



HYBRID (IN-PERSON/VIRTUAL)
BOARD OF NURSING
N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Brad Wojciechowski (608) 266-2112
November 9, 2023

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board. Be advised that board members may attend meetings designated as “Hybrid” in-person or virtually.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1-5)**
- B. Approval of Minutes of October 12, 2023 (6-12)**
- C. Reminders: Conflicts of Interests, Scheduling Concerns**
- D. Introductions, Announcements and Recognition – Discussion and Consideration**
- E. Administrative Matters – Discussion and Consideration**
 - 1. Department, Staff and Board Updates
 - 2. Appointments of Liaisons and Alternates
 - 3. Board Members – Term Expiration Dates
 - a. Anderson, John G. – 7/1/2025
 - b. Edelstein, Janice A. – 7/1/2024
 - c. Guyton, Vera L. – 7/1/2025
 - d. Kane, Amanda K. – 7/1/2027
 - e. Malak, Jennifer L. – 7/1/2026
 - f. Sabourin, Shelly R. – 7/1/2027
 - g. Saldivar Frias, Christian – 7/1/2023
 - h. Weinman, Robert W. – 7/1/2027
- F. Education and Examination Matters – Discussion and Consideration**
- G. Legislative and Policy Matters – Discussion and Consideration**
- H. Public Agenda Request Item – Presentation by Dr. Kerri Kliminski (13-21)**
 - 1. Delegation and Scope of Practice: Educational Preparation at the Practical and Registered Nurse Level

- I. Administrative Rule Matters – Discussion and Consideration (22-41)**
 - 1. Discussion of N 6, Relating to Delegated Acts (23-38)
 - 2. Pending and Possible Rulemaking Projects (39-41)
- J. Amending the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines Pursuant to 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain – Discussion and Consideration (42-46)**
- K. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration**
- L. Newsletter Matters – Discussion and Consideration (47)**
- M. Nurse Licensure Compact (NLC) Update – Discussion and Consideration**
- N. Liaison Reports – Discussion and Consideration**
- O. Discussion and Consideration of Items Added After Preparation of Agenda:**
 - 1. Introductions, Announcements and Recognition
 - 2. Administrative Matters
 - 3. Election of Officers
 - 4. Appointment of Liaisons and Alternates
 - 5. Delegation of Authorities
 - 6. Education and Examination Matters
 - 7. Credentialing Matters
 - 8. Practice Matters
 - 9. Legislative and Policy Matters
 - 10. Administrative Rule Matters
 - 11. Liaison Reports
 - 12. Board Liaison Training and Appointment of Mentors
 - 13. Public Health Emergencies
 - 14. Informational Items
 - 15. Division of Legal Services and Compliance (DLSC) Matters
 - 16. Presentations of Petitions for Summary Suspension
 - 17. Petitions for Designation of Hearing Examiner
 - 18. Presentation of Stipulations, Final Decisions and Orders
 - 19. Presentation of Proposed Final Decisions and Orders
 - 20. Presentation of Interim Orders
 - 21. Petitions for Re-Hearing
 - 22. Petitions for Assessments
 - 23. Petitions to Vacate Orders
 - 24. Requests for Disciplinary Proceeding Presentations
 - 25. Motions
 - 26. Petitions
 - 27. Appearances from Requests Received or Renewed
 - 28. Speaking Engagements, Travel, Public Relation Requests, and Reports
- P. Public Comments**

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b),

and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

Q. Deliberation on Division of Legal Services and Compliance Matters

1. Credentialing Matters

a. Application Reviews (48-200)

1. Julie Gervais – Full Board Review

2. Case Closings

- a. 22 NUR 079 – W.R.S. (201-206)
- b. 22 NUR 192 – L.F. & L.D.N. (207-212)
- c. 22 NUR 236 – D.A.C. (213-217)
- d. 22 NUR 300 – J.G. (218-221)
- e. 22 NUR 321 – J.H. & S.M. (222-228)
- f. 22 NUR 456 – Unknown (229-234)
- g. 22 NUR 517 – K.L. (235-246)
- h. 22 NUR 682 – Unknown (247-249)
- i. 22 NUR 815 – A.M.R. (250-253)
- j. 23 NUR 387 – M.D.W. (254-256)
- k. 23 NUR 577 – D.I.F. (257-264)
- l. 23 NUR 619 – W.R.S. (265-269)
- m. 23 NUR 655 – T.L.H. (270-272)

3. Proposed Stipulations, Final Decisions, and Orders

- a. 21 NUR 334 – Jason A. Fogt, L.P.N. (273-279)
- b. 21 NUR 526 – Debra A. Muth, R.N., A.P.N.P. (280-287)
- c. 21 NUR 597 – Roger A. Krantz, R.N. (288-294)
- d. 22 NUR 124 – Christopher D. Shanahan, R.N. (295-305)
- e. 22 NUR 216 – Christi L. Hermann, R.N. (306-311)
- f. 22 NUR 627 – Amber M. Maves, R.N. (312-318)
- g. 22 NUR 629 – Jessica N. Etta, R.N. (319-324)
- h. 22 NUR 758 – Camile E. Gates, R.N. (325- 331)
- i. 22 NUR 826 – Amy S. Meyers, R.N. (332-340)
- j. 23 NUR 016, and 23 NUR 173 – Amanda M. Vanderfin, L.P.N. (341-351)
- k. 23 NUR 092 – Shayna N. Weid, R.N. (352-358)
- l. 23 NUR 183 – Breanna E. Mommaerts, R.N. (359-364)
- m. 23 NUR 265 – Kelly A. Castillo, R.N. (365-371)
- n. 23 NUR 325 – Michelle L. Mech, R.N. (372-378)
- o. 23 NUR 347 – Krysten M. Johnson, R.N. (379-384)
- p. 23 NUR 355 – Carissa E. Mueller, R.N. (385-392)
- q. 23 NUR 414 – Stacy L. Mingori, R.N. (393-399)

4. Monitoring Matters (400-707)

a. Monitor Olson

1. Kristen Petzer, R.N. – Requesting Full Licensure or Modification of Monitoring Order (402-423)

b. Monitor Krogman

1. Stephanie Geiger, R.N. – Requesting Modification of Monitoring Order (424-455)
2. Leslie Haapoja, R.N. – Requesting Full Licensure (456-482)
3. Shane Renner, R.N. – Requesting Modification of Monitoring Order (483-517)

c. Monitor Heller

1. Cammie Gladem, R.N. – Requesting Modification of Monitoring Order **(518-559)**
2. Tasha Harris, L.P.N., R.N. – Requesting Full Licensure **(560-596)**
3. Cherie Jess, R.N. – Requesting Modification of Monitoring Order **(597-652)**
4. Doreen Serrano, R.N. – Requesting Modification of Monitoring Order **(653-677)**
5. Susan Thiel (Petri), R.N. – Requesting Modification of Monitoring Order **(678-707)**

R. Deliberation of Items Added After Preparation of the Agenda

1. Education and Examination Matters
2. Credentialing Matters
3. DLSC Matters
4. Monitoring Matters
5. Professional Assistance Procedure (PAP) Matters
6. Petitions for Summary Suspensions
7. Petitions for Designation of Hearing Examiner
8. Proposed Stipulations, Final Decisions and Order
9. Proposed Interim Orders
10. Administrative Warnings
11. Review of Administrative Warnings
12. Proposed Final Decisions and Orders
13. Matters Relating to Costs/Orders Fixing Costs
14. Case Closings
15. Board Liaison Training
16. Petitions for Assessments and Evaluations
17. Petitions to Vacate Orders
18. Remedial Education Cases
19. Motions
20. Petitions for Re-Hearing
21. Appearances from Requests Received or Renewed

S. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

T. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

T. Open Session Items Noticed Above Not Completed in the Initial Open Session

U. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

V. Board Strategic Planning and its Mission, Vision and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: DECEMBER 14, 2023

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or the Meeting Staff at 608-267-7213.

**VIRTUAL/TELECONFERENCE
BOARD OF NURSING
MEETING MINUTES
OCTOBER 12, 2023**

PRESENT: John Anderson, Janice Edelstein, Vera Guyton, Amanda Kane, Jennifer Malak, Shelly Sabourin, Robert Weinman (*arrived at 8:08*)

EXCUSED: Christian Saldivar Frias

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Sofia Anderson, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department Staff

CALL TO ORDER

Vera Guyton, Vice Chairperson, called the meeting to order at 8:08 a.m. A quorum was confirmed with eight (8) members present.

