachment A, as modified by the foregoing. Two of the nurses are advanced registered nurse practitioners, and the remainder are registered nurses.

9. Documentation offered by Petitioners indicates that a pelvic examination is performed, including a speculum examination of the vagina for purposes of collection of evidence and inspection of the vagina and cervix for trauma on the victim.

10. Training of nurse examiners involves working under the direct supervision of the physician for the first twenty examinations. After the nurse examiner has been "certified" by a physician as proficient in the examination, she may do the examination without the direct supervision of the physician. Similar training by a physician is provided for a limited anosopic examination.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to Section 120.565, Florida Statutes, and Chapter 28-4, Florida Administrative Code.

2. The Petition filed by Petitioners is in substantial compliance with the provisions of chapter 120.565, Florida Statutes, and Rule 28-4.001, Florida Administrative Code, and Petitioners have the requisite interests to maintain this proceeding.

3. Section 464.003(3), Florida Statutes, provides, in pertinent part:

"Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.

2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

4. Issues of the scope of practice most often fall within the terms of Section 464.018(1)(f), Florida Statutes, which provides:

(1) The following acts shall be grounds for disciplinary actions set forth in this section:

(f) Unprofessional conduct, which shall include, but not be limited to, any departure from, or the failure to conform to, the minimal standards of acceptable and prevailing nursing practice, in which case actual injury need not be established.

5. The examinations performed and medication dispensed as proposed by Petitioners, in the absence of a licensed physician, go beyond the "observation, assessment, nursing diagnosis,...and evaluation of care" normally considered to be the practice of professional nursing. The proposed practice setting appears to contemplate a form of advanced practice, but without the benefit of the advanced education, training, and formal protocol arrangement anticipated by the statutory scheme for certification of advanced registered nurse practitioners. See Section 464.012, Florida Statutes. The training provided by a physician is not sufficient to authorize the proposed advanced practice by registered nurses who are not advanced registered nurse practitioners.

6. Regardless of training provided to the R.N. nurse examiners, and the "standing orders" provided, the arrangement proposed by Petitioners does not lawfully fall within the scope of practice for a professional nurse. The Board does not reach the questions of whether the proposed arrangement could be cured by the on-site presence of a licensed physician.

WHEREFORE, it is ORDERED and ADJUDGED that the practice proposed by Petitioners of performing evidence-collecting examinations on victims of sexual battery, at a location where a medical doctor is not on-site, and where such examinations are performed by registered nurses, is beyond the scope of practice of a registered professional nurse, and is not in compliance with Section 464.003(3)(a) and 464.018(1)(f), Florida Statutes.

Petitioners are hereby notified that they may appeal this Order by filing one copy of a notice of appeal with the clerk of the agency and by filing a filing fee and one copy of a notice of appeal with the District Court of Appeal within thirty days of the date this Order is filed.

DONE and ORDERED this 6 day of July, 1987.

JESSIE TRICE, Chairman

CERTIFICATE OF SERVICE

* * *

JUDIE RITTER

PART III

SEXUAL BATTERY EXAM

**SEXUAL ABUSE TREATMENT CENTER
NURSE EXAMINER PROGRAM
SEXUAL BATTERY EXAMINATION**

- I. Call must originate from the Sexual Abuse Treatment Center.
 - A. By Phone:
 1. Note time of call. Your response is to be no longer than 45 minutes.
 2. Get name of patient, if possible.
 - B. By Beeper:
 1. Call the Sexual Abuse Treatment Center, (228-7273/238-8411).
 - a. Your pay is calculated from records at the Center.
 - b. Volunteer counselors are dispatched from the Center at the same time the Nurse Examiner is dispatched.
- II Go to hospital.
 - A. Get patient's chart and triage sheet.
 - B. Notify physician of ME Case (until Certified).
 - C. Notify law enforcement officer. Ask to speak to him/ her in PRIVATE, out of patient's or family's hearing.
 1. Information to be obtained from officer, if possible.
 - a. Brief history of incident
 - b. Specific evidence required in addition to routine specimens
 - c. Nurses examiner/law enforcement contact sheet should be have been filled by him/her
 - D. Greet patient.
 1. Identify yourself.
 2. Give patient booklet "Understanding the System".
 3. Explain what you will be doing.
 4. Have patient's parents or guardian sign consent.
 5. Tell patient approximately how long it will be before you are ready to examine her.
 - E. Collect all blank forms and equipment required for exam.
 1. Lab.
 2. Medications.