(Robert Weinman arrived at 8:08)

ADOPTION OF THE AGENDA

Amendments to the Agenda

- Strike McFarland (f) from E.3.
- Correct lettering of items T-W

MOTION: Vera Guyton moved, seconded by Amanda Kane, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES SEPTEMBER 14, 2023

MOTION: John Anderson moved, seconded by Jennifer Malak, to approve the Minutes of September 14, 2023 as published. Motion carried unanimously.

Appointments of Liaisons and Alternates

| LIAISON APPOINTMENTS | |
|-----------------------------|---|
| Credentialing | Janice Edelstein, Vera Guyton (<i>LPN Reviews</i>), Robert Weinman Amanda Kane <i>Alternate: Vera Guyton</i> |
| Monitoring | John Anderson (<i>6/8/2023</i>) <i>Alternate: Robert Weinman</i> |

| | |
|---|---|
| Professional Assistance Procedure (PAP) | Shelly Sabourin (10/12/2023) Jennifer Malak |
| Legislative Liaison | John Anderson, Robert Weinman |
| Newsletter Liaison | Janice Edelstein, Jennifer Malak <i>Alternate:</i> Vera Guyton |
| Board Practice Liaison | Robert Weinman |
| Board Education Liaison | Janice Edelstein (6/8/2023) <i>Alternate:</i> |
| Controlled Substances Board as per Wis. Stats. §15.405(5g) | Amanda Kane <i>Alternate:</i> Robert Weinman (Primary) |
| Wisconsin Coalition for Prescription Drug Abuse Reduction | Amanda Kane |
| Travel Authorization Liaison | Robert Weinman (Chair) <i>Alternate:</i> Vera Guyton (Vice Chair) |
| Military Medical Personnel | Robert Weinman <i>Alternate:</i> Jennifer Malak |
| COMMITTEE MEMBER APPOINTMENTS | |
| Legislation and Rules Committee | Janice Edelstein, Robert Weinman (Chair), John Anderson |
| BOARD APPOINTMENT TO THE INTERSTATE NURSE LICENSURE COMPACT COMMISSION | |
| Administrator of the Nurse Licensure Compact | Robert Weinman <i>Alternate:</i> Janice Edelstein |

| | |
|--------------------------------------|----------------|
| SCREENING PANEL APPOINTMENTS | |
| Alternates | Robert Weinman |
| 2023 Screening Panel Rotation | |

| | |
|---------------------------|--|
| January – March | Janice Edelstein (2024), Vera Guyton (2024 remove), Amanda Kane (2024) |
| April – June | Shelly Sabourin (10/12/2023), John Anderson |
| July – September | Robert Weinman (6/8/2023) Christian Saldivar Frias |
| October – December | Robert Weinman, Jennifer Malak |

EDUCATION AND EXAMINATION MATTERS

MOTION: Robert Weinman moved, seconded by Jennifer Malak, to grant the request of Arizona College of Nursing for approval to plan a school of nursing. Motion carried unanimously.

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to acknowledge and thank Dr. Deborah Long, Senior Director of Regulatory Affairs, for her appearance and presentation to the Board of Nursing. Motion carried unanimously.

CLOSED SESSION

MOTION: Vera Guyton moved, seconded by John Anderson, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigation with administrative warnings (ss. 19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and, to confer with legal counsel (s. 19.85(1)(g), Stats.). Robert Weinman, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: John Anderson-yes; Janice Edelstein-yes; Vera Guyton-yes; Amanda Kane -yes; Jennifer Malak-yes; Shelly Sabourin - yes; and Robert Weinman-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:20 a.m.

Proposed Stipulations and Interim Orders

23 NUR 174 – Samantha Buesing, R.N.

MOTION: Robert Weinman moved, seconded by Jennifer Malak, to adopt the Findings of Fact, Conclusions of Law and Interim Order in the matter of disciplinary proceedings against Samantha Buesing, R.N., DLSC Case Number 23 NUR 174. Motion carried unanimously.

DELIBERATION ON PROPOSED FINAL DECISION AND ORDERS

Thomas L. Collins, R.N., Respondent – DHA Case Number SPS-23-0030/DLSC Case Number 22 NUR 455

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against Thomas L. Collins, R.N., Respondent – DHA Case Number SPS-23-0030/DLSC Case Number 22 NUR 455. Motion carried unanimously.

David K. Schubert, R.N., Respondent – DHA Case Number SPS-23-0028/DLSC Case Number 22 NUR 856

MOTION: Jennifer Malak moved, seconded by Vera Guyton, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order, in the matter of disciplinary proceedings against David K. Schubert, R.N., Respondent – DHA Case Number SPS-23-0028/DLSC Case Number 22 NUR 856. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE MATTERS

Administrative Warnings

MOTION: Amanda Kane moved, seconded by John Anderson, to issue an Administrative Warning in the following DLSC Cases:
21 NUR 729 – J.C.F.
22 NUR 160 – L.M.E.
22 NUR 419 – J.L.S.
22 NUR 640 – F.A.Z.
23 NUR 071 – R.K.S.
23 NUR 109 – N.M.K.
23 NUR 473 – J.D.M.
Motion carried unanimously.

Case Closings

MOTION: Jennifer Malak moved, seconded by Janice Edelstein, to close the following DLSC Cases for the reasons outlined below:
22 NUR 025 – Y.M.T.H. – Prosecutorial Discretion (P1)
22 NUR 042 – D.S. & M.H. – Insufficient Evidence
22 NUR 687 – L.M.S. – No Violation
22 NUR 788 – C.B.T. – Prosecutorial Discretion (P2)
22 NUR 839 – M.K. – No Violation
23 NUR 109 – A.J.D. – No Violation
23 NUR 180 – L.J.G. – No Violation
23 NUR 282 – H.A.M. – No Violation

23 NUR 357 – M.V. – Insufficient Evidence
23 NUR 358 – M.N.M. – Prosecutorial Discretion (P1)
23 NUR 455 – F.O.O. – Insufficient Evidence
23 NUR 480 – C.L.M. – Insufficient Evidence
23 NUR 530 – P.E.K. – Lack of Jurisdiction (L2)
Motion carried unanimously.

Proposed Stipulations and Final Decisions and Orders

MOTION: Jennifer Malak moved, seconded by Amanda Kane, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of the following cases:

20 NUR 003, 22 NUR 417, and 22 NUR 504 – Alyssa M. Gates, R.N.
22 NUR 212 – Judith L. Gongoll, R.N.
22 NUR 242 – Ashley M. Dietrich, R.N.
22 NUR 288 – Dawn M. Stogenson, R.N.
22 NUR 520 – Teresa L. DeGrave, R.N.
22 NUR 713 – Renae J. Tufte, R.N.
22 NUR 734 – Jamie M. Tuck, R.N.
22 NUR 754 – Amy J. DeFranco, R.N., A.P.N.P.
22 NUR 769 – Jerilyn A. Shooter, L.P.N.
22 NUR 827 – Danerys Rios, R.N.
23 NUR 047 – Paul M. Mose, R.N.
23 NUR 271 – Sarah E. Fish, R.N.
23 NUR 509 – Lisa O’Farrell, R.N.
23 NUR 512 – Shellie L. Richards, R.N.
Motion carried unanimously.

Monitoring Matters

Molly Fitzgerald, L.P.N. – Requesting Board review of monitoring materials

MOTION: John Anderson moved, seconded by Shelly Sabourin, to impose additional limitations on the license of Molly Fitzgerald, L.P.N. requiring her to participate in mental health treatment including, but not limited to, individual counseling and quarterly treatment reports with a treater approved by the board liaison, and to require at least 6 of the 40 hours of CE required in Order 8632 be in patient confidentiality and/or HIPAA related training, and for 10 of the 40 hours required in Order 8632 to be in in-person training. The frequency of required individual mental health therapy shall be determined by the treater. Respondent may petition the Board for full, unrestricted licensure upon demonstration of continuous, successful compliance with the terms of the order for at least eighteen (18) months. Motion carried unanimously.

Annabelle Huntress-Christianson, R.N. – Requesting Full Licensure

MOTION: Janice Edelstein moved, seconded by Jennifer Malak, to grant the request of Annabelle Huntress-Christianson, R.N., for Full Licensure. Motion carried unanimously.

Allyson Rossi, R.N. – Requesting Termination of treatment; Termination of AANA reports; Removal of reporting requirement for medications & allow consumption of certain OTC drugs and certain foods; Reduction in drug screens.

MOTION: Amanda Kane moved, seconded by Jennifer Malak, to grant the request of Allyson Rossi, R.N., for termination of treatment and allowing access to controlled substances in a work setting (C.19); but deny termination of verification of AANA reports; removal of reporting requirement for medications and allow consumption of certain OTC drugs and certain foods; reduction in drug screens. Reason for Denial: Insufficient time under the Board Order (3024) to demonstrate adequate compliance. Motion carried unanimously.

Lisa Hawkins, R.N. – Requesting Termination of Direct Supervision

MOTION: Janice Edelstein moved, seconded by Jennifer Malak, to grant the request of Lisa Hawkins, R.N., for termination of direct supervision. Motion carried unanimously.

Andrea K. Olson, R.N. – Requesting a reduction in drug test frequency to, termination of AA/NA meetings, termination of AODA Therapy, and a change from direct supervision to general supervision

MOTION: Amanda Kane moved, seconded by Shelly Sabourin, to grant the request of Andrea K. Olson, R.N., for a reduction in drug test frequency to 28 screens per year and one hair test per year, reduction of AA/NA meetings to two times per month, termination of AODA Therapy, and a change from direct supervision to general supervision. Motion carried unanimously.

Clayton Reimer, R.N. - Requesting a Reduction of Drug and Alcohol Screens and Termination of Direct Supervision

MOTION: Jennifer Malak moved, seconded by John Anderson, to grant the request of Clayton Reimer, R.N., for a reduction of drug and alcohol screens to 14 screens per year and one hair test per year and termination of direct supervision. Motion carried unanimously.

Peggy Sadowski, R.N. - Requesting reduction in drug screens and/or reduction on AA/NA meetings

MOTION: Janice Edelstein moved, seconded by Amanda Kane, to grant the request of Peggy Sadowski, R.N., for reduction in drug screens to 28 screens per

year and one hair test per year and reduction on AA/NA meetings to once weekly. Motion carried unanimously.

Lisa Tesch, R.N. - Requesting a Reduction or Elimination of AANA Meetings and Drug and Alcohol Screens

MOTION: John Anderson moved, seconded by Jennifer Malak, to grant the request of Lisa Tesch, R.N., for reduction of drug screens to 36 screens per year and one hair test per year and reduction on AA/NA meetings to once weekly. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Vera Guyton moved, seconded by John Anderson, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 10:29 a.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: John Anderson moved, seconded by Robert Weinman, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)


ADJOURNMENT

MOTION: Robert Weinman moved, seconded by Jennifer Malak, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:32 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|--|--|
| 1) Name and title of person submitting the request: Brad Wojciechowski, on behalf of Dr. Kerri Kliminski | | 2) Date when request submitted: 10/27/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small> | |
| 3) Name of Board, Committee, Council, Sections: Board of Nursing | | | |
| 4) Meeting Date: 11/09/2023 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Public Agenda Request Item – Presentation by Dr. Kerri Kliminski 1) Delegation and Scope of Practice: Educational Preparation at the Practical and Registered Nurse Level | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session | 8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input checked="" type="checkbox"/> Yes Dr. Kerri Kliminski <input type="checkbox"/> No | 9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A> | |
| 10) Describe the issue and action that should be addressed: <Click Here to Add Description> | | | |
| 11) Authorization | | | |
|  | | 10/27/2023 | |
| Signature of person making this request | | Date | |
| Supervisor (Only required for post agenda deadline items) | | Date | |
| Executive Director signature (Indicates approval for post agenda deadline items) | | Date | |
| Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Delegation and Scope of Practice: Educational Preparation at the Practical and Registered Nurse Level



Dr. Kerri Kliminski, EdD, MSN, RN
Dean, School of Nursing
Madison College
November 9, 2023



| Licensed Practical Nurse | Registered Nurse- ADN | Registered Nurse- BSN |
|---|---|---|
| 1-Year Technical Diploma (30+ credits) WTCS | Associate in Applied Science (60+ credits) WTCS | Bachelor of Science (120 + credits) Viterbo |
| Written Communication Oral & Interpersonal Communication Body Structure and Function Growth and Development | English 1 Speech Anatomy & Physiology 1 Anatomy & Physiology 2 Intro Psych Developmental Psych Intro Sociology Microbiology | Written Communications I Written Communication II Anatomy & Physiology 1 Anatomy & Physiology 2 Chemistry Intro. to Statistics Microbiology Nutritional Foundations Lifespan Psychology |
| Nursing Fundamentals Nursing Skills Pharmacology Intro Clinical Health Alterations Health Promotions Lifespan Clinical Clinical Care Management Clinical | Nursing Fundamentals Nursing Skills Pharmacology Intro Clinical Health Alterations Health Promotions Lifespan Clinical Clinical Care Management Clinical Advanced Skills Mental Health & Community Concepts Complex Health Alterations I Intermediate Clinical Complex Health Alterations II Management & Professional Concepts Advanced Clinical Transitions Clinical | Holistic Health Assessment and Health Promotion Pathophysiology Pharmacology Communication and Healthcare Partnerships Older Adult (with clinical) Nursing Research (EBP) Childbearing Family (with clinical) Children and Family (with clinical) Adult Health (with clinical) Public Health (with clinical) Psychiatric Mental Health (with clinical) Advanced Adult (with clinical) Capstone Immersion Clinical Nursing Leadership Transition to Nursing Practice |

Wisconsin Nurse Practice Act: Standards of Practice for LPN/RN

Basic Care

Licensed Practical Nurse

Basic Nursing Care: “care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

Basic patient situation has 3 conditions:

- Patient’s clinical condition is predictable
- Orders are not changing frequently & do not contain complex modifications
- Patient’s clinical condition requires only basic nursing care

Complex Care

Registered Nurse

Complex patient situation: one or more of the following conditions exist:

- Patient’s clinical condition is not predictable
- Medical or Nursing orders involve frequent changes or complex modifications
- Patient’s clinical condition requires modifications of nursing procedures in which the patient responses are not predictable



Scope of Practice Comparison: LPN & RN

Licensed Practical Nurse (LPN)

In the performance of acts in basic patient situations (stable condition with predictable response), the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

- Accept only patient care assignments which the L.P.N. is competent to perform.
- Provide basic nursing care.
- Record nursing care given and report to the appropriate person changes in patient condition.
- Perform the following acts when applicable:

Assist with the collection of data.

Assist with the development and revision of a nursing care plan.

Reinforce the teaching provided by an R.N. and provide basic health care instruction.

Participate with other health team members in meeting basic patient needs.

In the performance of acts in complex patient situations, the L.P.N. shall:

- Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider.

In assuming the position of charge nurse in a nursing home, an L.P.N. shall:

- Follow written protocols and procedures developed and approved by an R.N.
- Manage and direct nursing care and other activities of L.P.N.s or nursing support personnel under the general supervision of an R.N.
- Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum.

Registered Nurse (RN)

An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill.

- Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.
- Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.
- Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.
- Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

In the performance of delegated acts, an R.N. shall:

- Accept only those delegated acts for which there are protocols or written or verbal orders.
- Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.
- Perform delegated acts under the general supervision or direction of provider.

In the supervision and direction of delegated acts, an R.N. shall:

- Delegate tasks appropriate with educational preparation and demonstrated abilities of the person supervised.
- Provide direction and assistance to those supervised.
- Observe and monitor the activities of those supervised.
- Evaluate the effectiveness of acts performed under supervision.

Adopted with wording changes for clarity from Wisconsin State Board of Nursing, Chapter N6: Standards of Practice for Registered Nurses and Licensed Practical Nurses

Wisconsin Nurses Association
NURSING PRACTICE ISSUES AND ANSWERS

Issue: Information Sheet on Registered Nurses, Licensed Practical Nurses and Unlicensed Assistive Personnel