3. Acid Phosphatase Testing Kit.
 4. Evidence kit.
 5. Three white envelopes.
 6. Referral sheet.
 7. GC culture plates.
- F. Fill out all forms and evidence containers. Be careful not to place one set of carbon forms on top of another when writing. LEAVE NO ITEM BLANK. Write clearly.
- G. Initiate Sexual Battery Examination sheet.
- H. Bring patient to examination room.
- I. Have the patient give consent for the examination by signing on the line marked "Person examined" at the bottom of the form, if not done at interview.
- III. Examination
- A. Have patient change into hospital gown.
1. Collect panties.
 2. Allow to void If ABSOLUTELY NECESSARY. Pat dry, do not wipe.
 - a. Collect and save specimen for testing as indicated.
 - (1) Gravindex
 - (2) Hemistix
 - (3) Routine urinalysis
- B. Get brief history of incident and medical history.
- C. Check vital signs
1. Transcribe vital signs from the chart" to sexual battery examination sheet if the patient is stable and there is no history of loss of consciousness.
 2. Recheck vital signs if there is history of loss of consciousness or condition is not stable.
 3. Repeat prn. Chart on Flow Sheet (back of Triage sheet).
- D. Inspect body for evidence of trauma.
1. Note all trauma on the APPROPRIATE diagrams. Use the neuter form for children.
 2. Note all complaints of pain on appropriate diagrams.
 - a. Describe pain.
 - b. What helps to relive pain?
 - c. What makes pain worse?
- E. Collect known head hair, if she plans to treat hair or change character of her hair.
- F. Collect saliva specimen.

1. If oral penetration has occurred:
 - a. Check mouth with Woods Lamp.
 - b. Collect specimens from around teeth, at gum line, in buckle folds, under tongue, and pharynx.
 - (1) Collect at time of interview and then allow patient to rinse mouth out with water and collect saliva specimen at the end of exam.
 - (2) Make slides with swab.
 - c. Collect pharyngeal culture for gonorrhea.
- G. Comb pubic hair.
- H. Collect known pubic hair, if she plans to treat hair or change character of her hair.
- I. Inspect external genitalia for trauma.
- J. Do speculum exam.
 1. Inspect for vaginal or cervical trauma.
 - a. Note trauma on diagrams.
 2. Collect specimens from vaginal pool with swabs.
 - a. Make slides from swabs.
 3. Collect culture from cervical os for gonorrhea.
- K. Inspect anus for trauma if anal penetration has occurred.
 1. Note trauma on diagrams.
 2. Collect culture from anus for gonorrhea.
 3. Inspect anus and lower rectum with anoscope.
 - a. Collect specimens.
 - (1) Make slides from swabs.
 - b. Do digital exam.
 - (1) Check tone of anal sphincter.
- L. Collect saliva specimen if not collected at beginning of the exam.
- M. Administer medications.
- N. Draw blood for VDRL.
- O. Discuss follow-up instructions.

1. Venereal disease.
 2. Vaginal infections.
 3. Vaginal trauma.
 - a. Refer any vaginal trauma resulting from sexual battery to one of the volunteer gynecologists.
 4. Indications:
 - (1) Patients with normal menstrual cycle.
 - (a) Determine expected date of contraception (subtract 14 days from when next menstrual period is due).
 - (b) Subtract 5 days from EDC; add 5 days to EDC, and treat if exposure is during that 10 day period.
 - (2) Patients with irregular cycle.
 - (a) Test after 10 days from LMP.
 - (b) Morning after pills are not available at Tampa General Emergency Room. If the patient desires prophylaxis, and it is indicated, ask ER physician to give the patient a prescription for the medication.
 5. Soft tissue trauma.
 6. Refer to Sexual Abuse Treatment Center.
- P. Do acid phosphatase testing.
1. Record as positive, inconclusive, or negative.
 - a. Use only these terms to record results on record or when discussing the results with law enforcement officer.
 2. Dispose of test tubes in container for needles and syringes.
- Q. Complete Sexual Battery Examination form and diagrams.
1. Diagrams must be included if there has been any trauma or complaints of pain.
- V. Clean exam room.
1. Dirty linen hamper is in the lavatory.
 2. Needles, syringes, and acid phosphatase test tubes are to be disposed of in the appropriate container, not the trash cans.
- W. Release evidence to the law enforcement officer.
1. Sign and date the envelope at the time it is given to the officer.