| | RN | LPN | UAP |
|-----------------------|--|---|---|
| ASSESSMENT | <ul style="list-style-type: none"> ▪ Conducts and documents total nursing assessments of the health status of clients by collecting and recording subjective and objective data. ▪ Reassess and collect pertinent data as the client's status changes. ▪ Determines frequency of nursing assessment. | <ul style="list-style-type: none"> ▪ Assists in the nursing assessment by collecting, reporting, and recording objective and subjective data about the client's condition at the direction of the registered nurse. | <ul style="list-style-type: none"> ▪ Measures and records objective data such as height, weight, vital signs, food and fluid intake and output under the direction of the licensed nurse. ▪ Reports to RN/LPN any observed changes in client conditions. |
| ANALYSIS | <ul style="list-style-type: none"> ▪ Analyzes assessment data and establishes, accepts and/or modifies the nursing diagnosis to be used as a basis for nursing interventions. | | |
| PLANNING | <ul style="list-style-type: none"> ▪ Develops, maintains, modifies, and communicates the nursing components of the plan of care derived from the nursing diagnosis (es). | <ul style="list-style-type: none"> ▪ Assists in the development of the nursing component of the client's plan of care at the direction of the RN. | |
| IMPLEMENTATION | <ul style="list-style-type: none"> ▪ Implements nursing plan of care, including nursing interventions. Executes regimen prescribed by physician, APN, dentist, optometrist, or podiatrist. ▪ Gives direct nursing care commensurate with education, training, or experiences. ▪ May also perform delegated medical acts under general supervision of physician, podiatrist, dentist, or optometrist. ▪ Provides client teaching. ▪ Collaborates with other members of the health care team. ▪ Delegates in accordance with Wisconsin Board of Nursing rules on delegation. | <ul style="list-style-type: none"> ▪ Implements nursing components of the client's plan of care at the direction of the registered nurse, licensed physician, dentist, optometrist, or podiatrist. ▪ Gives direct basic nursing care at the direction of the registered nurse, physician, dentist, optometrist, or podiatrist. ▪ The LPN may perform specific procedures that are beyond basic nursing care under general or direct supervision of the RN, physician, podiatrist, dentist, or optometrist. ▪ Collaborates with members of the health care team. ▪ Reinforces teaching initiated by RN, physician, podiatrist, dentist, or optometrist. | <ul style="list-style-type: none"> ▪ Provides basic nursing tasks under direction of a licensed nurse. ▪ Accepts delegated tasks from the registered nurse. ▪ When implementing any delegated tasks, the UAP must be: <ol style="list-style-type: none"> 1. Trained to safely perform the task. 2. Clinically competent. 3. Supervised by a licensed nurse. 4. UAP must demonstrate the knowledge, skills, and abilities prior to implementation. ▪ Collaborates with members of the health care team. |
| EVALUATION | <ul style="list-style-type: none"> ▪ Evaluates responses to a nursing intervention with contributions from client, family, significant others, and/or members of the health care team. ▪ Documents and communicates evaluation of plan of care. ▪ Modify the nursing diagnosis and revise the nursing component of the client's plan of care as necessary. | <ul style="list-style-type: none"> ▪ Contributes to the modification of the nursing components of the client's plan of care. | <ul style="list-style-type: none"> ▪ Reports any observed changes to the registered nurse or licensed practical nurse. |

Reference Chapter 441, WI Statutes, and Chapter N6, WI Administrative Code



Tasks That LPNs Can Assign:

- Activities of daily living (ADLs): Assisting with bathing, grooming, dressing, feeding, and toileting
- Vital sign measurements: Monitoring and recording temperature, blood pressure, pulse, and respiratory rate
- Routine mobility assistance: Assisting patients with walking, transferring, and repositioning
- Non-invasive treatments: Applying dressings, changing simple wound dressings, or applying basic topical medications as ordered

Tasks That LPNs Cannot Assign

- Medication administration (except for oral medications, as specified by state regulations)
- Data collection/alteration of nursing care plans
- Wound care, especially when involving complex dressings or wound data collection
- Administration of IV medications or fluids
- Tasks involving data collection of patient conditions, treatment planning, and critical decision-making

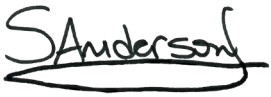


Questions?



**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | |
|---|---|--|
| 1) Name and title of person submitting the request: Sofia Anderson, Administrative Rules Coordinator | 2) Date when request submitted: 10/30/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small> | |
| 3) Name of Board, Committee, Council, Sections: Board of Nursing | | |
| 4) Meeting Date: November 9, 2023 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Administrative Rules Matters – Discussion and Consideration 1. Discussion of N 6, relating to delegated acts. 2. Pending and Possible rulemaking projects |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session | 8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if required: N/A |
| 10) Describe the issue and action that should be addressed: Attachments: 1. N 6 Implemented Scope Statement. 2. Chapter N 6 proposed amendment. 3. Nursing rule projects chart. | | |
| 11) Authorization <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <hr/> Signature of person making this request </div> <div style="text-align: right;"> 10/30/2023 <hr/> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Supervisor (if required) </div> <div style="text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="text-align: right;"> Date </div> </div> | | |
| Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | |

STATEMENT OF SCOPE

BOARD OF NURSING

Rule No.: N 6

Relating to: Delegated acts

Rule Type: Permanent

1. Finding/nature of emergency (Emergency Rule only):

N/A

2. Detailed description of the objective of the proposed rule:

The objective of the proposed rule is to review and possibly update ch. N 6 in order to clarify and further define the delegated acts. The Board may also perform a comprehensive review of this chapter in order to ensure that the language is up to date with current standards of practice and compliant with current Statutes.

3. Description of the existing policies relevant to the rule, new policies proposed to be included in the rule, and an analysis of policy alternatives:

Section N 6 contains the standards of practice for registered nurses and licensed practical nurses, which includes delegated acts. The Board of Nursing will review these delegated acts to determine whether they need to be modified.

The alternative would be to not revise the code, which would create confusion and a lack of clarity for stakeholders.

4. Detailed explanation of statutory authority for the rule (including the statutory citation and language):

Section 15.08 (5) (b), Stats., provides an examining board “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .”

Section 227.11 (2) (a), Stats., “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute...”

Section 441.01 (3), Stats., provides “[t]he board may establish minimum standards for schools for professional nurses and schools for licensed practical nurses, including all related clinical units and facilities, and make and provide periodic surveys and consultations to such schools. It may also establish rules to prevent unauthorized persons from practicing professional nursing. It shall approve all rules for the administration of this chapter in accordance with ch. 227.”

5. Estimate of amount of time that state employees will spend developing the rule and of other resources necessary to develop the rule:

80 hours

6. List with description of all entities that may be affected by the proposed rule:

Registered Nurses, Licensed Practical Nurses, entities that hire or may hire non-licensed caregivers, and individuals accessing health care services.

7. Summary and preliminary comparison with any existing or proposed federal regulation that is intended to address the activities to be regulated by the proposed rule:

None

8. Anticipated economic impact of implementing the rule (note if the rule is likely to have a significant economic impact on small businesses):

The proposed rule will have minimal to no economic impact on small businesses and the state's economy as a whole.

Contact Person: Sofia Anderson, Administrative Rules Coordinator, DSPSAdminRules@wisconsin.gov, (608) 261-4463.

Approved for publication:



Authorized Signature

4/24/2023

Date Approved

Approved for implementation:



Authorized Signature

5/26/2023

Date Approved

Chapter N 6

STANDARDS OF PRACTICE FOR REGISTERED NURSES AND LICENSED PRACTICAL NURSES

[N 6.01](#) Authority and intent.

[N 6.02](#) Definitions.

[N 6.03](#) Standards of practice for registered nurses.

[N 6.04](#) Standards of practice for licensed practical nurses.

[N 6.05](#) Violations of standards.

N 6.01 Authority and intent.

(1) This chapter is adopted pursuant to authority of ss. [15.08 \(5\) \(b\)](#), [227.11](#) and [441.001 \(3\)](#) and [\(4\)](#), Stats., and interprets the statutory definitions of professional and practical nursing.

(2) The intent of the board of nursing in adopting this chapter is to specify minimum practice standards for which R.N.s and L.P.N.s are responsible, and to clarify the scope of practice for R.N.s and L.P.N.s.

N 6.02 Definitions. As used in this chapter,

(1) "Advanced practice nurse prescriber" means a registered nurse who holds an advance practice nurse prescriber certificate under s. [441.16](#), Stats.

(1m) "Basic nursing care" means care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.

(2) "Basic patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means the following 3 conditions prevail at the same time in a given situation:

(a) The patient's clinical condition is predictable;

(b) Medical or nursing orders are not changing frequently and do not contain complex modifications; and,

(c) The patient's clinical condition requires only basic nursing care.

(3) "Complex patient situation" as determined by an R.N., physician, podiatrist, dentist or optometrist means any one or more of the following conditions exist in a given situation:

(a) The patient's clinical condition is not predictable;

(b) Medical or nursing orders are likely to involve frequent changes or complex modifications; or,

(c) The patient's clinical condition indicates care that is likely to require modification of nursing procedures in which the responses of the patient to the nursing care are not predictable.

(5) "Delegated act" means acts delegated to a registered nurse or licensed practical nurse or acts delegated by registered nurse or licensed practical nurse to eligible staff of regulated entities who are at least 18 years old and have received the appropriate education and formal or informal training required to perform the delegated act.

(6) "Direct supervision" means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

(7) "General supervision" means regularly to coordinate, direct and inspect the practice of another.

(8) "Nursing diagnosis" means a judgment made by an R.N. following a nursing assessment of a patient's actual or potential health needs for the purpose of establishing a nursing care plan.

(9) "Patient" means a person receiving nursing care by an R.N. or L.P.N. performing nursing services for compensation.

(10) "Protocol" means a precise and detailed written plan for a regimen of therapy.

(10m) "Provider" means a physician, physician assistant, podiatrist, dentist, optometrist or advanced practice nurse provider.

(10m) "Provider" means any licensed professional who is legally authorized to delegate acts.

Note: There was an inadvertent error in [CR 15-099](#). "Advanced practice nurse provider" should be "advanced practice nurse prescriber" consistent with sub. (1) and s. [441.16](#), Stats. The error will be corrected in future rulemaking.

(11) "R.N." means a registered nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.

(12) "L.P.N." means a licensed practical nurse licensed under ch. [441](#), Stats., or a nurse who has a privilege to practice in Wisconsin under s. [441.51](#), Stats.

N 6.03 Standards of practice for registered nurses.

(1) General nursing procedures. An R.N. shall utilize the nursing process in the execution of general nursing procedures in the maintenance of health, prevention of illness or care of the ill. The nursing process consists of the steps of assessment, planning, intervention and evaluation. This standard is met through performance of each of the following steps of the nursing process:

(a) *Assessment.* Assessment is the systematic and continual collection and analysis of data about the health status of a patient culminating in the formulation of a nursing diagnosis.

(b) *Planning.* Planning is developing a nursing plan of care for a patient which includes goals and priorities derived from the nursing diagnosis.

(c) *Intervention.* Intervention is the nursing action to implement the plan of care by directly administering care or by directing and supervising nursing acts delegated to L.P.N.'s or less skilled assistants.

(d) Evaluation. Evaluation is the determination of a patient's progress or lack of progress toward goal achievement which may lead to modification of the nursing diagnosis.

(2) Performance of delegated acts. In the performance of delegated acts an R.N. shall do all of the following:

(a) Accept only those delegated acts for which there are protocols or written or verbal orders.

(b) Accept only those delegated acts for which the R.N. is competent to perform based on his or her nursing education, training or experience.

(c) Consult with a provider in cases where the R.N. knows or should know a delegated act may harm a patient.

(d) Perform delegated acts under the general supervision or direction of provider.

(3) Supervision and direction of delegated acts. In the supervision and direction of delegated acts an R.N. shall do all of the following:

(a) Delegate tasks commensurate with educational preparation and demonstrated abilities of the person supervised.

(b) Provide direction and assistance to those supervised.

(c) Observe and monitor the activities of those supervised.

(d) Evaluate the effectiveness of acts performed under supervision.

N 6.04 Standards of practice for licensed practical nurses.

(1) Performance of acts in basic patient situations. In the performance of acts in basic patient situations, the L.P.N. shall, under the general supervision of an R.N. or the direction of a provider:

(a) Accept only patient care assignments which the L.P.N. is competent to perform.

(b) Provide basic nursing care.

(c) Record nursing care given and report to the appropriate person changes in the condition of a patient.

(d) Consult with a provider in cases where an L.P.N. knows or should know a delegated act may harm a patient.

(e) Perform the following other acts when applicable:

1. Assist with the collection of data.

2. Assist with the development and revision of a nursing care plan.

3. Reinforce the teaching provided by an R.N. provider and provide basic health care instruction.

4. Participate with other health team members in meeting basic patient needs.

(2) Performance of acts in complex patient situations. In the performance of acts in complex patient situations the L.P.N. shall do all of the following:

(a) Meet standards under sub. (1) under the general supervision of an R.N., physician, podiatrist, dentist or optometrist.

(b) Perform delegated acts beyond basic nursing care under the direct supervision of an R.N. or provider. An L.P.N. shall, upon request of the board, provide documentation of his or her nursing education, training or experience which prepares the L.P.N. to competently perform these assignments.

(3) Assumption of charge nurse position in nursing homes. In assuming the position of charge nurse in a nursing home as defined in s. 50.04 (2) (b), Stats., an L.P.N. shall do all of the following:

(a) Follow written protocols and procedures developed and approved by an R.N.

(b) Manage and direct the nursing care and other activities of L.P.N.s and nursing support personnel under the general supervision of an R.N.

(c) Accept the charge nurse position only if prepared for the responsibilities of charge nurse based upon education, training and experience beyond the practical nurse curriculum. The L.P.N. shall, upon request of the board, provide documentation of the nursing education, training or experience which prepared the L.P.N. to competently assume the position of charge nurse.

N 6.05 Violations of standards. A violation of the standards of practice constitutes unprofessional conduct or misconduct and may result in the board limiting, suspending, revoking or denying renewal of the license or in the board reprimanding an R.N. or L.P.N.

National Guidelines for Nursing Delegation

Effective Date: **4/29/2019**
Status: **Replaces NCSBN and ANA 2010 Joint Statement on Delegation**
Written by: **NCSBN – ANA**
Jointly Adopted by: **NCSBN Board of Directors / ANA Board of Directors**

I. Purpose

Delegation is an essential nursing skill. Building on previous work of NCSBN and the American Nurses Association (ANA), this joint statement reflects an effort to standardize the nursing delegation process based on research findings and evidence in the literature and is applicable to all levels of nursing licensure (advanced practice registered nurse [APRN], registered nurse [RN], licensed practical/vocational nurse [LPN/VN]) where the nurse practice act (NPA) is silent.

These guidelines can be applied to:

- APRNs when delegating to RNs, LPN/VNs and assistive personnel (AP)
- RNs when delegating to LPN/VNs and AP
- LPN/VNs (as allowed by their state/jurisdiction) when delegating to AP.

Note: These guidelines do not apply to the transfer of responsibility for care of a patient between licensed health care providers (e.g., RN to another RN or LPN/VN to another LPN/VN), which is considered a handoff (Agency for Healthcare Research and Quality, 2015).

Introduction

Health care is continuously changing and necessitates adjustment for evolving roles and responsibilities of licensed health care providers and assistive personnel. The abilities to delegate, assign and supervise are critical competencies for every RN. It is important to note that states/jurisdictions have different laws and rules/regulations about delegation, and it is the responsibility of all licensed nurses to know what is permitted in their jurisdiction. When certain nursing care needs to be delegated, it is imperative that the delegation process and the jurisdiction NPA be clearly understood so that it is safely, ethically and effectively carried out.

The decision of whether or not to delegate or assign is based upon the RN's judgment concerning the condition of the patient, the competence of all members of the nursing team and the degree of supervision that will be required of the RN if a task is delegated. The difference between **delegation** and **assignment** has been a source of debate for years.

Definitions

Accountability: “To be answerable to oneself and others for one’s own choices, decisions and actions as measured against a standard...” (American Nurses Association, 2015, p. 41).

Delegated Responsibility: A nursing activity, skill or procedure that is transferred from a licensed nurse to a delegatee.

Delegatee: One who is delegated a nursing responsibility by either an APRN, RN or LPN/VN (where jurisdiction NPA allows), is competent to perform it and verbally accepts the responsibility. A delegatee may be an RN, LPN/VN or AP.

Delegator: One who delegates a nursing responsibility. A delegator may be APRN, RN, or LPN/VN (where jurisdiction NPA allows).

Assignment: The routine care, activities and procedures that are within the authorized scope of practice of the RN or LPN/VN or part of the routine functions of the AP.

Licensed Nurse: A licensed nurse includes APRNs, RNs and LPN/VNs. In some states/jurisdictions, LPN/VNs may be allowed to delegate.

Assistive Personnel (AP): Any assistive personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to certified nursing assistants or aides (CNAs), patient care technicians, CMAs, certified medication aids, and home health aides (*formerly referred to as “unlicensed” assistive personnel [UAP]*).

When performing a fundamental skill on the job, the delegatee is considered to be carrying out an assignment. The routine care, activities and procedures assigned are those which would have been included in the delegatee’s basic educational program. A licensed nurse is still responsible for ensuring an assignment is carried out completely and correctly. Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee’s traditional role and not routinely performed. This applies to licensed nurses as well as AP. Regardless of the current role of the delegatee (RN, LPN/ VN or AP), delegation can be summarized as follows:

- A delegatee is allowed to perform a specific nursing activity, skill or procedure that is outside the traditional role and basic responsibilities of the delegatee’s current job.
- The delegatee has obtained the additional education and training, and validated competence to perform the care/delegated responsibility. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, AP) to whom the activity, skill or procedure has been delegated. The licensed nurse who delegates the “responsibility” maintains overall accountability for the patient. However, the delegatee bears the responsibility for the delegated activity, skill or procedure.