2. If the law enforcement officer has left, call the law enforcement agency to notify them that the evidence is ready to pick up. Make it clear that you will wait 30 minutes for the officer. If he does not return in 30 minutes, call back and leave your address for pick-up at your home.
3. **EVIDENCE MUST BE PLACED INTO THE LAW ENFORCEMENT OFFICER'S HANDS. The case could be lost if this isn't done.**
4. **DO NOT BREAK THE CHAIN OF CUSTODY!!!!!!**

IV. Distribution of Forms

- A. Original copy of Sexual Battery Examination form, all diagrams, and the green sheets from the patient's chart are placed into a white TGH envelope.
 1. Label "M.E. Case", patient's name and date.
 2. Place envelope in M.E. locker.
- B. The yellow copy of the Sexual Battery Examinations form, all diagrams and xeroxed copy of the patient's chart are placed in a white TGH envelope and put into the distribution envelope for the Sexual Abuse Treatment Center in the M.E. locker.
- C. The pink copy of the Sexual Battery Examination form and diagrams go into the Sexual Battery Evidence kit.
 1. If no evidence is collected, these copies are placed in a long white envelope and given to the law enforcement officer.
 - a. Label with patient's name and date.

**SEXUAL ABUSE TREATMENT CENTER
NURSE EXAMINER PROGRAM**

STANDING ORDERS FOR SEXUAL BATTERY VICTIMS

I. EXAMINATION

- A. A speculum examination of the vagina will be done for the purpose of collection of evidence and inspection of the vagina and cervix for trauma on the sexually battered victim. It may be performed by a nurse examiner who has been trained to do this examination. She will work under the direct supervision of a physician for the first twenty (20) examinations. After she has been certified by a physician as proficient in this examination, she may do the examination without the direct supervision of a physician. However, if there is any trauma or any unusual findings in the examination the nurse examiner will consult the attending Emergency Room Department physician.
- B. When anal penetration has occurred, a limited anosopic examination should be done to determine injuries, collect specimens, and gonorrhea cultures. A digital examination is indicated to determine the tone of the anal sphincter and to test for bleeding with a hemacult slide. The nurse of ARNP will be taught by a physician to do this examination and will be supervised while doing the

examination until she is proficient. Then she will do this examination without the direct supervision of a physician. However if there is trauma or any unusual findings, the nurse examiner will consult the attending Emergency Room Department physician.

II. LABORATORY

- A. Gonorrhea cultures will be taken from each orifice that has been penetrated by a penis.
- B. A serology for syphilis should be taken on all sexually battered patients.
- C. A urinalysis for blood should be performed on any patient with a history of blows to the abdomen or the flank area.
- D. A urinary Beta HCG should be performed on any patient whose menstrual period is late or if the last menstrual period was abnormal by date, flow, or other symptomatic criteria.
- E. A quantitative serum Beta HCG level should be performed for any patient whose urine Beta HCG test is negative but whose history suggest pregnancy.

III. VENEREAL DISEASE PROPHYLAXIS

- A. If the patient is NOT allergic to Penicillin:
 - 1. Benemid, 1 gm p.o. (give as a single dose)
 - 2. Ampicillin, 3.5 gm p.o.

OR

If the patient IS allergic to penicillin:

- 1. Spectinomycin (Trobicin), 2 gm i.m.

OR

- B. Tetracycline (TCN), 500 mg g.i.d. for 7 days or Doxycycline 100 mg b.id. for 7 days.
 - 1. The patient must purchase Tetracycline or Doxycycline. The Emergency Room Department physician will provide a prescription for the medication.
 - a. Tetracycline is contraindicated in pregnancy. Consult with the attending Emergency Room Department physician.

V. POST COITAL CONTRACEPTION

- A. Criteria for post coital contraception.
 - 1. Regular Periods.
 - a. Medication is offered during the period of five days before and after the expected date of ovulation.

4. Give the patient an information sheet.

V. TETANUS PROPHYLAXIS

1. Minor clean wounds, less than 8 hours old showing no clinical signs of infection should be prophylaxed by giving Tetanus Toxoid 0.5 cc I.M. if:

- a. The patient has NOT had a booster within the last ten years.

AND

- b. The patient HAS HAD a booster of the initial series within the past twenty years.
- c. If these criteria have not been met, consult with the attending Emergency Room Department Physician.

- VI. These orders expire one year after signed and must be reviewed annually.