- The licensed nurse cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making.
- Nursing responsibilities are delegated by someone who has the authority to delegate.
- The delegated responsibility is within the delegator’s scope of practice.
- When delegating to a licensed nurse, the delegated responsibility must be within the parameters of the delegatee’s authorized scope of practice under the NPA. Regardless of how the state/jurisdiction defines delegation, as compared to assignment, appropriate delegation allows for transition of a responsibility in a safe and consistent manner. Clinical reasoning, nursing judgment and critical decision making cannot be delegated.

The delegation process is multifaceted. It begins with the administrative level of the organization including: determining nursing responsibilities that can be delegated, to whom, and what circumstances; developing delegation policies and procedures; periodically evaluating delegation processes; and promoting positive culture/work environment. The licensed nurse must be responsible for determining patient needs and when to delegate, ensure availability to delegate, evaluate outcomes of and maintain accountability for delegated responsibility. Finally, the delegatee must accept activities based on their competency level, maintain competence for delegated responsibility and maintain accountability for delegated activity.



Five Rights of Delegation

Right task: The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting. The facility needs to ensure the policies and procedures describe the expectations and limits of the activity and provide any necessary competency training.

Right circumstance: The health condition of the patient must be stable. If the patient's condition changes, the delegatee must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

Right person: The licensed nurse along with the employer and the delegatee is responsible for ensuring that the delegatee possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication: Each delegation situation should be specific to the patient, the licensed nurse and the delegatee. The licensed nurse is expected to communicate specific instructions for the delegated activity to the delegatee; the delegatee, as part of two-way communication, should ask any clarifying questions. This communication includes any data that need to be collected, the method for collecting the data, the time frame for reporting the results to the licensed nurse, and additional information pertinent to the situation. The delegatee must understand the terms of the delegation and must agree to accept the delegated activity. The licensed nurse should ensure that the delegatee understands that she or he cannot make any decisions or modifications in carrying out the activity without first consulting the licensed nurse.

Right supervision and evaluation: The licensed nurse is responsible for monitoring the delegated activity, following up with the delegatee at the completion of the activity, and evaluating patient outcomes. The delegatee is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary. The licensed nurse should ensure appropriate documentation of the activity is completed.

Source: NCSBN. (1995, 1996)

Guidelines for Delegation

Employer/Nurse Leader Responsibilities

1. The employer must identify a nurse leader responsible for oversight of delegated responsibilities for the facility. If there is only one licensed nurse within the practice setting, that licensed nurse must be responsible for oversight of delegated responsibilities for the facility.

Rationale: The nurse leader has the ability to assess the needs of the facility, understand the type of knowledge and skill needed to perform a specific nursing responsibility, and be accountable for maintaining a safe environment for patients. He or she is also aware of the knowledge, skill level and limitations of the licensed nurses and AP. Additionally, the nurse leader is positioned to develop appropriate staffing models that take into consideration the need for delegation. Therefore, the decision to delegate begins with a thorough assessment by a nurse leader designated by the institution to oversee the process.

2. The designated nurse leader responsible for delegation, ideally with a committee (consisting of other nurse leaders) formed for the purposes of addressing delegation, must determine which nursing responsibilities may be delegated, to whom and under what circumstances. The nurse leader must be aware of the state/jurisdiction's NPA and the laws/rules and regulations that affect the delegation process and ensure all institution policies are in accordance with the law.

Rationale: A systematic approach to the delegation process fosters communication and consistency of the process throughout the facility.

3. Policies and procedures for delegation must be developed. The employer/nurse leader must outline specific responsibilities that can be delegated and to whom these responsibilities can be delegated. The policies and procedures should also indicate what may not be delegated. The employer must periodically review the policies and procedures for delegation to ensure they remain consistent with current nursing practice trends and that they are consistent with the state/jurisdiction's NPA (institution/employer policies can be more restrictive, but not less restrictive).

Rationale: Policies and procedures standardize the appropriate method of care and ensure safe practices. Having a policy and procedure specific to delegation and delegated responsibilities eliminates questions from licensed nurses and AP about what can be delegated and how they should be performed.

4. The employer/nurse leader must communicate information about delegation to the licensed nurses and AP and educate them about what responsibilities can be delegated. This information should include the competencies of delegates who can safely perform a specific nursing responsibility.

Rationale: Licensed nurses must be aware of the competence level of staff and expectations for delegation (as described within the policies and procedures) in order to make informed decisions on whether or not delegation is appropriate for the given situation. Licensed nurses maintain accountability for the patient. However, the delegatee has responsibility for the delegated activity, skill or procedure.

Employer/Nurse Leader Responsibilities (continued)

5. All delegates must demonstrate knowledge and competency on how to perform a delegated responsibility. Therefore, the employer/nurse leader is responsible for providing access to training and education specific to the delegated responsibilities. This applies to all RNs, LPN/VNs and AP who will be delegates. Competency validation should follow education and competency testing should be kept on file. Competency must be periodically evaluated to ensure continued competency. The context and processes associated with competency validation will be different for each activity, skill or procedure being delegated. Competency validation should be specific to the knowledge and skill needed to safely perform the delegated responsibility as well as to the level of practitioner (i.e., RN, LPN/VN, AP) to whom the activity, skill, or procedure has been delegated.

Rationale: This ensures that competency of the delegatee is determined not only at the beginning of the delegation process, but on an ongoing basis, as well.

6. The nurse leader responsible for delegation, along with other nurse leaders and administrators within the facility, must periodically evaluate the delegation process. The licensed nurse and/or his or her manager (if applicable) must report any incidences to the nurse leader responsible for delegation. A decision should be made about corrective action, including if further education and training are needed, or if that individual should not be allowed to perform a specific delegated responsibility.

Rationale: Patient safety should always be the priority for a health care setting. If any compromises in care are noted, immediate action must be taken. Gravlin and Bittner (2010) identified that evaluation of the effectiveness of the delegation process and resolution of any issues is critical to delegation.

7. The employer/nurse leader must promote a positive culture and work environment for delegation.

Rationale: A positive culture nurtures effective communication and collaboration in order to create an environment supportive of patient directed care.

Licensed Nurse Responsibilities

Any decision to delegate a nursing responsibility must be based on the needs of the patient or population, the stability and predictability of the patient's condition, the documented training and competence of the delegatee, and the ability of the licensed nurse to supervise the delegated responsibility and its outcome, with special consideration to the available staff mix and patient acuity. Additionally, the licensed nurse must consider the state/jurisdiction's provisions for delegation and the employer's policies and procedures prior to making a final decision to delegate. Licensed nurses must be aware that delegation is at the nurse's discretion, with consideration of the particular situation. The licensed nurse maintains accountability for the patient, while the delegatee is responsible for the delegated activity, skill or procedure. If, under the circumstances, a nurse does not feel it is appropriate to delegate a certain responsibility to a delegatee, the delegating nurse should perform the activity him/herself.

1. The licensed nurse must determine when and what to delegate based on the practice setting, the patients' needs and condition, the state/jurisdiction's provisions for delegation, and the employer policies and procedures regarding delegating a specific responsibility. The licensed nurse must determine the needs of the patient and whether those needs are matched by the knowledge, skills and abilities of the delegatee and can be performed safely by the delegatee. The licensed nurse cannot delegate any activity that requires clinical reasoning, nursing judgment or critical decision making. The licensed nurse must ultimately make the final decision whether an activity is appropriate to delegate to the delegatee based on the Five Rights of Delegation (NCSBN, 1995, 1996).

Rationale: The licensed nurse, who is present at the point of care, is in the best position to assess the needs of the patient and what can or cannot be delegated in specific situations.

2. The licensed nurse must communicate with the delegatee who will be assisting in providing patient care. This should include reviewing the delegatee's assignment and discussing delegated responsibilities, including information on the patient's condition/stability, any specific information pertaining to a certain patient (e.g., no blood draws in the right arm), and any specific information about the patient's condition that should be communicated back to the licensed nurse by the delegatee.

Rationale: Communication must be a two-way process involving both the licensed nurse delegating the activity and the delegatee being delegated the responsibility. Evidence shows that the better the communication between the nurse and the delegatee, the more optimal the outcome (Corazzini, Anderson, Mueller, Hunt-McKinney et al., 2013). The licensed nurse must provide information about the patient and care requirements. This includes any specific issues related to any delegated responsibilities. These instructions should include any unique patient requirements. The licensed nurse must instruct the delegatee to regularly communicate the status of the patient.

Licensed Nurse Responsibilities (continued)

3. The licensed nurse must be available to the delegatee for guidance and questions, including assisting with the delegated responsibility, if necessary, or performing it him/herself if the patient's condition or other circumstances warrant doing so.