J. PAUL MICHLIN
Medical Director
Nurse Examiner Program

**SEXUAL ABUSE TREATMENT CENTER
NURSE EXAMINER PROGRAM**

PATIENT INSTRUCTIONS FOR THE MORNING-AFTER PILL

I. PATIENT INSTRUCTIONS FOR USE OF OVRAL

- A. Take two Ovrал pills immediately (within 24 to 72 hours after intercourse). Then take two more Ovrал pills 12 hours after your first dose of pills.
- B. You may have nausea from the pills. The nausea is usually mild and should stop within a day or so after treatment. If you vomit within an hour after taking your two pills, call your clinician. You may need to take additional pills to make up for the ones lost in vomiting, and your clinician may prescribe anti-nausea medication.
- C. Your next menstrual period should begin sometime within the next two or three weeks. If your period has not started in three weeks, see your clinician for an exam and pregnancy test.
- D. Watch for pill danger signals:
 1. Abdominal pain (severe)
 2. Chest pain (severe), or shortness of breath
 3. Headaches (severe)
 4. Eye problems such as blurred vision or loss of vision
 5. Severe leg pain (calf or thigh)

Complications are not likely with the short morning-after hormone treatment; but if you have any of the danger signs, you should either see your clinician right away or go to a hospital emergency room.

- E. Get started immediately afterwards with an acceptable ongoing method of birth control. Morning-after treatment is meant only for one-time protection.
- F. Ovral is approved by the U.S. Food and Drug Administration as an oral contraceptive but is not approved for this morning-after approach to pregnancy prevention.

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING

NOTICE OF PETITION FOR DECLARATORY STATEMENT

NOTICE IS HEREBY GIVEN, pursuant to Section 120.565, Florida Statutes, that the Board of Nursing, within the Department of Professional Regulation, has received and may consider a petition for declaratory statement from the Sexual Abuse Treatment Center, Inc., Tampa, Florida, on substantially the following question: May sexual battery examinations lawfully be performed by registered nurses and/or advanced nurse practitioners in a non-hospital setting without a medical doctor on site?

The petition has been assigned case number BON-DS87-3. A copy of the petition may be obtained by writing to: Ms. Judie Ritter, Executive Director, Board of Nursing, 111 Coastline Drive East, Suite 504, Jacksonville, Florida 32202.

NO. 3

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE:

FINAL ORDER NO. BON-DS-87-1
FILED DATE: 7/06/87

The Petition for
Declaratory Statement of

KALYNN PRESSLY, R.N., M.S.N.
_____ /

FINAL ORDER

This matter came before the Board of Nursing pursuant to Chapter 120.565, Florida Statutes, and Chapter 28-4, Florida Administrative Code, on February 6, 1987, in Miami, Florida, for the purpose of considering the Petition for Declaratory Statement filed by Kalynn Pressly (hereinafter "Petitioner"). Petitioner was not present. Having considered the Petition and supporting documentation provided by Petitioner, and being otherwise fully advised in the premises, the Board makes the following findings and conclusions:

FINDINGS OF FACT

1. Petitioner is a registered nurse in the State of Florida, employed at Bay Medical Center, Panama City, Florida.
2. Petitioner is in doubt as to the scope of practice of a registered nurse with regard to the cannulation of the external jugular vein. Petitioner contends that critical care nurses who are certified as Advanced Cardiac Life Support (ACLS) providers and who complete additional training consisting of a class on the techniques and risks of the procedure, should be allowed to perform cannulation of the external jugular vein.

FLORIDA NURSING LAW MANUAL

3. In her Petition for Declaratory Statement filed with the Board, Petitioner requested the Board to answer substantially the following question:

Whether Section 464.003(3), Florida Statutes, which defines the practice of professional nursing, can be construed to authorize the performance by critical care registered nurses of cannulation, of the external jugular vein.

4. The Petition was noticed by the Board in the January 23, 1987, issue of the Florida Administrative Weekly. (Vol. 13, No. 4, page 311)

5. Bay Medical Center is a 284 bed acute care hospital which currently possesses 19 intensive care unit beds. The critical care nursing staff is 90% R.N. and 10% L.P.N. There are no interns or residents on the staff. Twenty-four hour physician coverage is provided to the Emergency Room.

6. The procedure at issue would be necessary in a situation where a critically ill patient has a limited number of veins suitable for intravenous therapy. With an accompanying state of vascular collapse, insertion of an I.V. catheter into a vein in the extremities is very difficult. Petitioner proposes to allow R.N.'s trained in the procedure to cannulate the external jugular when intravenous access is imperative and the veins in the extremities are not usable.

7. In a condition of vascular collapse, the external jugular vein is also subject to collapse. The external jugular vein is therefore not necessarily a viable alternative. Consequently, the proposed procedure is not done in regular practice. Generally, when the procedure is performed, it is performed by a physician.

8. Risks of the procedure include sepsis, air embolism, thrombophlebitis, and potential airway compromise from hematoma.

9. Petitioner proposes that qualifications for the procedure be training as an ACLS provider and additional unspecified training. Because of the variance in advanced cardiac life support classes, such training is not by itself sufficient to qualify for an advanced procedure. The variation in ACLS programs extends to the ACLS providers as well. Consequently, even if the procedure were authorized, the training proposed by Petitioner is not adequate.

10. Petitioner submitted for consideration the guidelines of the Alabama Board of Nursing, which authorize the procedure for specified registered nurses. The policies of the Alabama Board are not binding in Florida.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to Section 120.565, Florida Statutes, and Chapter 28-4, Florida Administrative Code.

2. The Petition filed by Petitioner is in substantial compliance with the provisions of Section 120.565, Florida Statutes, and Rule 28-4.001, Florida Administrative Code, and Petitioner has the requisite interest to maintain this proceeding.

3. Section 464.003(3), Florida Statutes, provides, in pertinent part:

"Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of

psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medication and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

* * *

The professional nurse and the practical nurses shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

Any nurse is bound by her responsibility to practice within the scope of her abilities as well as the minimal standards of acceptable and prevailing nursing practice. See Section 464.018(1)(f), Florida Statutes.

4. It is the opinion of the Board that the procedure proposed by Petitioner to be performed by a registered nurse with the level of training outlined by Petitioner, is not within the scope of practice of a registered professional nurse in the absence of a physician. This conclusion is based upon the infrequency of the procedure's use in regular practice, the viability of the procedure in the situation described by Petitioner, and the level of training proposed by Petitioner.

5. The Board takes note of the policies of the Alabama Board of Nursing, but is not persuaded that the Alabama Board's acceptance of the procedure is sufficient grounds to authorize the procedure in Florida. The Board must be guided by its own statutes and its knowledge of prevailing nursing practice in Florida.

WHEREFORE, it is ORDERED and ADJUDGED that, as proposed by Petitioner, the cannulation of the external jugular vein is beyond the scope of practice of a registered professional nurse and minimal standards of acceptable and prevailing nursing practice.

Petitioner is hereby notified that she may appeal this Order by filing one copy of a notice of appeal with the clerk of the agency and by filing a filing fee and one copy of a notice of appeal with the District Court of Appeal within thirty days of the date this Order is filed.

DONE and ORDERED this 6 day of July, 1987.

JESSIE TRICE, Chairman
Florida Board of Nursing

CERTIFICATE OF SERVICE

* * *

JUDIE RITTER
Executive Director

NO. 4

**STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION**

IN RE: THE PETITION FOR DECLARATORY
STATEMENT OF:

FINAL ORDER NO.: BON-DS-88-2
FILED DATE: 7/5/1988

CLAUDIA B. PATTERSON, R.N.

FINAL ORDER

This matter came before the Board of Nursing pursuant to Chapter 120.565, Florida Statutes and Chapter 28-4, Florida Administrative Code on April 15, 1988 in Miami, Florida for the purpose of considering the Petition for Declaratory Statement filed by Claudia B. Patterson (hereinafter petitioner).¹ Petitioner was not present. Having considered the Petition and supporting documentation provided by Petitioner, and being otherwise fully advised in the premises, the Board makes the following finding and conclusions:

1. Petitioner is a registered nurse in the State of Florida, employed at Humana Hospital-Orange Park, Orange Park, Florida.

2. Petitioner is in doubt as to the scope of practice of a registered nurse with regard to pronouncement of death of a hospital patient in certain circumstances. Petitioner asserts that having either the attending physician or the emergency room physician pronounce the patient's death can result in a delay in the pronouncement which may in turn result in a period of anxiety for the patient's family.

3. In her Petition for Declaratory Statement filed with the Board, Petitioner requests the Board to answer substantially the following question:

Whether Section 464.003(3), Florida Statutes, which defines the practice of professional nursing, can be construed to authorize a registered nurse in a hospital to pronounce a patient's death for those patients whose death had been anticipated, had occurred naturally, and/or for whom there were "do not resuscitate" orders on the record?

4. The Petition was noticed by the Board in the May 25, 1988 issue of the Florida Administrative weekly (Vol. 14 No. 12, page 1126).

¹ Although Petitioner referred in her Petition to Section 464.003, it is the opinion of the Board that the appropriate subsection is 464.003(3).

5. Petitioner, as the Associate Executive Director of Nursing at Humana Hospital-Orange Park, in Orange Park, Florida asserts, when a patient within that hospital expires and the patient's attending physician is not in the hospital at the time of death, the emergency room physician usually pronounces the patient's death. The fact that an emergency room physician may not be immediately available to pronounce the patient's death, may result in a delay in the pronouncement which may in turn result in a period of anxiety for the patient's family.

6. The circumstances in which Petitioner suggests that a registered nurse be permitted to pronounce a patient's death in the hospital would be limited to those in which:

1. The patient's death had been anticipated:
2. The patient's death had occurred naturally; or
3. The patient's chart or other identification contains orders to not resuscitate.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to section 120.565, Florida Statutes and Chapter 28-4, Florida Administrative Code.

2. The Petition filed by Petitioner is in substantial compliance with the provisions of Section 120 .565, Florida Statutes, and Rule 28-4.001, Florida Administrative Code, and Petitioner has the requisite interest to maintain this proceeding.

3. Section 464.003(3)a, Florida Statutes in pertinent part provide:

(3)(a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care: health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.

2. The administration of education and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

4. Section 382.008(2), (3), Florida Statutes, in pertinent parts provide:

(2) The funeral director who first assumes custody of a dead body or fetus shall file the death or fetal death certificate. In the absence of such a person, the physician or other person in attendance at or after the death shall file the certificate of death or fetal death. The person who registers the certificate shall obtain the personal data from the next of kin or the best

qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail, by the physician or medical examiner responsible for furnishing such information.

(3) Within 72 hours after receipt of a death or fetal death certificate from a funeral director, the medical certification shall be completed, signed, and made available to the funeral director by the physician in charge of the decedent's care for the illness or condition which resulted in death, or the physician in attendance at the time of death or fetal death or immediately before or after such death or fetal death, who shall certify over his signature the cause of death to his best knowledge and belief; except the provisions of Section 382.011 apply when the death or fetal death requires investigation pursuant to Section 406.11 or the death or fetal death occurred without medical attendance.

5. Section 382.009 (2), Florida Statutes regarding recognition of brain death provides as follows:

(2) Determination of death pursuant to this section shall be made in accordance with currently accepted reasonable medical standards by two physicians licensed under Chapter 458 or Chapter 459. One physician shall be the treating physician, and the other physician shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist.

6. It is the opinion of the Board that pronouncement of death of hospital patients whose death was anticipated, occurred naturally, or for whom there were orders to not resuscitate is within the scope of practice of registered nurses under Section 464.003, Florida Statutes. This conclusion was based upon the Board's understanding of the terms, "observation, assessment, nursing diagnosis" as used within section 464.003(3)(a)(1), and also the absence of any express statutory provision regarding pronouncement of death, with the exception of Section 382.009(2), regarding determination of brain death.

7. Although the Board is of the opinion that it is permissible for registered nurses to pronounce death for hospital patients in the circumstances enumerated above, the Board is also of the opinion that each hospital or other institution rendering medical care must articulate its own policy regarding whether registered nurses within that facility may pronounce death, and if so, under what circumstances.

WHEREFORE, it is ordered that pronouncement of death of hospital patients whose death was anticipated, occurred naturally, or for whom there were orders to not resuscitate, is within the scope of practice of a registered professional nurse. Each hospital is then responsible for articulating its policy regarding pronouncement of death by registered nurses.

Petitioner is hereby notified that she may appeal this order by filing one copy of the Notice of Appeal with the Clerk of the agency, and by filing a filing fee and one copy of the Notice of Appeal with the District Court of Appeal within 30 days of the date this order is filed.

DONE and ORDERED this 5th day of July, 1988.

JEANNE STARK, Chairman
FLORIDA BOARD OF NURSING

CERTIFICATE OF SERVICE

* * *

NO. 5

**STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING**

IN RE: The Petition for Declaratory
Statement of: DARLENE ADAMS, R.N.

FINAL ORDER NO. BON-DS-87-2
FILED DATE: 7/21/88

FINAL ORDER

This matter came before the Board of Nursing pursuant to Chapter 120.565, Florida Statutes and Chapter 28-4, Florida Administrative Code on April 15, 1988 in Miami, Florida for the purpose of considering the Petition for Declaratory Statement filed by Darlene Adams (hereinafter Petitioner).² Petitioner was present. Having considered the petition and supporting documentation provided by Petitioner, and being otherwise fully advised in the premises, the Board makes the following finding and conclusions.

FINDINGS OF FACT

1. All Petitioners are registered nurses in the State of Florida employed at Jackson Memorial Hospital in Miami, Florida.

2. Petitioners are in doubt as to the scope of practice of a registered nurse with regard to monitoring the infusion of Marcaine³ to patients in a hospital setting. Petitioners contend that the monitoring of Marcaine should fall within the scope of the administration of medications and treatments authorized or prescribed by a practitioner as defined within Section 464.003 (3)(a). Petitioners assert that they would be responsible for the observing and monitoring only of the interscalene infusion of Marcaine; the anesthesia department within Jackson Memorial Hospital

² Owing to questions regarding the standing of Darlene Adams in her capacity as director of Risk Management, the following registered nurses also employed by Jackson Memorial joined in the petition: Daria Bernstein, RN; Lise Garlarneau, RN; Rupert French, RN; and Jacqueline Zych, RN.

³ Marcaine or Marcaine Hydrochloride is a product of Winthrop-Breon Laboratories and is identified in the Physician's Desk Reference.

would remain responsible for the preparation and insertion of the Marcaine. Petitioners assert that registered nurses would monitor Marcaine infusions where protocols, guidelines, formal education and training permitted.

3. In their Petition for Declaratory Statement, Petitioners request the Board to answer substantially the following questions:

Whether the monitoring of Marcaine infusions falls within the scope of, "administration of medication and treatments as prescribed or authorized by a duly licensed practitioner," pursuant to Section 464.003(3)a, Florida Statutes.

4. The Petition was noticed by Board in the September 4, 1987 issue of the Florida Administrative Weekly, Vol. 13, No. 36, page 3334.

5. Jackson Memorial Hospital is a hospital which contains both a nursing department and a department of anesthesia. Included within Jackson Memorial are orthopedic and general surgery floors where patients are in need of continuous interscalene Marcaine infusion.

6. The procedure in question would be the continued observation and monitoring of patients receiving Marcaine infusion. Registered nurse would be responsible for this observation and monitoring of the infusion; the anesthesiology department within the hospital would be responsible for the preparation and insertion of the infusion.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to Section 120.565, Florida Statutes and Chapter 28-4, Florida Administrative Code.

2. The Petition filed by Petitioners is in substantial compliance with the provisions of Section 120.565, Florida Statutes, and Rule 28-4.001, Florida Administrative Code, and Petitioners have the requisite interest to maintain this proceeding. (See footnote 1)

3. Section 464.003(3)a, Florida Statutes in pertinent part provides:

(3)(a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.

2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

4. Any nurse is bound by her responsibility to practice within the scope of her abilities as well as the minimum standards of acceptable and prevailing nursing practice. See Section 464.018(1)(f), Florida Statutes.

5. It is the opinion of the Board that the procedure proposed by Petitioners, the monitoring of Marcaine infusions by registered nurses within a hospital setting, is within the scope of practice of a registered professional nurse under Section 464.003, Florida Statutes. This conclusion is based upon the Board's interpretation of Section 464.003, more specifically Section 464.003(3)(a)2, and upon the Board's understanding that registered nurses would be responsible for monitoring of Marcaine as a medication or treatment only, and would not be responsible for the preparation, mixing, placing, or insertion, of Marcaine as an anesthesia. It is also the opinion of the Board that hospitals wishing to utilize registered nurses to observe and monitor patients receiving Marcaine must articulate and rely upon protocols, and guidelines which take into account the education and training of any registered nurse prior to permitting the registered nurses to monitor Marcaine infusion.

WHEREFORE, it is ORDERED that is proposed by Petitioner, the observation and monitoring of hospital patients receiving Marcaine infusions for purposes other than anesthesia is within the scope of practice of a registered professional nurse. Each hospital is responsible for appropriate protocols, guidelines, and training prior to utilizing registered nurses for this procedure.

Petitioners are hereby notified that they may appeal this order by filing one copy of the Notice of Appeal with the Clerk of the agency, and by filing a filing fee and one copy of the Notice of Appeal to the District Court of Appeal within 30 days of this order is filed.

DONE and ORDERED this 21 day of July, 1988.

JEANNE STARK,
Chairman

CERTIFICATE OF SERVICE

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NO. 6

**STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF NURSING**

IN RE: The Petition for Declaratory
Statement of: IRIS HELMUTH, R.N.

FILED DATE: 1/06/89

FINAL ORDER

This matter came before the Board of Nursing pursuant to Chapter 120.565, Florida Statutes and Chapter 28-4, Florida Administrative Code on October 21, 1988 in Tallahassee, Florida for the purpose of considering the Petition for Declaratory Statement filed by Iris Helmuth (hereinafter Petitioner). Petitioner was not present. Having

considered the Petition and supporting documentation provided by Petitioner, and being otherwise fully advised in the premises, the Board makes the following findings and conclusions:

FINDINGS OF FACT

1. Petitioner is a registered nurse in the State of Florida, employed by Sarasota Memorial Hospital, Sarasota, Florida.

2. Petitioner is in doubt as to whether a registered nurse may increase the rate of an infusing epidural anesthesia solution under the general direction of an anesthesiologist within the hospital setting.

3. In her Petition for Declaratory Statement filed with the Board, Petitioner requests the Board to answer substantially the following question:

Whether Section 464.003(3), Florida Statutes, which defines the practice of professional nursing, can be construed to authorize a registered nurse in a hospital to increase the rate of an infusing epidural anesthesia solution under the general direction of an anesthesiologist?

4. The Petition was noticed by the Board in the October 21, 1988 issue of the Florida Administrative Weekly.

5. Petitioner, as head nurse of Obstetrical Services at Sarasota Memorial Hospital, in Sarasota, Florida asserts that the registered nurses at that hospital are providing patient care in the labor and delivery area including monitoring patients who are on continuous epidural anesthesia drips during labor and asserts further that nurses are being asked by the anesthesiologists to increase the anesthesia drip rate in response to patient's complaint that anesthesia is not being maintained by the amount of medication being provided through the epidural drip at that time. Petitioner notes that an anesthesiologist would not be in the immediate proximity at the time the drip rate would be increased, but would be in the general area.

6. Petitioner points out that currently she and her staff have declined to assume the responsibility of increasing the drip rate on continuous epidural anesthesia patients in labor and delivery pending the interpretation from this Board.

7. Petitioner's particular question goes to Section 464.003 (3) (a) 2, Florida Statutes which includes within the practice of professional nursing:

"The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments"

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to Section 120.565, Florida Statutes and Chapter 28-4, Florida Administrative Code.

2. The Petition filed by Petitioner is in substantial compliance with the provisions of Section 120.565, Florida Statutes, and Rule 28-4.001, Florida Administrative Code, and Petitioner has the requisite interest to maintain this proceeding.

3. Section 464.003 (3) (a), Florida Statutes in pertinent part provides:

(3) (a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized

knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

4. Initially, the Board has considered whether a. epidural anesthesia is a medication or treatment within the context of Section 464.003 (3) (a) 2. The Board understands that the anesthesia in question is a regional anesthetic agent and as such is not within the meaning of the terms "medications and treatments." It is the opinion of the Board that epidural anesthesia is a regional anesthetic agent and as such is not contemplated by the terms "medications and treatments", contained within Section 464.003 (3) (a) 2, Florida Statutes.

5. The Board is of the opinion that it is beyond the scope of a registered nurse to alter the rate of a regional-anesthetic agent being received by a patient in the labor and delivery section of the hospital.

WHEREFORE it is therefore ORDERED that because continuous epidural anesthesia drips during labor and delivery is a regional anesthesia agent and as such is not within the Board's understanding of the meaning terms "medications and treatments," contained within Section 464.003 (3) (a) 2, Florida Statutes, it is beyond the scope of a registered nurse to alter the rate of a regional anesthesia agent being received by patients in the labor and delivery section of Sarasota Memorial Hospital.

Petitioner is hereby notified she may appeal this order by filing one copy of the Notice of Appeal to the Clerk of the agency, and by filing a filing fee and one copy of the Notice of Appeal with the District Court of Appeal within thirty (30) days of the date this order is filed.

DONE and ORDERED this 6 day of January, 1989.

JEANNE STARK, R.N., CHAIRMAN
FLORIDA BOARD OF NURSING

CERTIFICATE OF SERVICE

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