Rationale: Delegation calls for nursing judgment throughout the process. The final decision to delegate rests in the hands of the licensed nurse as he or she has overall accountability for the patient.

4. The licensed nurse must follow up with the delegatee and the patient after the delegated responsibility has been completed.

Rationale: The licensed nurse who delegates the "responsibility" maintains overall accountability for the patient, while the delegatee is responsible for the delegated activity, skill or procedure.

5. The licensed nurse must provide feedback information about the delegation process and any issues regarding delegatee competence level to the nurse leader. Licensed nurses in the facility need to communicate, to the nurse leader responsible for delegation, any issues arising related to delegation and any individual that they identify as not being competent in a specific responsibility or unable to use good judgment and decision making.

Rationale: This will allow the nurse leader responsible for delegation to develop a plan to address the situation.

Delegatee Responsibilities

Everyone is responsible for the well-being of patients. While the nurse is ultimately accountable for the overall care provided to a patient, the delegatee shares the responsibility for the patient and is fully responsible for the delegated activity, skill or procedure.

1. The delegatee must accept only the delegated responsibilities that he or she is appropriately trained and educated to perform and feels comfortable doing given the specific circumstances in the health care setting and patient's condition. The delegatee should confirm acceptance of the responsibility to carry out the delegated activity. If the delegatee does not believe he or she has the appropriate competency to complete the delegated responsibility, then the delegatee should not accept the delegated responsibility. This includes informing the nursing leadership if he or she does not feel he or she has received adequate training to perform the delegated responsibility, is not performing the procedure frequently enough to do it safely, or his or her knowledge and skills need updating.

Rationale: The delegatee shares the responsibility to keep patients safe and this includes only performing activities, skills or procedures in which he or she is competent and comfortable doing.

Delegatee Responsibilities (continued)

2. The delegatee must maintain competency for the delegated responsibility.

Rationale: Competency is an ongoing process. Even if properly taught, the delegatee may become less competent if he or she does not frequently perform the procedure. Given that the delegatee shares the responsibility for the patient, the delegatee also has a responsibility to maintain competency.

3. The delegatee must communicate with the licensed nurse in charge of the patient. This includes any questions related to the delegated responsibility and follow-up on any unusual incidents that may have occurred while the delegatee was performing the delegated responsibility, any concerns about a patient's condition, and any other information important to the patient's care.

Rationale: The delegatee is a partner in providing patient care. He or she is interacting with the patient/family and caring for the patient. This information and two-way communication is important for successful delegation and optimal outcomes for the patient.

4. Once the delegatee verifies acceptance of the delegated responsibility, the delegatee is accountable for carrying out the delegated responsibility correctly and completing timely and accurate documentation per facility policy. The delegatee cannot delegate to another individual. If the delegatee is unable to complete the responsibility or feels as though he or she needs assistance, the delegatee should inform the licensed nurse immediately so the licensed nurse can assess the situation and provide support. Only the licensed nurse can determine if it is appropriate to delegate the activity to another individual. If at any time the licensed nurse determines he or she needs to perform the delegated responsibility, the delegatee must relinquish responsibility upon request of the licensed nurse.

Rationale: Only a licensed nurse can delegate. In addition, because they are responsible, they need to provide direction, determine who is going to carry out the delegated responsibility, and assist or perform the responsibility him/herself, if he or she deems that appropriate under the given circumstances.

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**Board of Nursing
Rule Projects (Updated 10/30/2023)**

| Clearinghouse Rule Number | Scope # | Scope Expiration | Date Scope Requested by Board | Rules Affected | Relating Clause | Synopsis | Stage of Rule Process | Next step |
|----------------------------------|----------------|-------------------------|--------------------------------------|-----------------------|---|--|------------------------------|---|
| | 044-22 | 11/23/2024 | N/A | Med 26 | Military Medical Personnel (permanent rule) | The Medical Board rule project would create provisions in order to implement 2021 WI Act 158. | Legislative Review | If Legislature does not object, then rule can be adopted. |
| | 049-22 | 12/20/2024 | N/A | SPS 11 | Military Medical Personnel (permanent rule) | Rule project would create provisions in SPS code relating to the operation and administration of the military medical personnel program. | Legislative Review | If Legislature does not object, then rule can be adopted. |

Emergency Rules

| EMR Number | Scope # | Scope Expiration | Date Scope Requested by Board | Rules Affected | Relating Clause | Synopsis | Stage of Rule Process | Next step |
|-------------------|----------------|-------------------------|--------------------------------------|-----------------------|--|---|--------------------------------|------------------|
| EmR 2215 | 084-22 | 4/24/2025 | 8/11/2022 | N 2 | Modification of Board review process to take the NCLEX | The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process. | Extended until August 27, 2023 | N/A |

**Board of Nursing
Permanent Rules**

| Clearinghouse Rule Number | Scope # | Scope Expiration | Date Scope Requested by Board | Rules Affected | Relating Clause | Synopsis | Stage of Rule Process | Next step |
|---------------------------|---------|------------------|-------------------------------|----------------|--|---|---------------------------------------|-------------------------------------|
| | 084-22 | 4/24/2025 | 8/11/2022 | N 2 | Modification of Board review process to take the NCLEX | The Board would like to revise the requirement that the Board needs to make applicants for licensure eligible to take the NCLEX in order to speed up the application process. | Adoption Order submitted to Register. | Rule effective on December 1, 2023. |

Scope Statements


| Clearinghouse Rule Number | Scope # | Scope Expiration | Date Scope Requested by Board | Rules Affected | Relating Clause | Synopsis | Stage of Rule Process | Next step |
|---------------------------|---------|------------------|-------------------------------|----------------|--|--|---|--------------------|
| | 030-23 | 11/15/2025 | 2/9/2023 | N 6 | Delegated Acts | Review and update chapter N 6 to clarify and further define delegated acts. | Drafting rule | EIA comment period |
| | | | 10/8/2020 | N 8 | APNP prescribing limitations | Review of limitations in N8 regarding APNPs prescribing certain drugs. | Scope submitted to Governor's Office, 11/24/20. | |
| | | | 7/30/2020 | N 8 | Collaboration with other health care providers | Review of the collaboration requirements in N8 and other changes throughout the chapter. | Scope submitted to Governor's Office, 10/15/20. | |

Board of Nursing

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|--|--|--|-----------|-----|-------------------|--|--|--|
| | | | 6/11/2020 | N 2 | Temporary permits | Requirements for temporary permits to respond to a future emergency and may promulgate a permanent rule to allow the Board to grant a waiver of or variance to the requirements in emergency situations. | Scope submitted to Governor's Office on 10/15/20 | |
|--|--|--|-----------|-----|-------------------|--|--|--|

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|--|---|--|
| 1) Name and title of person submitting the request: Brad Wojciechowski | | 2) Date when request submitted: 10/27/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small> | |
| 3) Name of Board, Committee, Council, Sections: Board of Nursing | | | |
| 4) Meeting Date: 11/09/2023 | 5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 6) How should the item be titled on the agenda page? Amending the Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines Pursuant to 2022 CDC Clinical Practice Guidelines for Prescribing Opioids for Pain – Discussion and Consideration | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session | 8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <Appearance Name(s)> <input type="checkbox"/> No | 9) Name of Case Advisor(s), if applicable: <Click Here to Add Case Advisor Name or N/A> | |
| 10) Describe the issue and action that should be addressed: <Click Here to Add Description> | | | |
| 11) Authorization | | | |
|  | | 10/27/2023 | |
| Signature of person making this request | | Date | |
| Supervisor (Only required for post agenda deadline items) | | Date | |
| Executive Director signature (Indicates approval for post agenda deadline items) | | Date | |
| Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |

Board of Nursing Best Practices for Prescribing Controlled Substances Guidelines

2015 Wisconsin Act 269 granted authority to the Board of Nursing to issue guidelines regarding best practices in prescribing controlled substances, as defined in s. 961.01 (4), Stats., for persons credentialed by the Board of Nursing who are authorized to prescribe controlled substances.

The purpose of this guideline is to provide guidance to advanced practice nurse prescribers for prescribing controlled substances. This guideline is intended to supplement and not replace the individual advanced practice nurse prescriber's clinical judgment. The guideline is not intended to address prescribing practices related to patients who are in active cancer treatment, palliative care, sickle cell or end-of-life care. Although not specifically designed for pediatric pain, many of the principles upon which this guideline is based could be applied there, as well.

It is important for advanced practice nurse prescribers to routinely discuss with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to make decisions and to safely operate machinery or a vehicle in any mode of transportation. Patients should be informed that there could be an increased effect when the patient is sick or there is a change in medication dosage.

Prior to prescribing controlled substances, there should be a well-documented evaluation which includes reason to treat and a history and physical. A review of the Prescription Drug Monitoring Program should be completed for all prescriptions to mitigate the risk of concurrent prescribing. Further information on a practitioners' requirement to review monitored prescription drug history reports may be found in CSB 4.105. The patient should be provided with education and a notice regarding use of controlled substances including risks, benefits, prohibition on sharing and how to properly dispose of controlled substances.

Opioids pose a potential risk to all patients. Providers are encouraged to implement safe practices for responsible prescribing which includes prescribing the lowest effective dose for the shortest possible duration.

Opioid Prescribing

1. Non-pharmacologic therapies (such as yoga, exercise, cognitive behavioral therapy and complementary/ alternative medical therapies) and/or non-opioid (such as acetaminophen and anti-inflammatories) therapy should be strongly considered prior to prescribing opioids. Opioids should be used only if the expected benefits for pain and function outweigh risk to the patient. If opioids are prescribed, non-pharmacologic and/or non-opioid therapy should also be utilized as part of a multimodal approach.

2. Non-opioids should be considered first in treating acute pain. If non-opioid treatments are not efficacious, opioid therapy may be considered if benefits are anticipated to outweigh the risks. Realistic benefits and known risks of opioid therapy should be reviewed prior to prescribing opioid medications. Consultation should be considered if diagnosis and treatment is outside the scope of the prescribing practitioner.

3. (formerly 8.) When opioids are prescribed for acute pain, the quantity prescribed should be no greater than the expected duration of pain. Three days or less will often be sufficient.

4. (formally 6.) Extended-release or long-acting opioids should not be prescribed for acute pain. When starting opioid therapy for chronic pain, advanced practice nurse prescribers should prescribe immediate-release opioids instead of extended-release or long-acting opioids.

5. (formerly 9) If acute pain requires ongoing opioid therapy beyond the expected duration, the patient should be re-evaluated or referred to a pain management specialist.

6. (New) Non-opioid therapy is preferred for subacute and chronic pain (greater than 3 months). If non-opioids are not adequate and expected benefits for pain and function outweigh risks, opioids may be considered acceptable. Risks and benefits should be reviewed. Opioids should be used in combination with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

7. (formerly 2) Before starting opioid therapy for chronic pain, advanced practice nurse prescribers should establish realistic treatment goals with patients for pain and function, and discuss consideration for opioid therapy discontinuation if benefits do not outweigh risks. An advanced practice nurse prescriber should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety. A patient should have at least 30% improvement in pain scores, functional improvement, no signs of abuse or aberrant behavior and screened for medication side effects including sedation and constipation.

8. (formerly 3, 4, and 12) The advanced practice nurse prescriber should consider a controlled substances agreement in chronic pain situations. The management plan should incorporate strategies to mitigate risk. Components of ongoing assessment of risk should include:

- a. Review of the Prescription Drug Monitoring Program (PDMP) information
- b. Periodic urine drug screening (including chromatography) – at least yearly in low risk cases, more frequently with evidence of increased risk.
- c. Violations of the opioid agreement
- d. Periodic pill counts may also be considered for high-risk patients.

9. (Formerly 7) Advanced practice nurse prescribers utilizing sound clinical judgment should do all of the following:

a. Use caution when prescribing at any dosage.

b. Prescribe the lowest effective dosage.

c. (formerly 10) Before opioid dose changes, the advanced practice nurse prescriber should re-evaluate the patient, including benefits, harms and whether another drug is appropriate. If the harms outweigh the benefits of continued opioid therapy, the advanced practice nurse prescriber should use other therapies and work with patient to taper opioids to lower dose or discontinue

d. Patients should be re-evaluated ever 1-4 weeks during initial opioid titration. During chronic therapy, patients should be evaluated at least every 3 months, more frequently if they demonstrate higher risk.

e. Reassess individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents per day. Literature shows diminished return for doses above 50 morphine equivalents.

f. Avoid increasing to or maintaining dosage at ≥ 90 morphine milligram equivalents per day as there is no evidence base to support efficacy and there is significant increased risk of adverse effects.

g. Consider opioid taper, opioid detoxification, or pain management consultation prior to increasing to high doses.

10. Advanced practice nurse prescribers should review the patient's history of controlled substance prescriptions through the PDMP to determine whether the patient is receiving opioid dosages or dangerous combinations that put the patient at high risk. The PDMP data should be reviewed prior to starting a patient on opioid therapy and frequently during the opioid therapy. As of April, 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three day supply.

11. (new) Patients should not receive opioid prescriptions from multiple prescribers. There should be a dedicated provider such as a primary care or pain specialist to provide all opioids used in treating any patient's chronic pain, with existing pain contracts being honored.

12. (formerly 5) The advanced practice nurse prescriber may consider ordering naloxone in individual cases at higher risk including:

a. History of overdose (a relative contraindication to chronic opioid therapy)

b. Opioid doses over 50 MME/day

c. Clinical depression

d. Evidence of increased risk by other measures (behaviors, family history, PDMP, UDS, risk questionnaires, etc.)

Family members can be prescribed naloxone for use with the patient. The recommended dose is 0.4mg intramuscular or intranasal, with a repeat dose available if the first dose is ineffective or wears off before Emergency Medical Services (EMS) arrive.

13. (new) Prescribing of opioids is strongly discouraged for patients abusing illicit drugs due to the high risk of overdose, abuse and death. If prescribed, clear clinical rationale should be present.

14. (formerly 13) If you have a patient with opioid use disorder, advanced practice nurse prescribers should offer or arrange evidence-based treatment, including direct treatment (buprenorphine, naltrexone, etc. plus behavioral therapy), methods of detoxification and referral to an appropriate treatment center or provider willing to accept the patient. It is not acceptable to discharge from a provider's practice solely due to an opioid use disorder.

15. (formerly 14). A patient should not be prescribed opioid and benzodiazepines or other respiratory depressants (gabapentin, pregabalin, muscle relaxants, sleep aids) concurrently, whether the prescribing is done by one practitioner or multiple practitioners. If prescribed concurrently, clear clinical rationale must exist.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

| | | | |
|---|---|--|--|
| 1) Name and title of person submitting the request: Brenda Taylor, Board Services Supervisor | | 2) Date when request submitted: 10/27/2023 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small> | |
| 3) Name of Board, Committee, Council, Sections: Board of Nursing | | | |
| 4) Meeting Date: 11/9/2023 | 5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6) How should the item be titled on the agenda page? Newsletter Matters | |
| 7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session | 8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 9) Name of Case Advisor(s), if applicable: N/A | |
| 10) Describe the issue and action that should be addressed: <u>Newsletter Future Planning:</u> Based on the typical schedule of the Board, the next newsletter will be due out in January 2024 with a deadline for article submission on December 4, 2023. A newsletter deadline reminder will be sent to article authors on November 15, 2023 [also a meeting date]. The Board should discuss topics for the next newsletter and consider the topic list as outlined below. <u>Articles/Ideas:</u> <ul style="list-style-type: none"> • Chair’s Corner – Robert Weinman “Rules of Conduct” (<i>mentioned at October Meeting</i>) • Rotating Articles on Professional Nursing Roles • Rotating Articles on Nurse Administrative Code • New member Intro articles with photos /Headshots [Kane, Malak, Sabourin] (<i>As needed for new appointments, subject to new member appointments and oath receipts</i>) • Mini newsletter for November release • Possible N6 Status update • Consider reports by Robert Weinman and Brad Wojciechowski for newsletter articles on retention and recruitment, pipeline and the impact of Exam Room AI and AI in practice. (<i>mentioned at October meeting</i>) • Consider a proposed mental health and wellness resources for nurses article by Kristin Waite-Labott; WisPan. (<i>mentioned during Public Comment, October Meeting</i>) • Possibilities in the Nursing Field/Reasons to Become a Nurse – Robert Weinman • Reminder to Update Contact Information – DSPS Staff • Board Orders since 7/21/2023 • Archive: https://dsps.wi.gov/Pages/BoardsCouncils/Nursing/Newsletter.aspx | | | |
| 11) Authorization <hr/> <div style="display: flex; justify-content: space-between;"> <i>Brenda Taylor</i> <i>10/27/2023</i> </div> <hr/> <div style="display: flex; justify-content: space-between;"> Signature of person making this request Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Supervisor (Only required for post agenda deadline items) Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Executive Director signature (Indicates approval for post agenda deadline items) Date </div> | | | |
| Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | |