VIRGINIA BOARD OF NURSING
Final Agenda

Department of Health Professions, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233

Tuesday, July 18, 2017

9:00 A.M. - Business Meeting of the Board of Nursing – Quorum of the Board - Conference Center Suite 201 – Board room 2

Call to Order: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

Establishment of a Quorum.

Announcements:

- Rachel Wilkinson, Intern, assigned to compliance started her internship on June 12, 2017
- Monica DeJesus, formerly temp at Nursing, started the full-time RN Endorsement Licensing Specialist position on June 25, 2017
- Sylvia Tamayo-Suijk, Discipline Specialist, has accepted the Executive Assistant position at the Board of Pharmacy. She started her new position on June 26, 2017
- Lakisha Goode has accepted the full-time Discipline Specialist position and started on June 26, 2017.

Upcoming Meetings:

- NLCA Meeting is scheduled for August 15, 2017 in Chicago – Ms. Douglas will attend
- NCSBN Annual Meeting is scheduled for August 16-18, 2017 in Chicago – Mr. Monson, Ms. Phelps, Dr. Ross, and Ms. Douglas will attend

Dialogue with DHP Director – Dr. Brown

Review of the Agenda: (Except where times are stated, items not completed on July 18, 2017 will be completed on July 19, 2017.)

1. Additions, Modifications
2. Adoption of a Consent Agenda

Disposition of Minutes:

C May 15, 2017 Panel – Dr. Hahn*
C May 16, 2017 Quorum – Dr. Hahn*
C May 17, 2017 Panel – Dr. Hahn*
C May 17, 2017 Panel – Ms. Gerardo*
C May 18, 2017 Panel – Ms. Gerardo*
C June 15, 2017 – Telephone Conference Call*

Reports:

C Agency Subordinate Tracking Log*
C Finance Report for May 2017*
C Board of Nursing Monthly Tracking Log**
C Health Practitioners Monitoring Program Report as of May 31, 2017*

- Executive Director Report – Ms. Douglas
- NLCA Executive Committee May 22-25, 2017 Meeting report – Ms. Douglas
- NCSBN Discipline Case Management June 12-14, 2017 Conference report – Tonya James**
- NCSBN Executive Officer June 19-21, 2017 Summit report – Ms. Douglas
- Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Business meeting minutes and recommendation - Ms. Hershkowitz*

- ❖ Recommendation to initiate regulatory action to issue a single license for an LNP with Prescriptive Authority – Ms. Douglas/Ms. Willinger*
- ➢ Committee of the Joint Boards of Nursing and Medicine June 7, 2017 Informal Conference minutes – Ms. Hershkowitz*

Other Matters:

- Board of Nursing Appeals Update – Charis Mitchell, Board Counsel (oral report)
- DHP Policy on Per Diems for Board Members – Ms. Douglas/Ms. Vu**
- Summary of Recommendations to the 2017 NCSBN Delegate Assembly – Board Members attending will vote on these issues*
- George Washington University Simulation Conference – Dr. Hahn
- Planning for Recognition of Outgoing Board Members – Dr. Hahn/Ms. Douglas
- Letter from NCSBN President Katherine Thomas – FYI**
- DHP Key Performance Measures for Q4 2017 – FYI

Education:

- Education Special Conference Committee July 12, 2017 Minutes and Recommendations – Dr. Hahn
- Education Staff Report – Ms. Ridout (oral report)
- Update on Nurse Aide Testing – Dr. Saxby (oral report)

10:00 A.M. – Public Hearing to receive Comments on Proposed Regulations for the Licensure and Practice of Massage Therapists.

Legislation/Regulations:

- Status of Regulatory Actions – Ms. Yeatts
- Re-adoption of Emergency Regulations Governing Prescribing of Opioids and Buprenorphine for Nurse Practitioners and Adoption of Proposed Regulations to Replace the Emergency Regulations – Ms. Yeatts**
  - ➢ Board of Medicine Legislative Committee May 19, 2017 minutes**
- NOIRA for supervision and direction of laser hair removal by Nurse Practitioners – Ms. Yeatts**
- Adoption of Guidance Document on the Telemedicine for Nurse Practitioners – Ms. Yeatts**
- Consideration of Amendment to Requirements for Applicants from Other Countries – Ms. Yeatts**
- Adoption of Amendment to correct section referring to Practice Agreements for Prescriptive Authority – Ms. Yeatts**

10:30 A.M. – Policy Forum - "*Chronic Pain Case Study"* presentation by Dr. Cathy A. Harrison, DNAP, MSN, CRNA*

Consent Orders: (Closed Session)

- Patricia Flanagan Demasi, RN*
- Rob Allen Kuschell, RN*
- Michelle Louise Stevans, LPN**
- Paul M. Colton, RN**
- Kristin Tucker Tharpe, RN

12:00 P.M. – Lunch

ADJOURNMENT

Committee Meetings and Probable Cause Case Review will start at 2 pm.

2:00 P.M. – Probable Cause Case Review in **Board Room 3**– Board Members who are not serving on Committee

<u>Committee Meetings - (*Chair) -</u> in **Board Room 2**

2:00 P.M. – Guidance Document 90-57 (ByLaws) Committee Meeting**
(**Agenda and Materials are attached**)
Board Members – Ms. Hershkowitz, Ms. Gerardo, and Mr. Monson
Board Staff – Ms. Douglas

3:00 P.M. – Revision of Guidance Document 90-6 (PICC Line Insertion and Removal) Committee Meeting**
(**Agenda and Materials are attached**)
Board Members – Ms. Hershkowitz* and Ms. Caliwagan
Board Staff – Ms. Power or Ms. Douglas

3:00 P.M. – Nurse Aide Curriculum Committee Meeting**
(**Agenda and Materials are attached**)
Board Members – Dr. Hahn* Mr. Monson, and Ms. Phelps
Board Staff – Dr. Saxby and Ms. Krohn

(* mailed 6/28) (** mailed 7/7)

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 15, 2017

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on May 15, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Mark Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC
Dustin S. Ross, DNP, MBA, RN

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Jane Elliott, RN, PhD, Discipline Staff
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Nurse Aide Students from North Stafford High School

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established

FORMAL HEARINGS: **Tamela Williamson, RN 0001-094356 and CNS 0015-000199**
Ms. Williamson appeared accompanied by Jade Williamson, her daughter.

Anne Joseph, Deputy Director, Administrative Proceedings Division, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Sherry Foster, Senior Investigator, Department of Health Professions, and Dawn France, Case Manager, Virginia Health Practitioners' Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 10:31 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Williamson. Additionally, Ms. Phelps moved that Ms. Krohn, Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:52 P.M.

Mr. Monson moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact as presented by Ms. Joseph and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Phelps moved the Board of Nursing reprimand Tamela Williamson and continue her on indefinite suspension for not less than two years. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 10:55 A.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

FORMAL HEARINGS: **Shakima Stanquisha Freeman Brewer, LPN Reinstatement 0002-075041**
Ms. Brewer appeared.

Cynthia Gaines, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Anna Badgley, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:40 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Brewer. Additionally, Ms. Phelps moved that Ms. Krohn, Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:20 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing approve Ms. Brewer's application for reinstatement to practice as practical nursing in the Commonwealth of Virginia and place her on probation with the following terms:

- Completion of a chemical dependency evaluation; and
- Successful completion of her criminal probation

The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Tamara Jean Pauley, LPN 0002-089307**
Ms. Pauley did not appear.

Amy Weiss, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

James Wall, Senior Investigator, Department of Health Professions, and Monica Coles, DON at Friendship Health and Rehab Center were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:40 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Pauley. Additionally, Ms. Phelps moved that Ms. Krohn, Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:45 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend the license of Tamela Jean Pauley to practice practical nursing in the Commonwealth of Virginia for a period of not less than two years. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Samantha Marie Schwartz, LPN 0002-087306**
Ms. Smith appeared with Ashley Schwartz.

Anne Joseph, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Medford Howard, court reporter with Crane-Snead & Associates, recorded the proceedings.

Pamela Twombly, Deputy Executive Director of Enforcement, Patricia Dewey, Senior Investigator, Department of Health Professions, Dr. Jason Stout, Clinical Psychologist at Western State Hospital (WSH), Trent Humphries, Facility Investigator at WSH, Kimberly Rucks, DSA II at WSH, Corrie Connor, RN, CB at WSH, Shannon Porrer, Recreational Therapist at WSH, and Ashley Schwartz, previous patient at WSH were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 6:26 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Schwartz. Additionally, Ms. Phelps moved that Dr. Elliott, Ms. Graham, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 6:45 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Monson moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Joseph and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Dr. Ross moved the Board of Nursing revoke the license of Samantha Marie Schwartz to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 6:52 P.M.

Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
MINUTES
May 16, 2017

TIME AND PLACE: The meeting of the Board of Nursing was called to order at 9:00 A.M. on May 26, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

PRESIDING: Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President

BOARD MEMBERS PRESENT:
Marie Gerardo, MS, RN, ANP-BC; Secretary
Guia Caliwagan, RN, MAN, EdS
Alice Clark, Citizen Member
Jeanne Holmes, Citizen Member
Kelly McDonough, DNP, RN
Mark D. Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC
Dustin Ross, DNP, MBA, RN, NE-BC
William Traynham, LPN, CSAC

BOARD MEMBERS ABSENT:
Louise Hershkowitz, CRNA, MSHA; Vice President
Regina Gilliam, LPN
Trula Minton, MS, RN

STAFF PRESENT:
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Brenda Krohn, RN, MS; Deputy Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
Stephanie Willinger; Deputy Executive Director
Linda Kleiner, RN, Discipline Case Manager
Paula B. Saxby, RN, PhD; Deputy Executive Director
Charlette Ridout, RN, MS, CNE; Senior Nursing Education Consultant
Huong Vu, Executive Assistant

OTHERS PRESENT:
Charis Mitchell, Assistant Attorney General, Board Counsel
David E. Brown, DC, Department of Health Professions Director
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions

IN THE AUDIENCE:
Sarah Heisler representing Virginia Hospital and Healthcare Association (VHHA)
Janet Wall representing the Virginia Nurses Association (VNA)
Andrew Lamar representing Virginia Nurses Association (VNA)

ESTABLISHMENT OF A QUORUM:
With 11 members present, a quorum was established.

ANNOUNCEMENTS: Dr. Hahn noted the announcements on the Agenda. Ms. Douglas added that Arlene Johnson, formerly a temp at the Board Call Center, has accepted the full-time Receptionist position with the Board.

UPCOMING MEETINGS: Dr. Hahn noted the upcoming meetings on the agenda. Ms. Douglas added that she, Mr. Monson, Ms. Phelps, and Dr. Ross will be attending the NCSBN Annual Meeting in August 2017. She noted that no other Board staff will attend this time.

ORDERING OF AGENDA: Dr. Hahn asked staff to update the Board on the additions and/or modifications of the Agenda.

Ms. Douglas indicated an additional Consent Order regarding Sheri Randolph Bradshaw, RN has been added to the agenda for Board consideration.

Ms. Power added the followings:

- An additional Consent Order regarding Paul Howard Werbin, RN has been added to the agenda for Board consideration.
- On Wednesday, May 17, Panel A - Brittany Johnson, CNA (#5) will attend and written responses have been received from #13, # 25, and # 37 for consideration of the Agency Subordinate recommendations. Ms. Caliwagan will attend the Formal Hearings of Gregory and Harris in place of Dr. Ross.
- On Wednesday, May 17, Panel B – Carmel Snyder, CNA (#6) will attend and written responses have been received from #4 and # 34 for consideration of the Agency Subordinate recommendations. Also Ms. Minton will not be available for the Formal Hearings.
- The Formal Hearings of Adefoku and Salyer on Thursday, May 18, 2017 have been continued.

CONSENT AGENDA: The Board removed the Health Practitioners' Monitoring Program (HPMP) reports from the consent agenda.

Ms. Douglas reviewed the new format and inclusion of the HPMP Quarterly report from January through March 2017 which indicated the number of stays, admissions, vacated stays and dismissals. Ms. Douglas noted that Nursing and Medicine participants are the majority of participants.

Mr. Monson moved to accept the consent agenda as amended. The motion was seconded and carried unanimously.

Mr. Monson moved to accept all the minutes`. The motion was seconded and carried unanimously.

Minutes:

March 20, 2017	Panel - Dr. Hahn
March 21, 2017	Quorum – Dr. Hahn
March 22, 2017	Panel A – Dr. Hahn
March 22, 2017	Panel B – Ms. Hershkowitz
March 23, 2017	Panel – Ms. Hershkowitz

April 12, 2017 - Possible Summary Suspension Telephone Conference Call

Reports:
Agency Subordinate Tracking Log
Finance Report
Nursing Monthly Tracking Log-Licensure and Disciplinary Statistics
Health Practitioners Monitoring Program

DIAGLOGUE WITH DHP DIRECTOR:

Dr. Brown provided the following information:

- Board of Nursing has provided leadership to the Agency and Dr. Brown thanked Board Members and Staff for their hard work.
- 40% increase in deaths due to opioid overdose from 2014 to 2016 per Office of Medical Examiner, as result:
  - Board of Medicine reconvened the Regulatory Advisory Panel (RAP) on May 15, 2017 to consider potential changes to opioid regulations driven by providers and stakeholders recently adopted in effort to provide clear guidance of prescribing and direction for acute pain management
- Medicaid/FAMIS – there are about one millions people covered in this program and an estimated of 200,000 people have substance abuse, which are six times the rate of non-medicated. The 2016 legislation allowed money for Department of Medical Assistance Services (DMAS) to increase rates to providers who treat addiction through Addiction Recovery Treatment Services (ARTS).
- Medication Administration Training (MAT) and other provider training - Federal regulation changes to now allow Nurse Practitioners and Physician Assistants to treat opioid addiction after completing additional 16 hours of training.
- DMAS, Managed Care Organization (MCO) and other plans are aligned with CDC guidelines to incentivize opioid treatment, resulting in fewer opioid prescriptions.

Ms. Phelps expressed concern the inability to implement REVIVE program at Community Services Boards (CSBs) due to lack of Department of Behavioral Health and Development Services (DBHDS) polices in place. Dr. Brown offered to forward the concern.

REPORTS:

Executive Director Report:

Ms. Douglas highlighted the following from her written report:

- Board staff are working on needed modifications in database with DHP IT to comply with the enhanced version of Nurse License Compact (eNLC), which is expected to go into effect Fall 2017. Georgia and West Virginia have now joined the Nurse License Compact.
- Dr. Brown and Board Staff met recently with representatives of the Virginia Hospital and Health Care Association (VHHA) and Chief Nursing Officers (CNOs) concerning nursing licensure processes. Concerns/suggestions related to delays that may occur during high volume times were identified and a plan to meet again in September was established. The following process improvement and future plans were shared with VHHA:
  - There are three additional full-time positions (two licensing and 1 compliance) approved for the Board.
  - Dr. Brown has asked IT to develop a mechanism for 30-day authorization letters to be verified through the Board website directly
  - License Look up is now real time
  - Board Call Center has been implemented and is a positive addition
  - Increased electronic communication with applicants, as well as dedicated e-mail addresses
  - School can provide letters of attestation of graduation instead of individuals' transcripts per regulation changes
  - Redesigning workflow of licensing staff
  - Checklist improvements in MLO (MyLicense Office)
  - DHP Licensure Workgroup established to share information throughout the Agency and to look at process improvement
  - DHP Paperless Workgroup is researching options to issue paperless licenses and increase self-service options
  - DHP is looking at redesigning its website

- The Criminal Background Check (CBC) Unit has experienced a delay in receiving CBC results due to issue at Virginia State Police (VSP). Fieldprint, Board Vendor, was instructed not to forward prints to VSP for several days in April and May resulting in backlog which impacts licensing of RN's and LPN's.
- The process for licensure by endorsement for graduates of foreign nursing education program is lengthy due to the requirement for CGNFS Review. There is an opportunity to look at this requirement if a previous state has conducted CGNFS Review.
- Effective July 1, 2017, the 25% renewal fee reduction for all licensees, except for nurse aides, will going into effect one time only.

Ms. Douglas thanked Board staff for their hard work during vacancies. Ms. Douglas added that the Board is awaiting approval from downtown for replacement of Deputy positon, there will be a change in terms of responsibility of this position and reporting structure.

CBC Committee March 21, 2017 minutes and recommendations:

Dr. Hahn thanked Board Members and Staff for their work and noted that CBC Committee met on March 21, 2017 to review calendar year 2016 data and need for any recommended changes. She added the recommendations are:

- No change in Guidance Document 90-10
- Modify Guidance Document 90-12 to add "*Said PHCO may be offered at the discretion of staff considering factors such as whether the conviction would have been cause for denial, the recency of the conviction, and explanation provided for such non-disclosure*."
- Revisit the criminal conviction screening question on Board applications to improve clarity, reduce confusion, and help consistency in accurate responses.

Ms. Phelps moved to accept the CBC Committee's recommendations as presented. The motion was seconded and passed unanimously.

Dr. Hahn indicated that the CBC Committee does not need to meet again and will move forward with reporting annual data to the Board.

Revision of Guidance Document 90-6 (PICC Line Insertion and Removal) Committee March 21, 2017 minutes and recommendations:

Ms. Douglas reported that the Committee met on March 21, 2017 along with Fran Conklin from Pediatric Clinical Nurse IV Centra Health in revieweing the rationale for needed changes to GD 90-6. Ms. Douglas noted that Ms. Conklin presented information that show other technologies that are now available in all settings. Ms. Douglas added that revision of GD will be sent out to stakeholders for comments before presenting to the Board for action.

Mr. Monson moved to accept the Committee minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT:

Janet L. Wall, CEO of Virginia Nurses Association (VNA) and Virginia Nurses Foundation (VNF), provides the following comments:

- Spring Conference in April 2017 on "Nursing Ethics and Moral Distress" was sold out. VNA and VNF will be making segments available for CEs.
- Healthy Nurse, Healthy Nation - American Nurses Association (ANA) 's initiative has started "Take 5" initiation for three weeks.
- VNA's fall conference, September 15-16, 2017, in Richmond at the Omni will focus on staffing issues, and will be held in partnership with

ANA. She added that this is viewed as the launching point for ongoing discussions.
- Chapter Leader Summit – focus on outreach and leadership
- VNA is planning work on the opioid crisis.

RECESS: The Board recessed at 10:12 AM

RECONVENTION: The Board reconvened at 10:25 AM

REPORTS (cont.): **Nurse Aide Curriculum Committee March 21, 2017 minutes:**

Dr. Hahn reviewed the highlights of the Committee which met on March 21, 2017 noting:
- The 2015-2016 pass-rates for the NNAAP (nurse aide) exam are now available on the Board website and the DNP student will prepare a chart of the pass-rates by type of program
- The Committee will be recommending a change in hours to include 60 didactic hours, 40 skills practice hours, and 40 direct client care (clinical) hours. In addition, the Committee will also recommend a requirement in regulations for a train trainer course every five years for all nurse aide faculty

Dr. Hahn noted that the Committee plans to meet again in July 2017.

POLICY FORUM: Dr. Carter, Healthcare Workforce Data Center (HWDC) Executive Director, reported the followings:

The 2015 – 2016 Education Survey:
- The number of new students who were admitted into Virginia's PN programs declined by 8% where as the number of enrolled students who graduated from these programs barely changed
- Admission to Virginia's RN programs increased by 3%, whereas the number of graduates decreased by 3%. However, the number of graduates is still the second highest in the past decade

Consideration of Additional Education Survey questions:

Dr. Carter noted that Secretary Hazel has asked that the Nursing Education Program Survey include new items that will enable tracking of pre-graduation or high stakes testing that may prohibit student completion from the nursing program. She asked the Board for its consideration of the requested new questions. Mr. Traynham moved to add these new questions to the survey. The motion was seconded and passed unanimously.

REPORTS (cont.):

NCSBN CORE Committee Report Summary 2016: Licensure:

Dr. McDonough highlighted from the written report provided of NCSBN CORE Committee review of Licensure 2016 report noting:

- Low response rate from employers and educators
- 83.1% Virginia nurses provided safe and competent care
- The number of applicants by initial exam has declined
- The number of applicants by endorsement has steadily increased from 56,012 in 2012 to 58,867 in 2016 in Virginia
- Themes noted employers are not sure that new nurses are consistently safe and competent to practice. Educators believe regulations should provide clearer guidance for supervision of students. Nurses request improved website, podcasts, and publications from Virginia Board of Nursing.

NCSBN APRN Roundtable April 4, 2017 Report:

Dr. Hahn noted that Ms. Hershkowitz' written report is provided as information only.

Committee of the Joint Boards of Nursing and Medicine April 12, 2017 Business meeting minutes:

Ms. Douglas reviewed the April 12, 2017 Committee meeting minutes in absence of Ms. Hershkowitz and noted that there was lack of a quorum. She reported that discussion included opioid pain management regulations and that e-mail communication will be sent to all license nurse practitioners.

Mr. Monson moved to accept the minutes as presented. The motion was seconded and passed unanimously.

OTHER MATTERS:

Board of Nursing Appeals Update:

Ms. Mitchell, Board Counsel, stated that there is not any appeals in process.

Consideration of Expert Witness Standards:

Ms. Mitchell reported that one Board of Medicine (BOM) appeal was filed in the Court of Appeal and the Court ruled BOM erred in not allowing Respondent to testify as expert witness. In light of this action, the Office of Attorney General recommends each Board at DHP adopting a standard of expert testimony.

Ms. Mitchell added that for the sake of consistency with other Boards, she recommended BON adopting Traditional Virginia Standard.

Mr. Monson moved to adopt the Traditional Virginia Standard for BON expert witness testimony. The motion was seconded and passed unanimously.

Volunteer Surrender Option:
Ms. Mitchell and Ms. Douglas reviewed authority in law of ability to accept volunteer surrender of a license. Ms. Douglas commented that in the past BON has coupled a voluntary surrender with an indefinite suspension. Ms. Douglas noted that several recent cases would be appropriate for voluntary surrender due to medical issues and no practice issues. Ms. Douglas asked the Board to consider delegating authority to staff to offer a Pre-Hearing Consent Order (PHCO) for voluntary surrender in certain cases by adding the language to Guidance Document 90-12.

Mr. Traynham moved to authorized staff to offer PHCO for voluntary surrender in certain cases by adding the language to Guidance Document 90-12. The motion was seconded and passed unanimously.

Proposed 2018 Board Meeting Dates:
Ms. Douglas noted that the meeting dates for 2018 are unusual due to lack of room availability. She added that staff will continue to monitor room availability and update Board on changes in meeting dates for 2018.

Guidance Document 90-57 Committee:
Dr. Hahn noted that the Committee will meet following the July Business meeting.

Consideration of Draft Guidance Document of Continuing Competency Violations for Registered Nurses and Practical Nurses:
Ms. Douglas stated that Board asked staff to draft a Guidance Document (GD) regarding Continued Competency Violations for RNs/LPNs similar to that in place for LNP's. She added that the draft GD is presented for Board consideration and action.

Mr. Monson moved to accept the GD as presented. The motion was seconded and passed unanimously.

Discussion of Board Members' review of Book "*You can't lie to me*" by Janine Driver:
Dr. Hahn noted that Board will conduct this during its lunch.

EDUCATION:

Education Special Conference Committee May 10, 2017 Minutes and Recommendations:
Dr. Hahn reviewed the May 10, 2017 Committee works as referenced in minutes and two recommendations for Board consideration and action.

Mr. Monson to accept the minutes and recommendations as presented. The motion was seconded and passed unanimously.

Education Staff Report:
Dr. Saxby indicated positive response to change in process referencing transcripts. She noted that due to change in regulations, the Board accepts a letter from schools regarding each graduating class verifying students have met requirements. This letter is provided in lieu of individual transcript.

Dr. Saxby reported that VHHA raised concern with NCLEX testing site availability. She stated that this was researched with PearsonVUE and the data indicates this is not an issue.

Ms. Ridout reported on the following:

- She has conducted several sessions at the BON and other areas of the state to update existing programs or familiarize new programs changes within regulations.
- In the Fall, there will be a session in Hampton Road area.

Ms. Douglas added that Board Members can attend these sessions if they wish to do so.

Update on Nurse Aide Testing:
Dr. Saxby reported on transition for nurse aide testing to an online application process as follows:

- Credentia is now the new contractor and provides scheduling
- PearsonVUE provides testing which is now online instead of pen and paper
- May 19, 2017 is the first day of testing following a blackout period necessary for installation of the new system.

Dr. Saxby noted that currently there is higher volume than anticipated given spring graduation and the transition is in trouble-shooting phase.

BON Members Transition:
Dr. Hahn thanked the Board Members whose terms are ending the end of June 2017 for their service. She encouraged them to attend July Board meetings if they are not replaced.

Mr. Traynham and Ms. Holmes praised and thanked the Board for the experience and stated that they will not be available for the July Board meetings but will attend their June Informal Conferences.

Ms. Caliwagan stated that it has been a great learning opportunity and thanked everyone.

LEGISLATION/
REGULATION:

Status of Regulatory Action:

Ms. Yeatts reviewed the chart of regulatory actions, as provided in written handout, noting:

- One time reduction in renewal fees beginning with July 2017 renewals
- Name tag and accreditation of nursing education programs are at the Governor's Office for approval
- Prescribing of opioids regulations:
  - Emergency regulations were effective on May 8, 2017 and will expire on November 7, 2018. BON and BOM will need to replace with permanent regulations.
  - Comments on NOIRA are from May 29 through June 28, 2017
  - BOM Regulatory Advisory Panel (RAP) convened on May 15, 2017 to re-adopt the emergency regulations in effort to provide clear guidance of prescribing and detail direction of acute pain management. It will be considered at the BOM Full Board on June 22, 2017
  - The Committee of the Joint Boards of Nursing and Medicine will consider the regulations on June 7, 2017.
  - The BON will consider the regulations at its July 18 meeting.

Committee of the Joint Boards Business Meeting on June 7, 2017:

Ms. Douglas asked Board members to let her know of their availability to attend the Informal Conference following the business meeting regarding a nurse practitioner case.

CONSIDERATION OF CONSENT ORDERS:

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:43 A.M. for the purpose of deliberation to consider consent orders. Additionally, Ms. Phelps moved that Ms. Douglas, Ms. Power, Ms. Krohn, Ms. Willinger, Dr, Saxby, Ms. Kleiner, Ms. Ridout, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:46 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Valerie Dawn Thomas, LPN 0002-083830
Mr. Monson moved to accept the consent order of voluntary surrender for indefinite suspension of the license of Valerie Dawn Thomas to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Marguerite S. Wolf, RN 0001-251148
Mr. Monson moved to accept the consent order of voluntary surrender for indefinite suspension of the license of Marguerite S. Wolf to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Myra Jo Easter, RN 0001- 159451
Mr. Monson moved to accept the consent order to reinstate the license of Myra Jo Easter to practice professional nursing in the Commonwealth of Virginia and to indefinitely suspend her license, and said suspension is stayed and remains stayed contingent upon Ms. Easter's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

Melanie Jane Zygmont Sepmoree, RN 0001-230118
Mr. Monson moved to accept the consent order to reinstate the license of Melanie Jane Zygmont Sepmoree to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

Kara Nicole Wilder, LPN 0002-092165
Mr. Monson moved to accept the consent order to reinstate the license of Kara Nicole Wilder to practice practical nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

Sheri Randolph Bradshaw, RN 0001-179588
Mr. Monson moved to accept the consent order to reinstate the license of Sheri Randolph Bradshaw to practice professional nursing in the Commonwealth of Virginia without restriction. The motion was seconded and carried unanimously.

Paul Howard Werbin, RN 0001-090514
Mr. Monson moved to accept the consent order to indefinitely suspend the license of Paul Howard Werbin to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege, and said suspension is stayed contingent upon Mr. Werbin' entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and

compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:47 A.M.

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Joyce Hahn, PhD, RN, NEA-BC, FNAP
President

VIRGINIA BOARD OF NURSING
MINUTES
May 17, 2017
Panel – A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:15 A.M. on May 17, 2017 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; President
Alice Clark, Citizen Member
Jeanne Holmes, Citizen Member
Kelly S. McDonough, DNP, RN
Dustin Ross, DNP, MBA, RN, NE-BC

STAFF PRESENT: Jay P. Douglas, MSN, RN, CSAC, FRE; Executive Director
Jodi P. Power, RN, JD; Deputy Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Tara J. Harkins, LPN 0002-070528
Ms. Harkins appeared.

CLOSED MEETING: Ms. Holmes moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:19 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Harkins. Additionally, Ms. Holmes moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:22 A.M.

Ms. Holmes moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Tara J. Harkins to practice as practical nursing in the Commonwealth of Virginia; said

suspension shall be stayed upon proof of Ms. Harkins' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

CLOSED MEETING: Ms. Holmes moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:25 A.M., for the purpose of consideration of agency subordinate recommendations. Additionally, Ms. Phelps moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:44 A.M.

Ms. Holmes moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Derika Rocnon Brown, CNA 1401-167376
Ms. Brown did not appear.

Dr. McDonough moved that the Board of Nursing modify the recommended decision of the agency subordinate to make findings of fact and conclusions of law but impose no sanction against Derika Rocnon Brown's certificate to practice as a certified nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Nancy Barrie Snyder, CNA 1401-009346
Ms. Snyder did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommendation decision of the agency subordinate to revoke the certificate of Nancy Barrie Snyder to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against Ms. Snyder in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Angel L. Holmes, CNA 1401-115762
Ms. Holmes did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Angel L. Holmes to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding

of Abuse against Ms. Holmes in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Belinda Kay Stroup, RN 0001-194255
Ms. Stroup did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of Belinda Kay Stroup to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Denise Michelle Smith Baxter, CNA 1401-112459
Ms. Baxter did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time against the certificate of Denise Michelle Smith Baxter to practice as a nurse aide in the Commonwealth of Virginia, contingent upon Ms. Baxter's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 60 days of the date the Order is entered and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Tangela Christina Davis, CNA 1401-128277
Ms. Davis did not appear but submitted a written response.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certificate of Tangela Christina Davis to practice as a nurse aide in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order; and to enter a Finding of Neglect based on a singular occurrence against Ms. Davis in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Margaret Lee Taylor, CNA 1401-077051
Ms. Taylor did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Margaret Lee Taylor. The motion was seconded and carried unanimously.

Joyce Lynn Jones Wright, CNA 1401-147065
Ms. Wright did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Joyce Lynn Jones Wright. The motion was seconded and carried unanimously.

Leigh Nagle Blow, RN 0001-111093
Ms. Blow did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Leigh Nagle Blow. The motion was seconded and carried unanimously.

Jennifer Gray Vukmer, RN 0001-162832
Ms. Vukmer did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate:

- To reprimand Jennifer Gray Vukmer;
- To require Ms. Vukmer to have an evaluation by a chemical dependency specialist satisfactory to the Board and a written report of the evaluation, including a diagnosis, a recommended course of therapy, and a prognosis sent to the Board within 120 days from the date of the Order is entered;
- To require Ms. Vukmer to have a physical evaluation by a neurologist satisfactory to the Board and have a written report of the evaluation, including a diagnosis, a recommended course of therapy, and a prognosis sent to the Board within 120 days from the date the Order is entered;
- To require Ms. Vukmer to provide proof to the Board that she has provided the specialists with a complete copy of the Order; and
- To require Ms. Vukmer to sign all required medical releases and authorization forms within 120 days of the date of entry of the Order allowing for unrestricted communication between and among the Board and her current and future treating healthcare providers.
- Further, Ms. Vukner shall not practice nursing until the Board has considered and acted upon the results of the evaluations ordered.

The motion was seconded and carried unanimously.

Cherlyn Marie Foxx-Reeves, LPN 0002-051981
Mr. Foxx-Reeves did not appear but submitted a written response.

Ms. Holmes moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Cherlyn Marie Foxx-Reeves and to indefinitely suspend the license of Cherlyn Marie Foxx-Reeves to practice practical nursing in the Commonwealth of Virginia; said suspension applies to

any multistate privilege to practice practical nursing; and her license remains suspended until such time as she has:

- Paid the ordered monetary penalty of $500.00;
- Provided written proof satisfactory to the Board that she has completed the following courses:
  - *Virginia Nurse Practice Act*
  - *Professional Accountability and Legal Liability for Nurses*
  - *Ethics of Nursing Practice; and*
  - *Disciplinary Actions: What Every Nurse Should Know*

- Paid any fees that may be required for the reinstatement and/or renewal of her practical nursing license prior to the issuance of the license to resume practice

The motion was seconded and carried unanimously.

Margaret L. Jordan, LPN 0002-060191
Ms. Jordan did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of Margaret L. Jordan to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege; the suspension shall be stayed contingent upon Ms. Jordan's re-entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Kim Harding Garnett Wynn, RN 0001-141448
Ms. Wynn did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to deny the petition of Kim Harding Garnett Wynn for modification of the terms and conditions of probation, and continues Ms. Wynn on indefinite probation subject to the following terms and conditions, as previously set forth in the Board Order entered November 16, 2011. The period of probation shall begin from the date of the previous Board Order entered November 16, 2011 and shall continue indefinitely. After one year of active employment as a professional nurse, Ms. Wynn may request the Board end this probation.

The motion was seconded and carried unanimously.

Alisha Sexton, CNA 1401-180626
Ms. Sexton did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certificate of Alisha Sexton to practice as nurse aid in the Commonwealth of Virginia, said suspension shall be stayed upon proof of Ms. Sexton's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Kareemah Hodge, CNA 1401-161963
Ms. Hodge did not appear.

Ms. Holmes moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Kareemah Hodge. The motion was seconded and carries unanimously.

Tracey Cheatwood, CNA 1401-150976
Ms. Cheatwood did not appear.

Dr. McDonough moved that the Board of Nursing reject the recommended decision of the agency subordinate and to refer this matter to a Formal Hearing. The motion was seconded and carried unanimously.

Lakeisha Jovelle Thompkins, CNA 1401-118268
Ms. Thompkins did not appear but submitted a written response.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Lakeisha Jovelle Thompkins to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Jessica Mayo, RN 0001-159591
Ms. Mayo did not appear.

Dr. McDonough moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the license of Jessica Mayo to practice professional nursing in the Commonwealth of Virginia, and said suspension is stayed and shall remain stayed contingent upon Ms. Mayo's continued compliance with all terms and conditions of the Virginia Health Practitioners' Monitoring Program (HPMP) for the period specified by the HPMP. The motion was seconded and carried unanimously.

ADJOURNMENT**:** The Board adjourned at 9:45 A.M.

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Jodi Power, RN, JD
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 17, 2017
Panel - A

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 10:00 A.M. on May 17, 2017 in Board Room 4, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Joyce Hahn, PhD, RN, NEA-BC, FNAP; President
Guia Caliwagan, RN, MAN, EdS – **joined at 2:00 P.M.**
Alice Clark, Citizen Member
Jeanne Holmes, Citizen Member
Kelly McDonough, DNP, RN
Dustin Ross, DNP, MBA, RN, NE-BC
Joseph Scribner, IV, LMT – **LMT cases only**

STAFF PRESENT: Jay Douglas, MSM, RN, CSAC, FRE, Executive Director
Jodi Power, RN, JD; Deputy Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT: James Rutkowski, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established

FORMAL HEARINGS: **William Eric Eberhardt, LMT 0019-005404**

Mr. Eberhardt appeared accompanied by James Creekmore, his attorney.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mary Treta, court reporter with Crane-Snead & Associates, recorded the proceedings.

Tiffany Johnson, Regional Manager for Southwest Virginia, Department of Health Professions, Client E, and Carrie Boucher, LMT, Owner and Manager of Body Balance Spa, were present and testified.

RECESS: The Board recessed at 11:52 P.M.

RECONVENTION: The Board reconvened at 12:00 P.M

CLOSED MEETING: Ms. Holmes moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 12:27 P.M., for the purpose of deliberation to reach a decision in the matter of Mr. Eberhardt. Additionally, Ms. Holmes moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:17 P.M.

Ms. Holmes moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Schribner moved that the Board of Nursing accept the findings of fact presented by Ms. Boyd and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Dr. Ross moved that the Board of Nursing revoke the license of William Eric Eberhardt to practice as massage therapist in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 1:20 P.M.

RECONVENTION: The Board reconvened at 1:53 P.M

FORMAL HEARINGS: **David Ali Zinatbakhsh, LMT 0019-010090**
Mr. Zinatbakhsh appeared and requested a continuance since he has been out the country and just returned and received notice on Monday, May 15, 2017, with insufficient time to obtain legal counsel.

The Board granted the continuance.

Dr. Ross and Dr. Schibner left the meeting at 1:55 P.M.

Ms. Caliwagan joined the meeting at 2:00 P.M.

FORMAL HEARINGS: **Pamela Lee McZeal Arrington, LPN 0002-066848**
Ms. Arrington did not appear.

Carla Boyd, Adjudication Specialist, represented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mary Treta, court reporter with Crane-Snead & Associates, recorded the proceedings.

Tonya James, Compliance Case Manager, Virginia Board of Nursing, was present and testified.

CLOSED MEETING: Ms. Holmes moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:20 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Arrington. Additionally, Ms. Holmes moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:28 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. McDonough moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Boyd and amended by the Board.
The motion was seconded and carried unanimously.

ACTION: Mr. Holmes moved that the Board of Nursing reprimand Pamela Lee McZeal Arrington and indefinitely suspend her license to practice practical nursing in the Commonwealth of Virginia until such time she can appear before the Board and demonstrate she is safe and competent to practice. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Kelly M. Gregory, LPN 0002-083453**
Ms. Gregory appeared.

David Kazzie, Adjudication Specialist, presented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mary Treta, court reporter with Crane-Snead & Associates, recorded the proceedings.

Robin Carroll, MSN, RN, CEN, Senior Investigator, Department of Health Professions, and Theresa Bell, ALFA, Administrator of Hands of Grace, testified via telephone.

CLOSED MEETING: Ms. Holmes moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:40 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Gregory. Additionally, Ms. Holmes moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed

necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:50 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Caliwagan moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Holmes moved that the Board of Nursing reprimand Kelly M. Gregory and require her to provide evidence of completing the following NCSBN courses online within 90 days of entry of the Order:

- *Documentation: A Critical Aspect of Client Care*
- *Professional Accountability and Legal Liability for Nurses*

The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 3:53 P.M.

RECONVENTION: The Board reconvened at 4:02 P.M

FORMAL HEARINGS: **Tammy Ann Harris, LPN 0002-053181**
Ms. Harris appeared.

David Kazzie, Adjudication Specialist, presented the Commonwealth. Mr. Rutkowski was legal counsel for the Board. Mary Treta, court reporter with Crane-Snead & Associates, recorded the proceedings.

Joyce M. Shelton-Jones, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Clark moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 4:17 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Harris. Additionally, Ms. Clark moved that Ms. Douglas, Ms. Power, Ms. Vu and Mr. Rutkowski attend the closed meeting because their presence in the closed meeting is deemed necessary

and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:20 P.M.

Ms. Clark moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Holmes moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Mr. Kazzie. The motion was seconded and carried unanimously.

ACTION: Ms. Holmes moved that the Board of Nursing reinstate the license of Tammy Ann Harris to practice practical nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:23 P.M.

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Jodi Power, RN, JD
Deputy Executive Director

VIRGINIA BOARD OF NURSING
MINUTES
May 17, 2017
Panel – B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:00 A.M. on May 17, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC; Secretary
Guia Caliwagan, RN, MAN, EdS
Mark Monson, Citizen Member – **joined at 9:32 A.M.**
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC
William Traynham, LPN, CSAC

STAFF PRESENT: Brenda Krohn, RN, MS; Deputy Executive Director
Darlene Graham, Senior Discipline Specialist

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established.

CONSIDERATION OF AGENCY SUBORDINATE RECOMMENDATIONS:

Carmel Snyder, CNA 1401-173951
Ms. Snyder appeared.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:15 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Snyder. Additionally, Ms. Phelps moved that Ms. Krohn, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:23 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Carmel Snyder to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding

of Abuse in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Brittany Johnson, CNA 1401-167480
Ms. Snyder appeared.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:25 A.M., for the purpose of consideration of the agency subordinate recommendation regarding Ms. Johnson. Additionally, Ms. Phelps moved that Ms. Krohn, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:30 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certification of Brittany Johnson to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Mr. Monson joined the meeting at 9:32 A.M.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:33 A.M., for the purpose of consideration of the remainder agency subordinate recommendations. Additionally, Ms. Phelps moved that Ms. Krohn, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 9:43 A.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Jerenetta N. Jordan, CNA 1401-157768
Ms. Jordan did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Jerenetta N. Jordan to practice as a certified nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Savannah P. Fletcher, CNA 1401-167058
Ms. Fletcher did not appear but submitted a written response.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Savannah P. Flectcher to practice as a certified nurse aide in the Commonwealth of Virginia and to enter a Finding of Abuse against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Samantha D. Morris, CNA 1401-117204
Ms. Morris did not appear.

Mr. Monson moved that the Board of Nursing modify the recommended decision of the agency subordinate as follow:

- The Virginia Codes §54.1-2007(2) and the Regulations 18VAC90-25-100(2)(e) stated in # 2 of the Findings of Fact and Conclusion of Law are removed.
- To revoke the certificate of Samantha D. Morris to practice as a certified nurse aide in the Commonwealth of Virginia and to enter a Finding of Misappropriation of patient property against her in the Virginia Nurse Aide Registry.

The motion was seconded and carried unanimously.

Melicent Ramsey, RN NC License No.: 219482 with Multistate Privileges
Ms. Ramsey did not appear.

Mr. Monson moved that the Board of Nursing indefinitely suspend the privilege of Melicent Ramsey to practice professional nursing in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Jalisa Michelle Crudup, CNA 1401-155419
Ms. Crudup did not appear.

Mr. Traynham moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the right of Jalisa Michelle Crudup to renew her certification to practice as a nurse aide in the Commonwealth of Virginia. The motion was seconded and carried unanimously.

Rapheal Lashay Oakley, CNA 1401-172047
Ms. Oakley did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to revoke the certificate of Rapheal Lashay Oakley to practice as a nurse aide in the Commonwealth of Virginia and to enter a Finding of Neglect against her in the Virginia Nurse Aide Registry. The motion was seconded and carried unanimously.

Malory Joyce Eanes, LPN 0002-085802
Mr. Eanes did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate as follow:

- To reprimand Malory Joyce Eanes;
- To suspend her license to practice practical nursing, said suspension applies to any multistate privilege;
- To stay the suspension contingent upon proof of Ms. Eanes' entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP; and
- For the duration of the Order, Ms. Eanes shall not work outside of the Commonwealth of Virginia pursuant to a multistate licensure privilege without the written permission of the Virginia Board of Nursing and the Board of Nursing in the party state where she seeks to work. Any requests for out of state employment should be directed, in writing, to the Executive Director of the Board.

The motion was seconded and carried unanimously.

Amanda Kathryn Smith, LPN 0002-085232
Ms. Smith did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Amanda Kathryn Smith, and to require her to complete NCSBN course called "*Sharpening Critical Thinking Skills*" within 60 days of entry of the Order. The motion was seconded and carried unanimously.

Deavon Victoria Shreve, LPN 0002-080188
Ms. Shreve did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate as follow:

- To indefinitely suspend the license of Deavon Victoria Shreve to practice practical nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege
- To stay the suspension contingent upon Ms. Shreve's re-entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP); and
- For the duration of the Order, Ms. Shreve shall not work outside of the Commonwealth of Virginia pursuant to a multistate licensure privilege without the written permission of the Virginia Board of Nursing and the Board of Nursing in the party state where she seeks to work. Any requests for out of state employment should be directed, in writing, to the Executive Director of the Board.

The motion was seconded and carried unanimously.

Lisa Michelle Turner, RN 0001-185247
Ms. Turner did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Lisa Michelle Turner, and to indefinitely suspend her right to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Theresa Garofalo Wilkinson, RN 0001-130195
Ms. Wilkinson did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to accept the VOLUNTARY SURRENDER for indefinite suspension of Theresa Garofalo Wilkinson's right to renew her license to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Kara Patton, RN 0001-190942
Ms. Patton did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Kara Patton and to extend her probation

for six additional months of active nursing practice under the same terms placed on her license by the Board's Order entered April 29, 2016. The motion was seconded and carried unanimously.

Shelia Ball Mathena Joyce, RN 0001-177409
Ms. Joyce did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Shelia Ball Mathena Joyce and indefinitely suspend her license to practice professional nursing in the Commonwealth of Virginia for a period of not less than one year from the date of entry of the Order, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

John Martin Sadler, RN 0001-127202
Mr. Sadler did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to indefinitely suspend the license of John Martin Sadler to practice professional nursing in the Commonwealth of Virginia, said suspension applies to any multistate privilege. The motion was seconded and carried unanimously.

Bianca Fermin, CNA 1401-150627
Ms. Fermin did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to suspend the certification of Bianca Fermin to practice as a nurse aid in the Commonwealth of Virginia, said suspension is stayed contingent upon proof of Ms. Fermin's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Kristen Bradley, CNA 1401-149084
Ms. Bradley did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to take no action at this time, contingent upon Kristen Bradley's enter into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) within 90 days of the date the Order is entered and compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and carried unanimously.

Jessica M. Darden, CNA 1401-105160
Ms. Darden did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate to reprimand Jessica M. Darden. The motion was seconded and carried unanimously.

Sharon B. Throop, LPN Tennessee License Number: 63100 with Multistate Privileges
Ms. Throop did not appear.

Mr. Monson moved that the Board of Nursing accept the recommended decision of the agency subordinate as follow:

- To suspend the privilege of Sharon B. Throop to practice practical nursing;
- To stay the suspension contingent upon proof of Ms. Throop's entry into a Contract with the Virginia Health Practitioners' Monitoring Program (HPMP) or Ms. Throop's entry into an alternative program in another state deemed by the Board to be substantially equivalent to the HPMP;
- Upon stay of the suspension, Ms. Throop shall comply with all terms and conditions of the HPMP or all terms and conditions of the alternative state's recovery monitoring program. Ms. Throop shall advise the Board in writing of any change in her status with the alternative state's recovery monitoring program within ten calendar days of such change. Ms. Throop shall authorize free communication between the Board and the alternative state's recovery monitoring program.

The motion was seconded and carried unanimously.

ADJOURNMENT: The Board adjourned at 9:21 A.M.

Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 17, 2017
Panel – B

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 11:00 A.M. on May 17, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC, Secretary
Guia Caliwagan, RN, MAN, EdS
Mark Monson, Citizen Member
Jennifer Phelps, LPN, QMHPA
Rebecca Poston, PhD, RN, CPNP-PC
William Traynham, LPN, CSAC

STAFF PRESENT: Brenda Krohn, RN; Deputy Executive Director
Jane Elliott, RN, PhD; Discipline Staff
Linda Kleiner, RN, Discipline Case Manager – **jointed at 1 P.M.**
Darlene Graham, Senior Discipline Staff

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing Students from South University
PN Students from Chesapeake Center for Science & Technology

ESTABLISHMENT OF A PANEL:

With six members of the Board present, a panel was established.

FORMAL HEARINGS: **Patrick Glen Dalton, RN 0001-231490**
Mr. Dalton did not appear.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Marcella Luna, Senior Investigator, Department of Health Professions, and Bertha Carter, Director of Human Resources at High Point Regional Hospital, were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:25 A.M., for the purpose of deliberation to reach a decision in the matter of Mr. Dalton. Additionally, Ms. Phelps moved that Ms. Krohn, Dr. Elliott, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:41 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend the license of Patrick Glen Dalton to practice professional nursing in the Commonwealth of Virginia for a period of not less than two years and impose a monetary penalty of $5,000.00. The motion was seconded and carried with five votes in favor. Ms. Caliwagan opposed the motion.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 12:00 P.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

Dr. Elliott left the meeting.

Ms. Kleiner jointed the meeting.

FORMAL HEARINGS: **Janine Rochelle Mitchell, RN 0001-227015**
Ms. Mitchell did not appear.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:18 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Mitchell. Additionally, Ms. Phelps moved that Ms. Krohn, Ms. Graham and Ms. Mitchell, Board counsel, attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:32 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Dr. Poston moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing indefinitely suspend the license of Janine Rochelle Mitchell to practice professional nursing in the Commonwealth of Virginia, said suspension stayed contingent upon her entry into the Health Practitioners' Monitoring Program (HPMP) and compliance with all terms and conditions of HPMP. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Ms. Kleiner joined the meeting at 1:35 P.M.

FORMAL HEARINGS: **Isa Pearline Smith, CNA 1401-051261**
Ms. Smith appeared.

Tammie Jones, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Ashley Hester, RN, Senior Investigator, Department of Health Professions, Susie Mallory, CNA at Hiram Davis Medical Center, and Veronica Pegram, RN at Hiram Davis Medical Center, were present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:47 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Smith. Additionally, Ms. Phelps moved that Ms. Krohn, Ms. Kleiner, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 3:09 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Jones. The motion was seconded and carried unanimously.

ACTION: Dr. Poston moved that the Board of Nursing reprimand Isa Pearline Smith. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

FORMAL HEARINGS: **Dianah Rochelle Turner Farrar, CNA Reinstatement 1401-031409**
Ms. Farrar appeared accompanied by Diane Dyke, her sister.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Denise Holt, court reporter with Crane-Snead & Associates, recorded the proceedings.

Marian McLean, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Phelps moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 3:47 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Farrar. Additionally, Ms. Phelps moved that Ms. Krohn, Ms. Kleiner, Ms. Graham and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 4:00 P.M.

Ms. Phelps moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines, and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Monson moved that the Board of Nursing approve the application of Dianah Rochelle Turner Farrar for reinstatement of her nurse aide certification contingent

upon her successful completion of the certified nurse aide course and passing the certified nurse aide exam. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 4:05 P.M.

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Brenda Krohn, RN, MS
Deputy Executive Director

VIRGINIA BOARD OF NURSING
FORMAL HEARINGS
May 18, 2017

TIME AND PLACE: The meeting of the Virginia Board of Nursing was called to order at 9:08 A.M. on May 18, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico Virginia.

BOARD MEMBERS PRESENT:

Marie Gerardo, MS, RN, ANP-BC; Secretary
Guia Caliwagan, RN, MAN, EdS
Alice Clark, Citizen Member – **joined at 2 P.M.**
Jeanne Holmes, Citizen Member
Kelly S. McDonough, DNP, RN
William Traynham, LPN, CSAC

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director
Jodi P. Power, JD, RN; Deputy Executive Director
Huong Vu, Executive Assistant

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General, Board Counsel
Senior Nursing Students from Southside Regional Medical Center

ESTABLISHMENT OF A PANEL:

With five members of the Board present, a panel was established

FORMAL HEARINGS: **Jacqueline Hatch Sawyer, RN 0001-174504**
Ms. Sawyer appeared.

Cynthia Gaines, Adjudication Specialist represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Ann Marie Nelson, court reporter with Crane-Snead & Associates, recorded the proceedings.

Ann S. Hardy, RN, Senior Investigator, Department of Health Professions, was present and testified. Rebecca Britt, Case Manager, Health Practitioners' Monitoring Program, testified via telephone.

CLOSED MEETING: Dr. McDonough moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 9:55 A.M., for the purpose of deliberation to reach a decision in the matter of Ms. Sawyer. Additionally, Dr. McDonough moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 10:08 A.M.

Ms. Caliwagan moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Dr. McDonough moved that the Board of Nursing continue the license of Jacqueline Hatch Sawyer to practice professional nursing in the Commonwealth of Virginia on indefinitely suspension but stay suspension contingent upon her re-entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with the program thereafter. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 10:12 A.M.

RECONVENTION: The Board reconvened at 10:18 A.M.

FORMAL HEARINGS: **Craig Anthony Trimbach, RN 0001-172770**
Mr. Trimbach appeared accompanied by Nathan C. Mortier, his counsel.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Ann Marie Nelson, court reporter with Crane-Snead & Associates, recorded the proceedings.

Patricia L. Dewey, Senior Investigator, Department of Health Professions, was present and testified. Amy Stewart, Case Manager Coordinator, Health Practitioners' Monitoring Program (HPMP), testified via telephone.

CLOSED MEETING: Dr. McDonough moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 11:12 A.M., for the purpose of deliberation to reach a decision in the matter of Mr. Trimbach. Additionally, Dr. McDonough moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:20 A.M.

Dr. McDonough moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Caliwagan moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Mr. Traynham moved that the Board of Nursing reinstate the license of Craig Anthony Trimbach to practice professional nursing in the Commonwealth of Virginia and take no further action contingent upon his continued compliance with the Virginia Health Practitioners' Monitoring Program. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

RECESS: The Board recessed at 11:23 A.M.

RECONVENTION: The Board reconvened at 1:00 P.M.

Lori Larsen, court reporter with Crane-Snead & Associates, replaced Ann Marie Nelson.

FORMAL HEARINGS: **Jennifer Lynn Estridge Pencille, RN Reinstatement 0001-224403**
Ms. Pencille appeared.

Cynthia Gaines, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Gayle Miller, Senior Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Dr. McDonough moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 1:27 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Pencille. Additionally, Dr. McDonough moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 1:41 P.M.

Dr. McDonough moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Mr. Traynham moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Gaines and amended by the Board. The motion was seconded and carried unanimously.

ACTION: Ms. Holmes moved that the Board of Nursing reinstate the license of Jennifer Lynn Estridge Pencille to practice professional nursing in the Commonwealth of Virginia only. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

Dr. McDonough left the meeting at 2:00 P.M.

Ms. Clark joined the meeting at 2:00 P.M.

FORMAL HEARINGS: **Andrea Kristin Scalf, LPN Reinstatement 0002-0057447**
Ms. Scalf did not appear.

Amy Weiss, Adjudication Specialist, represented the Commonwealth. Ms. Mitchell was legal counsel for the Board. Lori Larsen, court reporter with Crane-Snead & Associates, recorded the proceedings.

Marian McLean, RN, CCM, Investigator, Department of Health Professions, was present and testified.

CLOSED MEETING: Ms. Caliwagan moved that the Board of Nursing convene a closed meeting pursuant to §2.2-3711(A)(27) of the *Code of Virginia* at 2:30 P.M., for the purpose of deliberation to reach a decision in the matter of Ms. Scalf. Additionally, Ms. Caliwagan moved that Ms. Douglas, Ms. Power, Ms. Vu and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 2:40 P.M.

Ms. Caliwagan moved that the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public

business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Ms. Holmes moved that the Board of Nursing accept the findings of fact and conclusions of law as presented by Ms. Weiss. The motion was seconded and carried unanimously.

ACTION: Mr. Traynham moved that the Board of Nursing deny the reinstatement application of Andrea Kristin Scalf and continue her practical nursing license on indefinite suspension for a period of not less than two years and until such time as she appears and demonstrates sufficient evidence she is safe and competent to return to practice. The motion was seconded and carried unanimously.

This decision shall be effective upon the entry by the Board of a written Order stating the findings, conclusions, and decision of this formal hearing panel.

ADJOURNMENT: The Board adjourned at 2:42 P.M.

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Jodi P. Power, RN, JD
Deputy Executive Director

VIRGINIA BOARD OF NURSING
POSSIBLE SUMMARY SUSPENSION TELEPHONE CONFERENCE CALL
June 15, 2017

A possible summary suspension telephone conference call of the Virginia Board of Nursing was held June 15, 2017 at 8:30 A.M.

The Board of Nursing members participating in the meeting were:

Joyce A. Hahn, PhD, RN, NEA-BC, FNAP; Chair
Alice Clark, Citizen Member
Marie Gerardo, MS, RN, ANP-BC
Louise Hershkowitz, CRNA, MSHA
Jeanne Holmes, Citizen Member
Mark Monson, Citizen Member
Dustin S. Ross, DNP, MBA, RN, NE-BC
William Traynham, LPN, CSAC

Others participating in the meeting were:

Charis Mitchell, Assistant Attorney General, Board Counsel
Julia Bennett, Assistant Attorney General
Tammie Jones, Adjudication Specialist
Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director

The meeting was called to order by Dr. Hahn. With eight members of the Board of Nursing participating, a quorum was established.

Julia Bennett, Assistant Attorney General presented evidence that the continued practice of nursing by Kimberly Lambert, CNA 0014- 102928 may present a substantial danger to the health and safety of the public.

Mr. Traynham moved to summarily suspend the nurse aide certificate of Kimberly Lambert pending a formal administrative hearing and to offer a consent order for indefinite suspension of her certificate in lieu of a formal hearing. The motion was seconded and carried unanimously.

The meeting was adjourned at 8:50 A.M.

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Jay P. Douglas, MSM, RN, CSA, FRE
Executive Director

Agency Subordinate Recommendation Tracking Trend Log - May 2006 to Present – Board of Nursing

Considered		Accepted		Modified*					Rejected					Final Outcome:** Difference from Recommendation				
Date	Total	Total	Total %	Total	Total %	# present	# ↑	# ↓	Total	Total %	# present	# Ref to FH	# Dis-missed	↑	↓	Same	Pend-ing	N/A
Total to Date:	*2647*	*2334*	*88.2%*	*216*	*8.2%*				*92*	*3.5%*				*66*	*67*	*85*	*5*	
CY2017 to Date:	*123*	*115*	*93.5%*	*6*	*4.9%*	*0*	*2*	*3*	*2*	*1.6%*	*0*	*2*	*0*	*0*	*2*	*5*	*N/A*	
Nov-17																		
Sep-17																		
Jul-17																		
May-17	40	38	95.0%	1	2.5%	0	0	1	1	2.5%	0	1	0	0	0	2		
Mar-17	35	31	88.6%	4	11.4%	0	2	1	0	0.0%	0	0	0	0	0	2		
Jan-17	48	46	95.8%	1	2.1%	0	0	1	1	2.1%	0	1	0	0	2	1		
Annual Totals:																		
Total 2016	*241*	*227*	*94.2%*	*9*	*3.7%*	*0*	*8*	*0*	*5*	*2.1%*	*2*	*4*	*0*	*4*	*8*	*2*	N/A	
Total 2015	240	218	90.8%	14	5.8%	2	12	2	8	3.3%	3	6	1	9	6	5	N/A	
Total 2014	257	235	91.4%	17	6.6%	2	8	9	5	1.9%	1	3	2	3	3	7	N/A	
Total 2013	248	236	95.2%	10	4.0%				2	0.8%				3	6	2	N/A	
Total 2012	229	211	92.1%	15	6.6%				3	1.3%				4	6	9	N/A	
Total 2011	208	200	96.2%	6	2.9%				2	1.0%				4	1	12	N/A	
Total 2010	194	166	85.6%	21	10.8%				7	3.6%				7	9	9	N/A	
Total 2009	268	217	81.0%	40	14.9%				11	4.1%				11	6	20	N/A	
Total 2008	217	163	75.1%	29	13.4%				22	10.1%				11	11	3	N/A	
Total 2007	174	130	74.7%	30	17.2%				12	6.9%				8	7	4	N/A	
Total 2006	76	62	81.6%	6	7.9%				8	10.5%				2	2		N/A	

***** *Modified = Sanction changed in some way (does not include editorial changes to Findings of Fact or Conclusions of Law. ↑ = additional terms or more severe sanction. ↓ = lesser sanction or impose no sanction.*

****** *Final Outcome Difference = Final Board action/ sanction after FH compared to original Agency Subordinate Recommendation that was modified (then appealed by respondent to FH) or was Rejected by Board (& referred to FH).*

Virginia Department of Health Professions
Cash Balance
As of May 31, 2017

	Nursing
Board Cash Balance as of June 30, 2016	$ 9,780,675
YTD FY17 Revenue	12,518,966
Less: YTD FY17 Direct and Allocated Expenditures	11,079,232
Board Cash Balance as May 31, 2017	11,220,409

*** Includes $58,350 deduction for Nurse Scholarship Fund**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,626,229.00	1,515,000.00	(111,229.00)	107.34%
4002406	License & Renewal Fee	8,300,059.00	8,792,925.00	492,866.00	94.39%
4002407	Dup. License Certificate Fee	23,150.00	23,750.00	600.00	97.47%
4002408	Board Endorsement - In	516,990.00	755,900.00	238,910.00	68.39%
4002409	Board Endorsement - Out	19,810.00	7,560.00	(12,250.00)	262.04%
4002421	Monetary Penalty & Late Fees	241,065.00	250,000.00	8,935.00	96.43%
4002432	Misc. Fee (Bad Check Fee)	795.00	1,750.00	955.00	45.43%
4002660	Administrative Fees	250.00	-	(250.00)	0.00%
	Total Fee Revenue	10,728,348.00	11,346,885.00	618,537.00	94.55%
4003000	Sales of Prop. & Commodities				
4003020	Misc. Sales-Dishonored Payments	2,320.00	-	(2,320.00)	0.00%
	Total Sales of Prop. & Commodities	2,320.00	-	(2,320.00)	0.00%
4009000	Other Revenue				
4009060	Miscellaneous Revenue	49,900.00	60,400.00	10,500.00	82.62%
	Total Other Revenue	49,900.00	60,400.00	10,500.00	82.62%
	Total Revenue	10,780,568.00	11,407,285.00	626,717.00	94.51%
5011110	Employer Retirement Contrib.	185,489.70	207,789.00	22,299.30	89.27%
5011120	Fed Old-Age Ins- Sal St Emp	104,687.05	118,077.00	13,389.95	88.66%
5011130	Fed Old-Age Ins- Wage Earners	11,706.60	30,759.00	19,052.40	38.06%
5011140	Group Insurance	18,326.55	20,179.00	1,852.45	90.82%
5011150	Medical/Hospitalization Ins.	252,066.50	336,576.00	84,509.50	74.89%
5011160	Retiree Medical/Hospitalizatn	16,510.96	18,176.00	1,665.04	90.84%
5011170	Long term Disability Ins	9,280.70	10,167.00	886.30	91.28%
	Total Employee Benefits	598,068.06	741,723.00	143,654.94	80.63%
5011200	Salaries				
5011230	Salaries, Classified	1,353,723.38	1,540,318.00	186,594.62	87.89%
5011250	Salaries, Overtime	17,619.94	3,166.00	(14,453.94)	556.54%
	Total Salaries	1,371,343.32	1,543,484.00	172,140.68	88.85%
5011300	Special Payments				
5011310	Bonuses and Incentives	2,000.00	-	(2,000.00)	0.00%
5011380	Deferred Compnstn Match Pmts	5,697.50	13,440.00	7,742.50	42.39%
	Total Special Payments	7,697.50	13,440.00	5,742.50	57.27%
5011400	Wages				
5011410	Wages, General	151,835.58	402,073.00	250,237.42	37.76%
5011430	Wages, Overtime	1,192.18	-	(1,192.18)	0.00%
	Total Wages	153,027.76	402,073.00	249,045.24	38.06%
5011530	Short-trm Disability Benefits	44,855.00	-	(44,855.00)	0.00%
	Total Disability Benefits	44,855.00	-	(44,855.00)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	5,895.49	-	(5,895.49)	0.00%
5011660	Defined Contribution Match - Hy	5,027.69	-	(5,027.69)	0.00%
	Total Terminatn Personal Svce Costs	10,923.18	-	(10,923.18)	0.00%
5011700	WTA Term Prsnl Svc Costs				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011720	WTA FICA for Salaried State Employees	61.19	-	(61.19)	0.00%
5011740	WTA Group Life Insurance	18.93	-	(18.93)	0.00%
	Total WTA Term Prsnl Svc Costs	80.12	-	(80.12)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	2,185,994.94	2,700,720.00	514,725.06	80.94%
5012000	Contractual Svs				
5012050	Seat Management Services	135.34	-	(135.34)	0.00%
5012100	Communication Services				
5012110	Express Services	3,923.14	4,395.00	471.86	89.26%
5012120	Outbound Freight Services	-	10.00	10.00	0.00%
5012140	Postal Services	124,305.54	85,633.00	(38,672.54)	145.16%
5012150	Printing Services	628.33	1,322.00	693.67	47.53%
5012160	Telecommunications Svcs (VITA)	25,983.19	21,910.00	(4,073.19)	118.59%
5012170	Telecomm. Svcs (Non-State)	517.50	-	(517.50)	0.00%
5012190	Inbound Freight Services	109.21	17.00	(92.21)	642.41%
	Total Communication Services	155,466.91	113,287.00	(42,179.91)	137.23%
5012200	Employee Development Services				
5012210	Organization Memberships	9,210.00	8,764.00	(446.00)	105.09%
5012220	Publication Subscriptions	(2.12)	120.00	122.12	1.77%
5012240	Employee Trainng/Workshop/Conf	4,164.00	482.00	(3,682.00)	863.90%
5012250	Employee Tuition Reimbursement	-	1,000.00	1,000.00	0.00%
	Total Employee Development Services	13,371.88	10,366.00	(3,005.88)	129.00%
5012300	Health Services				
5012360	X-ray and Laboratory Services	2,979.30	4,232.00	1,252.70	70.40%
	Total Health Services	2,979.30	4,232.00	1,252.70	70.40%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	169,121.44	197,340.00	28,218.56	85.70%
5012440	Management Services	2,428.80	370.00	(2,058.80)	656.43%
5012460	Public Infrmtnl & Relatn Svcs	-	49.00	49.00	0.00%
5012470	Legal Services	7,350.00	5,616.00	(1,734.00)	130.88%
	Total Mgmnt and Informational Svcs	178,900.24	203,375.00	24,474.76	87.97%
5012500	Repair and Maintenance Svcs				
5012530	Equipment Repair & Maint Srvc	-	3,001.00	3,001.00	0.00%
5012560	Mechanical Repair & Maint Srvc	-	369.00	369.00	0.00%
	Total Repair and Maintenance Svcs	-	3,370.00	3,370.00	0.00%
5012600	Support Services				
5012630	Clerical Services	232,391.78	292,088.00	59,696.22	79.56%
5012640	Food & Dietary Services	11,267.94	-	(11,267.94)	0.00%
5012660	Manual Labor Services	27,601.54	38,508.00	10,906.46	71.68%
5012670	Production Services	180,750.88	158,515.00	(22,235.88)	114.03%
5012680	Skilled Services	794,922.07	1,119,774.00	324,851.93	70.99%
	Total Support Services	1,246,934.21	1,608,885.00	361,950.79	77.50%
5012700	Technical Services				
5012780	VITA InT Int Cost Goods&Svs	372.59	-	(372.59)	0.00%
	Total Technical Services	372.59	-	(372.59)	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

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Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	2,688.15	5,260.00	2,571.85	51.11%
5012830	Travel, Public Carriers	10.54	1.00	(9.54)	1054.00%
5012840	Travel, State Vehicles	-	2,454.00	2,454.00	0.00%
5012850	Travel, Subsistence & Lodging	2,778.43	6,635.00	3,856.57	41.88%
5012880	Trvl, Meal Reimb- Not Rprtble	1,225.75	3,597.00	2,371.25	34.08%
	Total Transportation Services	6,702.87	17,947.00	11,244.13	37.35%
	Total Contractual Svs	1,604,863.34	1,961,462.00	356,598.66	81.82%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	24,164.02	11,696.00	(12,468.02)	206.60%
5013130	Stationery and Forms	373.87	3,790.00	3,416.13	9.86%
	Total Administrative Supplies	24,537.89	15,486.00	(9,051.89)	158.45%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	99.00	99.00	0.00%
	Total Manufctrng and Merch Supplies	-	99.00	99.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	52.31	29.00	(23.31)	180.38%
	Total Repair and Maint. Supplies	52.31	29.00	(23.31)	180.38%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	306.13	408.00	101.87	75.03%
5013630	Food Service Supplies	10.44	1,108.00	1,097.56	0.94%
5013640	Laundry and Linen Supplies	-	22.00	22.00	0.00%
	Total Residential Supplies	316.57	1,538.00	1,221.43	20.58%
5013700	Specific Use Supplies				
5013730	Computer Operating Supplies	973.80	182.00	(791.80)	535.05%
	Total Specific Use Supplies	973.80	182.00	(791.80)	535.05%
	Total Supplies And Materials	25,880.57	17,334.00	(8,546.57)	149.31%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				
5015120	Automobile Liability	-	163.00	163.00	0.00%
5015160	Property Insurance	-	504.00	504.00	0.00%
	Total Insurance-Fixed Assets	-	667.00	667.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	8,227.92	9,014.00	786.08	91.28%
5015350	Building Rentals	422.28	-	(422.28)	0.00%
5015360	Land Rentals	-	275.00	275.00	0.00%
5015390	Building Rentals - Non State	126,504.76	132,159.00	5,654.24	95.72%
	Total Operating Lease Payments	135,154.96	141,448.00	6,293.04	95.55%
5015400	Service Charges				
5015460	SPCC And EEI Check Fees	-	5.00	5.00	0.00%
	Total Service Charges	-	5.00	5.00	0.00%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	1,897.00	1,897.00	0.00%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015540	Surety Bonds	-	112.00	112.00	0.00%
	Total Insurance-Operations	-	2,009.00	2,009.00	0.00%
	Total Continuous Charges	135,154.96	144,129.00	8,974.04	93.77%
5022000	**Equipment**				
5022100	**Computer Hrdware & Sftware**				
5022110	**Desktop Computers(Microcmpter)**	134.40	-	(134.40)	0.00%
5022170	**Other Computer Equipment**	2,183.00	-	(2,183.00)	0.00%
5022180	**Computer Software Purchases**	251.54	-	(251.54)	0.00%
	Total Computer Hrdware & Sftware	2,568.94	-	(2,568.94)	0.00%
5022200	**Educational & Cultural Equip**				
5022240	**Reference Equipment**	1,071.00	1,123.00	52.00	95.37%
	Total Educational & Cultural Equip	1,071.00	1,123.00	52.00	95.37%
5022300	**Electrnc & Photographic Equip**				
5022330	**Voice & Data Transmissn Equip**	255.00	-	(255.00)	0.00%
5022380	**Electronic & Photo Equip Impr**	-	1,666.00	1,666.00	0.00%
	Total Electrnc & Photographic Equip	255.00	1,666.00	1,411.00	15.31%
5022600	**Office Equipment**				
5022610	**Office Appurtenances**	-	202.00	202.00	0.00%
5022620	**Office Furniture**	3,880.00	1,097.00	(2,783.00)	353.69%
5022630	**Office Incidentals**	-	75.00	75.00	0.00%
	Total Office Equipment	3,880.00	1,374.00	(2,506.00)	282.39%
5022700	**Specific Use Equipment**				
5022710	**Household Equipment**	-	133.00	133.00	0.00%
	Total Specific Use Equipment	-	133.00	133.00	0.00%
	Total Equipment	7,774.94	4,296.00	(3,478.94)	180.98%
	Total Expenditures	3,959,668.75	4,827,941.00	868,272.25	82.02%
	Allocated Expenditures				
20400	**Nursing / Nurse Aid**	48,292.81	80,146.78	31,853.97	60.26%
30100	**Data Center**	1,146,544.18	1,579,997.26	433,453.09	72.57%
30200	**Human Resources**	93,276.03	313,490.72	220,214.70	29.75%
30300	**Finance**	610,857.23	629,329.29	18,472.06	97.06%
30400	**Director's Office**	310,827.09	370,151.13	59,324.04	83.97%
30500	**Enforcement**	2,004,338.55	2,320,711.55	316,373.01	86.37%
30600	**Administrative Proceedings**	485,682.32	588,126.16	102,443.85	82.58%
30700	**Impaired Practitioners**	65,596.29	66,075.98	479.70	99.27%
30800	**Attorney General**	198,768.17	196,179.08	(2,589.09)	101.32%
30900	**Board of Health Professions**	150,430.01	244,072.55	93,642.54	61.63%
31100	**Maintenance and Repairs**	-	3,344.48	3,344.48	0.00%
31300	**Emp. Recognition Program**	4,051.91	4,011.89	(40.02)	101.00%
31400	**Conference Center**	2,093.70	1,758.51	(335.19)	119.06%
31500	**Pgm Devlpmnt & Implmentn**	164,185.75	189,283.91	25,098.16	86.74%
	Total Allocated Expenditures	5,284,944.02	6,586,679.31	1,301,735.29	80.24%
	Net Revenue in Excess (Shortfall) of Expenditures	$ 1,535,955.23	$ (7,335.31)	$ (1,543,290.54)	20939.20%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
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Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
4002400	Fee Revenue												
4002401	Application Fee	108,595.00	103,085.00	90,355.00	93,061.00	129,535.00	106,008.00	101,480.00	140,580.00	235,765.00	267,450.00	250,315.00	1,626,229.00
4002406	License & Renewal Fee	812,125.00	828,195.00	679,825.00	823,925.00	734,520.00	662,255.00	769,211.00	763,214.00	781,850.00	739,170.00	705,769.00	8,300,059.00
4002407	Dup. License Certificate Fee	2,005.00	2,665.00	2,145.00	2,285.00	1,980.00	1,680.00	1,970.00	1,980.00	2,570.00	2,110.00	1,760.00	23,150.00
4002408	Board Endorsement - In	78,260.00	86,530.00	75,410.00	59,370.00	57,810.00	54,030.00	72,190.00	18,810.00	5,080.00	5,740.00	3,760.00	516,990.00
4002409	Board Endorsement - Out	1,365.00	2,040.00	1,590.00	1,435.00	1,750.00	1,710.00	1,680.00	1,735.00	2,105.00	1,515.00	2,885.00	19,810.00
4002421	Monetary Penalty & Late Fees	22,770.00	22,440.00	20,835.00	21,480.00	16,920.00	15,420.00	19,275.00	21,405.00	30,985.00	25,995.00	23,540.00	241,065.00
4002432	Misc. Fee (Bad Check Fee)	35.00	105.00	175.00	-	95.00	105.00	-	70.00	105.00	105.00	-	795.00
4002660	Administrative Fees	-	-	-	-	-	250.00	-	-	-	-	-	250.00
	Total Fee Revenue	1,025,155.00	1,045,060.00	870,335.00	1,001,556.00	942,610.00	841,458.00	965,806.00	947,794.00	1,058,460.00	1,042,085.00	988,029.00	10,728,348.00
4003000	Sales of Prop. & Commodities												
4003020	Misc. Sales-Dishonored Payments	365.00	355.00	395.00	50.00	225.00	175.00	-	275.00	395.00	85.00	-	2,320.00
	Total Sales of Prop. & Commodities	365.00	355.00	395.00	50.00	225.00	175.00	-	275.00	395.00	85.00	-	2,320.00
4009000	Other Revenue												
4009060	Miscellaneous Revenue	4,400.00	4,400.00	6,600.00	-	6,600.00	2,200.00	8,800.00	2,200.00	4,400.00	6,600.00	3,700.00	49,900.00
	Total Other Revenue	4,400.00	4,400.00	6,600.00	-	6,600.00	2,200.00	8,800.00	2,200.00	4,400.00	6,600.00	3,700.00	49,900.00
	Total Revenue	1,029,920.00	1,049,815.00	877,330.00	1,001,606.00	949,435.00	843,833.00	974,606.00	950,269.00	1,063,255.00	1,048,770.00	991,729.00	10,780,568.00
5011000	Personal Services												
5011100	Employee Benefits												
5011110	Employer Retirement Contrib.	25,350.23	17,098.72	16,213.48	16,567.04	16,567.04	16,216.64	16,181.10	16,145.36	15,734.13	14,707.98	14,707.98	185,489.70
5011120	Fed Old-Age Ins- Sal St Emp	14,101.65	9,382.56	9,513.45	9,194.90	9,259.75	9,131.27	9,101.75	9,134.03	8,700.06	8,562.33	8,605.30	104,687.05
5011130	Fed Old-Age Ins- Wage Earners	1,437.48	1,117.31	879.94	1,054.44	1,140.81	1,184.53	810.55	1,033.90	801.19	1,055.88	1,190.57	11,706.60
5011140	Group Insurance	2,408.30	1,665.79	1,616.17	1,632.17	1,651.10	1,614.34	1,614.34	1,610.85	1,570.93	1,471.28	1,471.28	18,326.55
5011150	Medical/Hospitalization Ins. Retiree	33,041.50	22,197.00	22,328.50	23,120.50	23,110.00	22,515.00	22,515.00	22,515.00	20,952.00	19,886.00	19,886.00	252,066.50
5011160	Medical/Hospitalizatn	2,155.55	1,500.45	1,455.75	1,487.22	1,487.22	1,454.12	1,454.12	1,450.99	1,415.02	1,325.26	1,325.26	16,510.96
5011170	Long term Disability Ins	1,251.23	839.25	814.26	831.86	831.86	813.34	813.34	811.58	791.46	741.26	741.26	9,280.70
	Total Employee Benefits	79,745.94	53,801.08	52,821.55	53,888.13	54,047.78	52,929.24	52,490.20	52,701.71	49,964.79	47,749.99	47,927.65	598,068.06
5011200	Salaries												

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Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5011230	Salaries, Classified	189,682.16	122,820.22	120,610.73	113,098.12	116,995.59	114,071.30	114,841.85	117,025.16	116,895.56	113,092.18	114,590.51	1,353,723.38
5011250	Salaries, Overtime	2,376.50	1,186.48	693.74	1,286.18	599.81	2,489.65	554.53	2,137.55	1,370.30	2,927.02	1,998.18	17,619.94
	Total Salaries	192,058.66	124,006.70	121,304.47	114,384.30	117,595.40	116,560.95	115,396.38	119,162.71	118,265.86	116,019.20	116,588.69	1,371,343.32
5011310	Bonuses and Incentives	-	1,500.00	-	500.00	-	-	-	-	-	-	-	2,000.00
5011380	Deferred Compnstn Match Pmts	777.50	525.00	525.00	525.00	525.00	525.00	515.00	485.00	445.00	425.00	425.00	5,697.50
	Total Special Payments	777.50	2,025.00	525.00	1,025.00	525.00	525.00	515.00	485.00	445.00	425.00	425.00	7,697.50
5011400	Wages												-
5011410	Wages, General	18,688.94	14,605.23	11,502.29	13,783.56	14,912.80	15,290.28	10,467.98	13,515.13	10,473.01	13,802.42	14,793.94	151,835.58
5011430	Wages, Overtime	102.00	-	-	-	-	193.58	127.50	-	-	-	769.10	1,192.18
	Total Wages	18,790.94	14,605.23	11,502.29	13,783.56	14,912.80	15,483.86	10,595.48	13,515.13	10,473.01	13,802.42	15,563.04	153,027.76
5011500	Disability Benefits												
5011530	Short-trm Disability Benefits	-	2,051.90	2,441.51	11,237.96	7,882.79	7,819.40	8,223.49	5,197.95	-	-	-	44,855.00
	Total Disability Benefits	-	2,051.90	2,441.51	11,237.96	7,882.79	7,819.40	8,223.49	5,197.95	-	-	-	44,855.00
5011600	Terminatn Personal Svce Costs												
5011620	Salaries, Annual Leave Balanc	-	-	5,547.09	-	-	-	348.40	-	-	-	-	5,895.49
5011660	Defined Contribution Match - Hy	680.75	428.68	428.68	435.02	435.02	406.94	442.52	442.52	442.52	442.52	442.52	5,027.69
	Total Terminatn Personal Svce Costs	680.75	428.68	5,975.77	435.02	435.02	406.94	790.92	442.52	442.52	442.52	442.52	10,923.18
5011700	WTA Term Prsnl Svc Costs												
5011720	WTA FICA for Salaried State Employees	-	-	-	61.19	-	-	-	-	-	-	-	61.19
5011740	WTA Group Life Insurance	-	-	-	18.93	-	-	-	-	-	-	-	18.93
	Total WTA Term Prsnl Svc Costs	-	-	-	80.12	-	-	-	-	-	-	-	80.12
	Total Personal Services	292,053.79	196,918.59	194,570.59	194,834.09	195,398.79	193,725.39	188,011.47	191,505.02	179,591.18	178,439.13	180,946.90	2,185,994.94
5012000	Contractual Svs												-
5012050	Seat Management Services	-	-	-	-	-	-	-	-	-	-	135.34	135.34
5012100	Communication Services												-
5012110	Express Services	215.15	202.40	285.71	-	-	536.38	-	1,692.56	364.11	435.93	190.90	3,923.14
5012140	Postal Services	13,346.16	7,838.54	13,734.05	14,714.90	6,895.89	13,879.24	6,683.19	12,223.41	12,570.29	12,294.63	10,125.24	124,305.54
5012150	Printing Services	-	13.00	-	-	-	42.00	-	26.00	13.00	-	534.33	628.33

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5012160	Telecommunications Svcs (V	2,065.58	2,535.74	2,354.62	-	2,387.91	2,918.25	5,095.68	2,516.32	2,418.88	2,470.09	1,220.12	25,983.19
5012170	Telecomm. Svcs (Non-State)	67.50	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	45.00	517.50
5012190	Inbound Freight Services	-	50.00	-	-	-	45.39	-	10.32	-	-	3.50	109.21
	Total Communication Services	15,694.39	10,684.68	16,419.38	14,759.90	9,328.80	17,466.26	11,823.87	16,513.61	15,411.28	15,245.65	12,119.09	155,466.91
5012200	Employee Development Services												
5012210	Organization Memberships	6,000.00	-	-	-	-	-	-	-	410.00	-	2,800.00	9,210.00
5012220	Publication Subscriptions	-	-	-	-	-	(2.12)	-	-	-	-	-	(2.12)
5012240	Employee Trainng/Workshop/Conf	-	-	3,790.00	-	-	149.00	-	-	125.00	100.00	-	4,164.00
	Total Employee Development Services	6,000.00	-	3,790.00	-	-	146.88	-	-	535.00	100.00	2,800.00	13,371.88
5012300	Health Services												
5012360	X-ray and Laboratory Services	-	844.76	-	-	-	808.33	-	-	-	634.11	692.10	2,979.30
	Total Health Services	-	844.76	-	-	-	808.33	-	-	-	634.11	692.10	2,979.30
5012400	Mgmnt and Informational Svcs												
5012420	Fiscal Services	12,580.45	12,805.77	15,261.15	14,827.73	13,061.74	14,334.69	25,132.99	-	14,923.34	15,330.66	30,862.92	169,121.44
5012440	Management Services	-	749.82	-	423.92	-	146.93	-	85.98	-	771.02	251.13	2,428.80
5012470	Legal Services	1,535.00	-	1,225.00	-	-	175.00	-	1,115.00	1,575.00	-	1,725.00	7,350.00
	Total Mgmnt and Informational Svcs	14,115.45	13,555.59	16,486.15	15,251.65	13,061.74	14,656.62	25,132.99	1,200.98	16,498.34	16,101.68	32,839.05	178,900.24
5012600	Support Services												
5012630	Clerical Services	9,991.25	11,675.63	10,247.53	-	-	43,762.89	-	73,940.73	29,369.38	27,056.56	26,347.81	232,391.78
5012640	Food & Dietary Services	1,199.43	428.87	1,237.17	-	-	1,651.13	-	1,696.05	2,328.59	175.84	2,550.86	11,267.94
5012660	Manual Labor Services	2,750.18	2,391.54	2,733.86	1,031.57	2,638.44	2,119.57	2,740.67	2,815.48	2,271.23	2,646.26	3,462.74	27,601.54
5012670	Production Services	28,465.79	14,334.35	17,682.88	6,902.86	13,792.90	15,523.82	16,846.44	16,243.87	12,348.08	17,136.73	21,473.16	180,750.88
5012680	Skilled Services	71,662.36	71,785.28	70,556.08	72,276.96	71,293.60	73,014.48	70,310.24	71,798.28	76,639.47	73,050.79	72,534.53	794,922.07
	Total Support Services	114,069.01	100,615.67	102,457.52	80,211.39	87,724.94	136,071.89	89,897.35	166,494.41	122,956.75	120,066.18	126,369.10	1,246,934.21
5012700	Technical Services												
5012780	VITA InT Int Cost Goods&Svs	-	-	-	-	-	-	-	-	-	-	372.59	372.59
	Total Technical Services	-	-	-	-	-	-	-	-	-	-	372.59	372.59

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5012800	Transportation Services												
5012820	Travel, Personal Vehicle	536.76	403.93	377.46	303.46	147.42	-	-	-	305.20	313.66	300.26	2,688.15
5012830	Travel, Public Carriers	-	-	-	-	-	-	-	-	-	-	10.54	10.54
5012840	Travel, State Vehicles	54.67	127.32	148.37	-	127.32	-	-	-	(457.68)	-	-	-
5012850	Travel, Subsistence & Lodging	1,931.79	-	100.84	-	-	-	-	215.84	323.76	206.20	-	2,778.43
5012880	Trvl, Meal Reimb- Not Rprtble	462.00	68.25	256.75	-	-	-	-	106.50	154.50	118.50	59.25	1,225.75
	Total Transportation Services	2,985.22	599.50	883.42	303.46	274.74	-	-	322.34	325.78	638.36	370.05	6,702.87
	Total Contractual Svs	152,864.07	126,300.20	140,036.47	110,526.40	110,390.22	169,149.98	126,854.21	184,531.34	155,727.15	152,785.98	175,697.32	1,604,863.34
5013000	Supplies And Materials												-
5013100	Administrative Supplies												
5013120	Office Supplies	1,817.68	2,973.74	2,848.90	-	(85.34)	5,768.21	(31.68)	5,840.22	1,304.59	1,347.15	2,380.55	24,164.02
5013130	Stationery and Forms	-	-	-	-	-	373.87	-	-	-	-	-	373.87
	Total Administrative Supplies	1,817.68	2,973.74	2,848.90	-	(85.34)	6,142.08	(31.68)	5,840.22	1,304.59	1,347.15	2,380.55	24,537.89
5013500	Repair and Maint. Supplies												
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	52.31	-	-	52.31
	Total Repair and Maint. S	-	-	-	-	-	-	-	-	52.31	-	-	52.31
5013600	Residential Supplies												
5013620	Food and Dietary Supplies	-	-	72.38	-	-	56.14	-	39.26	92.17	-	46.18	306.13
5013630	Food Service Supplies	-	-	-	-	-	-	-	-	10.44	-	-	10.44
	Total Residential Supplies	-	-	72.38	-	-	56.14	-	39.26	102.61	-	46.18	316.57
5013700	Specific Use Supplies												
5013730	Computer Operating Supplies	-	-	-	-	-	-	-	950.94	-	-	22.86	973.80
	Total Specific Use Supplies	-	-	-	-	-	-	-	950.94	-	-	22.86	973.80
	Total Supplies And Materials	1,817.68	2,973.74	2,921.28	-	(85.34)	6,198.22	(31.68)	6,830.42	1,459.51	1,347.15	2,449.59	25,880.57
5015000	Continuous Charges												
5015300	Operating Lease Payments												

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 10100 - Nursing
For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5015340	Equipment Rentals	762.87	734.12	734.12	-	-	1,497.12	-	2,254.37	737.73	762.99	744.60	8,227.92
5015350	Building Rentals	-	98.98	-	-	101.06	-	-	109.08	-	-	113.16	422.28
5015390	Building Rentals - Non State	10,938.05	12,616.98	10,938.05	10,938.05	12,412.01	10,961.26	10,938.05	12,370.14	10,938.05	12,314.25	11,139.87	126,504.76
	Total Operating Lease P:	11,700.92	13,450.08	11,672.17	10,938.05	12,513.07	12,458.38	10,938.05	14,733.59	11,675.78	13,077.24	11,997.63	135,154.96
	Total Continuous Charges	11,700.92	13,450.08	11,672.17	10,938.05	12,513.07	12,458.38	10,938.05	14,733.59	11,675.78	13,077.24	11,997.63	135,154.96
5022000	Equipment												
5022110	Desktop Computers (Microcmpter)	-	-	-	-	-	-	-	134.40	-	-	-	134.40
5022170	Other Computer Equipment	-	-	-	-	-	-	-	-	2,183.00	-	-	2,183.00
5022180	Computer Software Purchases	-	-	-	-	-	-	-	-	251.54	-	-	251.54
	Total Computer Hrdware & Sftware	-	-	-	-	-	-	-	134.40	2,434.54	-	-	2,568.94
5022200	Educational & Cultural Equip												
5022240	Reference Equipment	-	-	-	-	-	522.00	-	168.95	-	380.05	-	1,071.00
	Total Educational & Cultural Equip	-	-	-	-	-	522.00	-	168.95	-	380.05	-	1,071.00
5022300	Electmc & Photographic Equip												
5022330	Voice & Data Transmissn Equip	-	-	-	-	-	255.00	-	-	-	-	-	255.00
	Total Electrnc & Photographic Equip	-	-	-	-	-	255.00	-	-	-	-	-	255.00
5022600	Office Equipment												
5022620	Office Furniture	440.00	1,120.00	-	-	-	-	-	2,320.00	-	-	-	3,880.00
	Total Office Equipment	440.00	1,120.00	-	-	-	-	-	2,320.00	-	-	-	3,880.00
	Total Equipment	440.00	1,120.00	-	-	-	777.00	-	2,623.35	2,434.54	380.05	-	7,774.94
	Total Expenditures	458,876.46	340,762.61	349,200.51	316,298.54	318,216.74	382,308.97	325,772.05	400,223.72	350,888.16	346,029.55	371,091.44	3,959,668.75
	Allocated Expenditures												
20400	Nursing / Nurse Aid	3,358.53	5,799.83	790.63	5,073.70	5,226.90	7,153.71	1,999.87	4,929.42	5,284.65	3,356.93	5,318.63	48,292.81
30100	Data Center	108,520.03	152,870.39	61,735.22	138,842.90	39,261.17	106,423.39	135,303.15	117,240.94	99,860.07	94,749.89	91,737.02	1,146,544.18
30200	Human Resources	683.66	11,716.70	647.92	585.42	649.94	75,564.61	555.95	940.22	604.14	699.54	627.93	93,276.03
30300	Finance	109,185.37	64,492.70	37,578.56	99,832.72	105,458.64	(7,983.31)	84,412.24	(44,851.95)	40,698.05	43,831.46	78,202.77	610,857.23
30400	Director's Office	38,967.78	27,352.70	27,114.85	25,598.27	29,543.58	26,885.19	26,538.41	29,527.75	26,911.97	26,615.28	25,771.32	310,827.09

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 10100 - Nursing

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
30500	Enforcement	258,305.78	177,145.03	182,344.00	179,951.85	160,452.33	162,330.68	148,684.70	187,524.97	200,485.39	172,245.86	174,867.97	2,004,338.55
30600	Administrative Proceedings	68,203.13	42,492.48	32,244.22	40,984.59	41,899.60	42,630.11	34,276.63	38,738.43	48,495.16	48,748.82	46,969.14	485,682.32
30700	Impaired Practitioners	8,088.49	5,619.97	5,655.76	5,577.19	5,705.70	5,863.47	5,548.54	5,927.22	5,638.32	5,429.43	6,542.20	65,596.29
30800	Attorney General	-	-	49,692.04	49,692.04	-	-	49,692.04	-	-	49,692.04	-	198,768.17
30900	Board of Health Professions	16,642.90	13,621.85	11,523.99	10,908.22	14,400.15	15,066.84	10,690.56	12,273.34	14,243.82	15,714.17	15,344.17	150,430.01
31300	Emp. Recognition Program	639.11	2,101.35	-	-	-	334.82	-	106.03	55.01	26.11	789.49	4,051.91
31400	Conference Center	173.63	160.85	947.41	(99.11)	74.19	153.25	73.62	285.77	114.45	257.39	(47.76)	2,093.70
31500	Pgm Devlpmnt & Implmentn	19,141.49	12,910.00	13,324.12	11,857.45	12,022.88	22,658.31	13,555.75	19,220.48	13,059.66	12,935.64	13,499.97	164,185.75
	Total Allocated Expenditures	631,909.89	516,283.84	423,598.71	568,805.25	414,695.08	457,081.08	511,331.47	371,862.61	455,450.69	474,302.56	459,622.85	5,284,944.02
	Net Revenue in Excess (Shortfall) of Expenditures	$ (60,866.35)	$ 192,768.55	$ 104,530.78	$ 116,502.21	$ 216,523.18	$ 4,442.95	$ 137,502.48	$ 178,182.67	$ 256,916.15	$ 228,437.89	$ 161,014.71	1,535,955.23

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
4002400	Fee Revenue				
4002401	Application Fee	1,400.00	300.00	(1,100.00)	466.67%
4002406	License & Renewal Fee	1,074,760.00	1,062,950.00	(11,810.00)	101.11%
4002408	Board Endorsement - In	4,080.00	-	(4,080.00)	0.00%
4002421	Monetary Penalty & Late Fees	-	330.00	330.00	0.00%
4002432	Misc. Fee (Bad Check Fee)	300.00	700.00	400.00	42.86%
	Total Fee Revenue	1,080,540.00	1,064,280.00	(16,260.00)	101.53%
4003000	Sales of Prop. & Commodities				
4003007	Sales of Goods/Svces to State	657,572.72	558,242.00	(99,330.72)	117.79%
4003020	Misc. Sales-Dishonored Payments	285.00	-	(285.00)	0.00%
	Total Sales of Prop. & Commodities	657,857.72	558,242.00	(99,615.72)	117.84%
4009000	Other Revenue				
	Total Revenue	1,738,397.72	1,622,522.00	(115,875.72)	107.14%
5011110	Employer Retirement Contrib.	15,930.62	17,762.00	1,831.38	89.69%
5011120	Fed Old-Age Ins- Sal St Emp	9,702.37	10,073.00	370.63	96.32%
5011130	Fed Old-Age Ins- Wage Earners	7,600.31	5,071.00	(2,529.31)	149.88%
5011140	Group Insurance	1,549.72	1,725.00	175.28	89.84%
5011150	Medical/Hospitalization Ins.	32,460.50	32,724.00	263.50	99.19%
5011160	Retiree Medical/Hospitalizatn	1,394.60	1,554.00	159.40	89.74%
5011170	Long term Disability Ins	783.93	869.00	85.07	90.21%
	Total Employee Benefits	69,422.05	69,778.00	355.95	99.49%
5011200	Salaries				
5011230	Salaries, Classified	117,129.42	131,662.00	14,532.58	88.96%
5011250	Salaries, Overtime	2,733.00	-	(2,733.00)	0.00%
	Total Salaries	119,862.42	131,662.00	11,799.58	91.04%
5011300	Special Payments				
5011380	Deferred Compnstn Match Pmts	760.00	1,440.00	680.00	52.78%
	Total Special Payments	760.00	1,440.00	680.00	52.78%
5011400	Wages				
5011410	Wages, General	98,289.18	66,280.00	(32,009.18)	148.29%
5011430	Wages, Overtime	1,061.22	-	(1,061.22)	0.00%
	Total Wages	99,350.40	66,280.00	(33,070.40)	149.89%
5011530	Short-trm Disability Benefits	2,942.65	-	(2,942.65)	0.00%
	Total Disability Benefits	2,942.65	-	(2,942.65)	0.00%
5011600	Terminatn Personal Svce Costs				
5011620	Salaries, Annual Leave Balanc	6,739.37	-	(6,739.37)	0.00%
5011630	Salaries, Sick Leave Balances	2,966.82	-	(2,966.82)	0.00%
5011640	Salaries, Cmp Leave Balances	213.44	-	(213.44)	0.00%
5011660	Defined Contribution Match - Hy	135.30	-	(135.30)	0.00%
	Total Terminatn Personal Svce Costs	10,054.93	-	(10,054.93)	0.00%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	302,392.45	269,160.00	(33,232.45)	112.35%
5012000	Contractual Svs				
5012100	Communication Services				
5012140	Postal Services	44,567.89	32,117.00	(12,450.89)	138.77%
5012150	Printing Services	73.39	276.00	202.61	26.59%
5012160	Telecommunications Svcs (VITA)	1,629.33	2,500.00	870.67	65.17%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5012190	Inbound Freight Services	0.94	-	(0.94)	0.00%
	Total Communication Services	46,271.55	34,893.00	(11,378.55)	132.61%
5012300	Health Services				
5012360	X-ray and Laboratory Services	42.35	125.00	82.65	33.88%
	Total Health Services	42.35	125.00	82.65	33.88%
5012400	Mgmnt and Informational Svcs	-			
5012420	Fiscal Services	20,963.79	24,920.00	3,956.21	84.12%
5012440	Management Services	333.57	530.00	196.43	62.94%
5012460	Public Infrmtnl & Relatn Svcs	-	10.00	10.00	0.00%
	Total Mgmnt and Informational Svcs	21,297.36	25,460.00	4,162.64	83.65%
5012500	Repair and Maintenance Svcs				
5012560	Mechanical Repair & Maint Srvc	-	72.00	72.00	0.00%
	Total Repair and Maintenance Svcs	-	72.00	72.00	0.00%
5012600	Support Services				
5012660	Manual Labor Services	1,299.75	2,454.00	1,154.25	52.96%
5012670	Production Services	12,191.86	10,300.00	(1,891.86)	118.37%
5012680	Skilled Services	14,504.52	48,303.00	33,798.48	30.03%
	Total Support Services	27,996.13	61,057.00	33,060.87	45.85%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	8,744.33	6,893.00	(1,851.33)	126.86%
5012830	Travel, Public Carriers	201.40	-	(201.40)	0.00%
5012840	Travel, State Vehicles	1,288.49	310.00	(978.49)	415.64%
5012850	Travel, Subsistence & Lodging	2,004.37	912.00	(1,092.37)	219.78%
5012880	Trvl, Meal Reimb- Not Rprtble	2,437.50	528.00	(1,909.50)	461.65%
	Total Transportation Services	14,676.09	8,643.00	(6,033.09)	169.80%
	Total Contractual Svs	110,283.48	130,250.00	19,966.52	84.67%
5013000	Supplies And Materials				
5013100	Administrative Supplies				
5013120	Office Supplies	1,402.84	1,092.00	(310.84)	128.47%
5013130	Stationery and Forms	51.35	1,203.00	1,151.65	4.27%
	Total Administrative Supplies	1,454.19	2,295.00	840.81	63.36%
5013200	Energy Supplies				
5013230	Gasoline	42.58	-	(42.58)	0.00%
	Total Energy Supplies	42.58	-	(42.58)	0.00%
5013300	Manufctrng and Merch Supplies				
5013350	Packaging & Shipping Supplies	-	20.00	20.00	0.00%
	Total Manufctrng and Merch Supplies	-	20.00	20.00	0.00%
5013500	Repair and Maint. Supplies				
5013520	Custodial Repair & Maint Matrl	7.18	-	(7.18)	0.00%
	Total Repair and Maint. Supplies	7.18	-	(7.18)	0.00%
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	80.00	80.00	0.00%
5013630	Food Service Supplies	-	226.00	226.00	0.00%
	Total Residential Supplies	-	306.00	306.00	0.00%
	Total Supplies And Materials	1,503.95	2,621.00	1,117.05	57.38%
5015000	Continuous Charges				
5015100	Insurance-Fixed Assets				

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5015160	Property Insurance	-	106.00	106.00	0.00%
	Total Insurance-Fixed Assets	-	106.00	106.00	0.00%
5015300	Operating Lease Payments				
5015340	Equipment Rentals	16.81	-	(16.81)	0.00%
5015350	Building Rentals	54.48	-	(54.48)	0.00%
5015360	Land Rentals	-	50.00	50.00	0.00%
5015390	Building Rentals - Non State	30,035.53	31,378.00	1,342.47	95.72%
	Total Operating Lease Payments	30,106.82	31,428.00	1,321.18	95.80%
5015500	Insurance-Operations				
5015510	General Liability Insurance	-	399.00	399.00	0.00%
5015540	Surety Bonds	-	24.00	24.00	0.00%
	Total Insurance-Operations	-	423.00	423.00	0.00%
	Total Continuous Charges	30,106.82	31,957.00	1,850.18	94.21%
5022000	Equipment				
5022200	Educational & Cultural Equip				
5022240	Reference Equipment	-	162.00	162.00	0.00%
	Total Educational & Cultural Equip	-	162.00	162.00	0.00%
5022600	Office Equipment				
5022680	Office Equipment Improvements	-	4.00	4.00	0.00%
	Total Office Equipment	-	4.00	4.00	0.00%
	Total Equipment	-	166.00	166.00	0.00%
	Total Expenditures	444,286.70	434,154.00	(10,132.70)	102.33%
	Allocated Expenditures				
20400	Nursing / Nurse Aid	15,262.72	26,119.22	10,856.50	58.43%
30100	Data Center	232,435.64	216,005.61	(16,430.03)	107.61%
30200	Human Resources	12,632.60	31,894.71	19,262.11	39.61%
30300	Finance	162,213.12	158,071.74	(4,141.39)	102.62%
30400	Director's Office	81,959.37	92,972.68	11,013.31	88.15%
30500	Enforcement	623,630.59	668,906.50	45,275.90	93.23%
30600	Administrative Proceedings	116,892.40	151,044.67	34,152.27	77.39%
30700	Impaired Practitioners	1,271.52	1,690.63	419.10	75.21%
30800	Attorney General	1,556.81	1,536.54	(20.28)	101.32%
30900	Board of Health Professions	39,741.40	61,304.90	21,563.50	64.83%
31100	Maintenance and Repairs	-	794.07	794.07	0.00%
31300	Emp. Recognition Program	636.21	408.17	(228.04)	155.87%
31400	Conference Center	497.10	417.52	(79.58)	119.06%
31500	Pgm Devlpmnt & Implmentn	43,253.21	47,543.37	4,290.16	90.98%
	Total Allocated Expenditures	1,331,982.71	1,458,710.31	126,727.61	91.31%
	Net Revenue in Excess (Shortfall) of Expenditures	$ (37,871.69)	$ (270,342.31)	$ (232,470.63)	14.01%

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
4002400	Fee Revenue												
4002401	Application Fee	125.00	50.00	75.00	25.00	100.00	75.00	100.00	150.00	275.00	175.00	250.00	**1,400.00**
4002406	License & Renewal Fee	108,900.00	103,095.00	83,995.00	86,410.00	68,230.00	82,670.00	95,040.00	103,670.00	107,030.00	105,520.00	130,200.00	**1,074,760.00**
4002408	Board Endorsement - In	-	-	-	3,960.00	-	-	-	-	120.00	-	-	**4,080.00**
4002432	Misc. Fee (Bad Check Fee)	35.00	70.00	-	-	35.00	-	-	-	90.00	35.00	35.00	**300.00**
	Total Fee Revenue	109,060.00	103,215.00	84,070.00	90,395.00	68,365.00	82,745.00	95,140.00	103,820.00	107,515.00	105,730.00	130,485.00	**1,080,540.00**
4003000	Sales of Prop. & Commodities												
4003007	Sales of Goods/Svces to State	-	71,807.50	-	54,862.07	-	-	124,394.14	-	236,579.23	-	169,929.78	**657,572.72**
4003020	Misc. Sales-Dishonored Payments	60.00	60.00	-	-	30.00	-	-	-	45.00	60.00	30.00	**285.00**
	Total Sales of Prop. & Commodities	60.00	71,867.50	-	54,862.07	30.00	-	124,394.14	-	236,624.23	60.00	169,959.78	**657,857.72**
	Total Revenue	109,120.00	175,082.50	84,070.00	145,257.07	68,395.00	82,745.00	219,534.14	103,820.00	344,139.23	105,790.00	300,444.78	**1,738,397.72**
5011000	Personal Services												
5011100	Employee Benefits												
5011110	Employer Retirement Contrib.	2,260.18	1,480.08	1,480.08	1,480.08	1,480.08	898.36	1,236.30	1,236.30	1,236.30	1,459.72	1,683.14	**15,930.62**
5011120	Fed Old-Age Ins- Sal St Emp	1,232.99	854.15	851.56	835.27	816.80	1,423.09	596.71	699.47	679.02	794.50	918.81	**9,702.37**
5011130	Fed Old-Age Ins- Wage Earners	855.74	650.86	517.00	505.34	756.70	863.09	503.96	677.24	433.99	629.45	1,206.94	**7,600.31**
5011140	Group Insurance	209.02	143.74	143.74	143.74	143.74	87.24	122.68	122.68	122.68	144.38	166.08	**1,549.72**
5011150	Medical/Hospitalization Ins.	4,186.50	2,727.00	2,727.00	2,727.00	2,727.00	2,132.00	2,727.00	2,727.00	2,727.00	3,260.00	3,793.00	**32,460.50**
5011160	Retiree Medical/Hospitalizatn	187.06	129.46	129.46	129.46	129.46	78.58	110.50	110.50	110.50	130.04	149.58	**1,394.60**
5011170	Long term Disability Ins	108.60	72.40	72.40	72.40	72.40	43.94	61.80	61.80	61.80	72.73	83.66	**783.93**
	Total Employee Benefits	9,040.09	6,057.69	5,921.24	5,893.29	6,126.18	5,526.30	5,358.95	5,634.99	5,371.29	6,490.82	8,001.21	**69,422.05**
5011200	Salaries												
5011230	Salaries, Classified	16,457.61	10,971.74	10,971.74	10,971.74	11,127.68	5,910.45	8,289.07	9,365.22	9,365.22	11,021.39	12,677.56	**117,129.42**
5011250	Salaries, Overtime	494.81	644.93	610.95	398.03	-	207.82	-	267.19	-	-	109.27	**2,733.00**
	Total Salaries	16,952.42	11,616.67	11,582.69	11,369.77	11,127.68	6,118.27	8,289.07	9,632.41	9,365.22	11,021.39	12,786.83	**119,862.42**
5011380	Deferred Compnstn Match Pmts	120.00	80.00	80.00	80.00	80.00	60.00	40.00	40.00	40.00	60.00	80.00	**760.00**

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
	Total Special Payments	120.00	80.00	80.00	80.00	80.00	60.00	40.00	40.00	40.00	60.00	80.00	760.00
5011400	Wages												
5011410	Wages, General	11,186.30	8,332.35	6,758.30	6,605.39	9,891.66	11,001.32	6,587.80	8,852.87	5,672.64	8,228.55	15,172.00	98,289.18
5011430	Wages, Overtime	-	175.57	-	-	-	280.91	-	-	-	-	604.74	1,061.22
	Total Wages	11,186.30	8,507.92	6,758.30	6,605.39	9,891.66	11,282.23	6,587.80	8,852.87	5,672.64	8,228.55	15,776.74	99,350.40
5011500	Disability Benefits												
5011530	Short-trm Disability Benefits	-	-	-	-	-	2,942.65	-	-	-	-	-	2,942.65
	Total Disability Benefits	-	-	-	-	-	2,942.65	-	-	-	-	-	2,942.65
5011600	Terminatn Personal Svce Costs												
5011620	Salaries, Annual Leave Balanc	-	-	-	-	-	6,739.37	-	-	-	-	-	6,739.37
5011630	Salaries, Sick Leave Balances	-	-	-	-	-	2,966.82	-	-	-	-	-	2,966.82
5011640	Salaries, Cmp Leave Balances	-	-	-	-	-	213.44	-	-	-	-	-	213.44
5011660	Defined Contribution Match - Hy	-	-	-	-	-	-	27.06	27.06	27.06	27.06	27.06	135.30
	Total Terminatn Personal Svce Costs	-	-	-	-	-	9,919.63	27.06	27.06	27.06	27.06	27.06	10,054.93
	Total Personal Services	37,298.81	26,262.28	24,342.23	23,948.45	27,225.52	35,849.08	20,302.88	24,187.33	20,476.21	25,827.82	36,671.84	302,392.45
5012000	Contractual Svs												
5012100	Communication Services												
5012140	Postal Services	7,172.59	4,588.74	4,307.95	5,409.84	3,287.97	3,937.63	2,044.64	2,957.37	4,740.53	3,164.16	2,956.47	44,567.89
5012150	Printing Services	-	-	-	-	-	-	-	-	-	-	73.39	73.39
5012160	Telecommunications Svcs (VITA)	165.06	164.51	158.28	-	157.04	165.48	332.17	157.53	150.92	144.16	34.18	1,629.33
5012190	Inbound Freight Services	-	-	-	-	-	-	-	0.94	-	-	-	0.94
	Total Communication Services	7,337.65	4,753.25	4,466.23	5,409.84	3,445.01	4,103.11	2,376.81	3,115.84	4,891.45	3,308.32	3,064.04	46,271.55
5012300	Health Services												
5012360	X-ray and Laboratory Services	-	19.80	-	-	-	-	-	-	-	-	22.55	42.35
	Total Health Services	-	19.80	-	-	-	-	-	-	-	-	22.55	42.35

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5012400	Mgmnt and Informational Svcs												
5012420	Fiscal Services	2,087.79	2,324.66	1,909.38	1,685.25	1,450.89	1,427.52	2,480.64	120.00	1,731.02	1,866.17	3,880.47	**20,963.79**
5012440	Management Services	-	102.98	-	58.22	-	20.18	-	11.81	-	105.89	34.49	**333.57**
	Total Mgmnt and Informational Svcs	2,087.79	2,427.64	1,909.38	1,743.47	1,450.89	1,447.70	2,480.64	131.81	1,731.02	1,972.06	3,914.96	**21,297.36**
5012600	Support Services												
5012660	Manual Labor Services	30.81	151.98	42.97	46.64	66.03	194.25	74.64	57.95	181.78	333.75	118.95	**1,299.75**
5012670	Production Services	1,530.58	1,451.24	267.70	311.44	389.04	2,296.57	461.60	705.25	1,329.87	2,731.96	716.61	**12,191.86**
5012680	Skilled Services	1,229.20	1,229.20	1,475.04	1,475.04	1,475.04	1,229.20	1,229.20	1,229.20	1,352.10	1,290.65	1,290.65	**14,504.52**
	Total Support Services	2,790.59	2,832.42	1,785.71	1,833.12	1,930.11	3,720.02	1,765.44	1,992.40	2,863.75	4,356.36	2,126.21	**27,996.13**
5012800	Transportation Services												
5012820	Travel, Personal Vehicle	998.10	1,412.42	443.34	586.44	737.15	1,040.07	1,010.43	743.52	267.51	699.80	805.55	**8,744.33**
5012830	Travel, Public Carriers	-	45.38	-	35.69	-	48.93	-	37.27	-	-	34.13	**201.40**
5012840	Travel, State Vehicles	-	-	-	-	-	151.91	254.64	127.32	754.62	-	-	**1,288.49**
5012850	Travel, Subsistence & Lodging	-	98.61	507.51	-	105.06	242.82	530.18	206.25	-	107.74	206.20	**2,004.37**
5012880	Trvl, Meal Reimb- Not Rprtble	76.50	309.75	197.50	-	136.50	127.50	556.50	777.50	-	147.50	108.25	**2,437.50**
	Total Transportation Services	1,074.60	1,866.16	1,148.35	622.13	978.71	1,611.23	2,351.75	1,891.86	1,022.13	955.04	1,154.13	**14,676.09**
	Total Contractual Svs	13,290.63	11,899.27	9,309.67	9,608.56	7,804.72	10,882.06	8,974.64	7,131.91	10,508.35	10,591.78	10,281.89	**110,283.48**
5013000	Supplies And Materials												
5013100	Administrative Supplies												-
5013120	Office Supplies	71.91	93.37	272.24	-	-	237.52	-	392.92	31.63	95.32	207.93	**1,402.84**
5013130	Stationery and Forms	-	-	-	-	-	51.35	-	-	-	-	-	**51.35**
	Total Administrative Supplies	71.91	93.37	272.24	-	-	288.87	-	392.92	31.63	95.32	207.93	**1,454.19**
5013200	Energy Supplies												
5013230	Gasoline	-	-	-	8.78	16.35	11.04	-	-	-	6.41	-	**42.58**
	Total Energy Supplies	-	-	-	8.78	16.35	11.04	-	-	-	6.41	-	**42.58**
5013500	Repair and Maint. Supplies												

Virginia Department of Health Professions
Revenue and Expenditures Summary
Department 11200 - Certified Nurse Aides
For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5013520	Custodial Repair & Maint Matrl	-	-	-	-	-	-	-	-	7.18	-	-	7.18
	Total Repair and Maint. Supplies	-	-	-	-	-	-	-	-	7.18	-	-	7.18
	Total Supplies And Materials	71.91	93.37	272.24	8.78	16.35	299.91	-	392.92	38.81	101.73	207.93	1,503.95
5015000	Continuous Charges												
5015300	Operating Lease Payments												
5015340	Equipment Rentals	4.90	-	-	-	-	3.97	-	3.97	-	3.97	-	16.81
5015350	Building Rentals	-	13.62	-	-	13.62	-	-	13.62	-	-	13.62	54.48
5015390	Building Rentals - Non State	2,596.98	2,995.60	2,596.98	2,596.98	2,946.93	2,602.49	2,596.98	2,936.99	2,596.98	2,923.72	2,644.90	30,035.53
	Total Operating Lease Payments	2,601.88	3,009.22	2,596.98	2,596.98	2,960.55	2,606.46	2,596.98	2,954.58	2,596.98	2,927.69	2,658.52	30,106.82
	Total Continuous Charges	2,601.88	3,009.22	2,596.98	2,596.98	2,960.55	2,606.46	2,596.98	2,954.58	2,596.98	2,927.69	2,658.52	30,106.82
	Total Expenditures	53,263.23	41,264.14	36,521.12	36,162.77	38,007.14	49,637.51	31,874.50	34,666.74	33,620.35	39,449.02	49,820.18	444,286.70
	Allocated Expenditures												
20400	Nursing / Nurse Aid	1,965.71	846.02	385.73	1,244.73	1,339.56	1,549.10	1,199.92	1,095.29	1,930.88	1,932.91	1,772.88	15,262.72
30100	Data Center	24,633.46	29,673.59	12,429.45	26,761.40	8,341.73	20,037.74	27,418.40	21,419.53	19,457.48	21,581.70	20,681.16	232,435.64
30200	Human Resources	95.29	1,701.21	90.10	82.54	104.52	10,043.93	67.76	131.62	72.63	106.13	136.89	12,632.60
30300	Finance	28,284.77	17,011.97	9,891.16	26,460.18	28,416.26	(2,080.44)	21,642.92	(11,714.90)	10,403.60	11,502.80	22,394.79	162,213.12
30400	Director's Office	10,094.71	7,215.13	7,136.97	6,784.70	7,960.64	7,006.24	6,804.33	7,712.36	6,879.48	6,984.72	7,380.09	81,959.37
30500	Enforcement	91,840.60	60,044.70	58,606.95	52,329.72	51,156.97	49,975.09	45,268.53	49,261.16	51,189.50	50,705.43	63,251.94	623,630.59
30600	Administrative Proceedings	20,513.93	10,014.79	6,108.51	6,148.83	12,128.83	6,444.09	10,771.25	9,551.60	13,682.99	12,106.90	9,420.68	116,892.40
30700	Impaired Practitioners	166.77	117.49	115.42	115.39	96.71	102.51	95.01	104.72	97.89	98.36	161.25	1,271.52
30800	Attorney General	-	-	389.20	389.20	-	-	389.20	-	-	389.20	-	1,556.81
30900	Board of Health Professions	4,311.39	3,593.19	3,033.26	2,891.17	3,880.18	3,926.39	2,741.01	3,205.68	3,641.13	4,123.91	4,394.08	39,741.40
31300	Emp. Recognition Program	89.08	305.11	-	-	-	44.50	-	14.84	6.61	3.96	172.11	636.21
31400	Conference Center	41.22	38.19	224.94	(23.53)	17.62	36.39	17.48	67.85	27.17	61.11	(11.34)	497.10

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 11200 - Certified Nurse Aides

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
31500	Pgm Devlpmnt & Implmentn	4,958.66	3,405.42	3,507.08	3,142.76	3,239.61	5,904.72	3,475.63	5,020.20	3,338.43	3,394.73	3,865.96	**43,253.21**
	Total Allocated Expenditures	186,995.59	133,966.80	101,918.78	126,327.10	116,682.61	102,990.25	119,891.46	85,869.96	110,727.79	112,991.87	133,620.50	**1,331,982.71**
	Net Revenue in Excess (Shortfall) of Expenditures	$ (131,138.82)	$ (148.44)	$ (54,369.90)	$ (17,232.80)	$ (86,294.75)	$ (69,882.76)	$ 67,768.18	$ (16,716.70)	$ 199,791.09	$ (46,650.89)	$ 117,004.10	**(37,871.69)**

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	Amount	Budget	Amount Under/(Over) Budget	% of Budget
5011130	Fed Old-Age Ins- Wage Earners	1,834.32	3,005.00	1,170.68	61.04%
	Total Employee Benefits	1,834.32	3,005.00	1,170.68	61.04%
5011400	Wages				
5011410	Wages, General	23,977.84	39,269.00	15,291.16	61.06%
	Total Wages	23,977.84	39,269.00	15,291.16	61.06%
5011930	Turnover/Vacancy Benefits		-	-	0.00%
	Total Personal Services	25,812.16	42,274.00	16,461.84	61.06%
5012000	Contractual Svs				
5012400	Mgmnt and Informational Svcs				
5012470	Legal Services	-	4,110.00	4,110.00	0.00%
	Total Mgmnt and Informational Svcs	-	4,110.00	4,110.00	0.00%
5012600	Support Services				
5012640	Food & Dietary Services	-	10,598.00	10,598.00	0.00%
5012680	Skilled Services	-	10,000.00	10,000.00	0.00%
	Total Support Services	-	20,598.00	20,598.00	0.00%
5012800	Transportation Services				
5012820	Travel, Personal Vehicle	17,895.51	16,757.00	(1,138.51)	106.79%
5012830	Travel, Public Carriers	361.99	39.00	(322.99)	928.18%
5012850	Travel, Subsistence & Lodging	13,263.12	13,828.00	564.88	95.91%
5012880	Trvl, Meal Reimb- Not Rprtble	6,222.75	6,546.00	323.25	95.06%
	Total Transportation Services	37,743.37	37,170.00	(573.37)	101.54%
	Total Contractual Svs	37,743.37	61,878.00	24,134.63	61.00%
5013000	Supplies And Materials				
5013600	Residential Supplies				
5013620	Food and Dietary Supplies	-	14.00	14.00	0.00%
	Total Residential Supplies	-	14.00	14.00	0.00%
	Total Supplies And Materials	-	14.00	14.00	0.00%
5022000	Equipment				
5022600	Office Equipment				
5022620	Office Furniture	-	2,100.00	2,100.00	0.00%
	Total Office Equipment	-	2,100.00	2,100.00	0.00%
	Total Equipment	-	2,100.00	2,100.00	0.00%
	Total Expenditures	63,555.53	106,266.00	42,710.47	59.81%

Virginia Department of Health Professions

Revenue and Expenditures Summary

Department 20400 - Nursing / Nurse Aide

For the Period Beginning July 1, 2016 and Ending May 31, 2017

Account Number	Account Description	July	August	September	October	November	December	January	February	March	April	May	Total
5011000	Personal Services												
5011100	Employee Benefits												
5011130	Fed Old-Age Ins- Wage Earners	339.56	153.12	41.51	87.21	292.05	167.68	122.81	99.36	186.78	126.76	217.48	1,834.32
	Total Employee Benefits	339.56	153.12	41.51	87.21	292.05	167.68	122.81	99.36	186.78	126.76	217.48	1,834.32
5011400	Wages												-
5011410	Wages, General	4,438.72	2,001.44	542.64	1,140.08	3,817.44	2,192.00	1,605.28	1,298.88	2,441.60	1,657.04	2,842.72	23,977.84
	Total Wages	4,438.72	2,001.44	542.64	1,140.08	3,817.44	2,192.00	1,605.28	1,298.88	2,441.60	1,657.04	2,842.72	23,977.84
	Total Personal Services	4,778.28	2,154.56	584.15	1,227.29	4,109.49	2,359.68	1,728.09	1,398.24	2,628.38	1,783.80	3,060.20	25,812.16
5012000	Contractual Svs												-
5012800	Transportation Services												
5012820	Travel, Personal Vehicle	371.52	2,246.94	129.60	2,465.10	1,249.56	3,260.48	366.05	2,393.60	1,838.81	1,512.49	2,061.36	17,895.51
5012830	Travel, Public Carriers	-	-	-	-	-	-	-	-	286.40	75.59	-	361.99
5012850	Travel, Subsistence & Lodging	104.44	1,571.85	403.36	1,831.79	712.66	2,003.15	927.90	1,332.37	1,865.94	1,272.46	1,237.20	13,263.12
5012880	Trvl, Meal Reimb- Not Rprtble	70.00	672.50	59.25	794.25	494.75	1,079.50	177.75	900.50	596.00	645.50	732.75	6,222.75
	Total Transportation Services	545.96	4,491.29	592.21	5,091.14	2,456.97	6,343.13	1,471.70	4,626.47	4,587.15	3,506.04	4,031.31	37,743.37
	Total Contractual Svs	545.96	4,491.29	592.21	5,091.14	2,456.97	6,343.13	1,471.70	4,626.47	4,587.15	3,506.04	4,031.31	37,743.37
	Total Expenditures	5,324.24	6,645.85	1,176.36	6,318.43	6,566.46	8,702.81	3,199.79	6,024.71	7,215.53	5,289.84	7,091.51	63,555.53

2017 Monthly Tracking Log

License Count

Nursing	Dec-16	Jan-17	Feb - 17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Total
Pres Auth	6,366	6,417	6,468	6,572	6,605	6,650	6,724							
Massage Therapy	8,097	8,175	8,219	8,253	8,258	8,282	8,312							
Medication Aide	5,909	5,967	5,885	6,014	6,046	6,083	6,082							
Clinical Nurse Spec	440	439	440	441	441	440	440							
Nurse Practitioner	9,290	9,384	9,469	9,556	9,585	9,633	9,716							
Practical Nurse	29,379	29,319	29,259	29,276	29,199	29,137	29,103							
Registered Nurse	105,254	105,598	105,633	105,989	105,830	105,942	106,402							
Total for Nursing	164,735	165,299	165,373	166,101	165,964	166,167	166,779				0	0	0	
Nurse Aide	52,376	52,842	52,564	52,884	52,530	52,350	51,663							
Advanced Nurse Aide	71	70	68	66	67	65	64							
Total for Nurse Aide	52,447	52,912	52,632	52,950	52,597	52,415	51,727				0	0	0	
Total	217,182	218,211	218,005	219,051	218,561	218,582	218,506	0	0	0	0	0	0	

Open Cases Count

Nursing	1033	995	1004	1061	1072	1081	1100							
Nurse Aide	358	343	341	350	343	349	370							
Total	1,391	1,338	1,345	1,411	1,415	1,430	1,470	0	0	0	0	0	0	

Rec'd RN	66	53	74	86	90	64	86							453
Rec'd PN	44	32	46	46	42	49	42							257
Rec'd NP, AP, CNS	9	20	12	36	16	15	17							116
Rec'd LMT	2	7	2	5	6	1	3							24
Rec'd RMA	11	6	6	6	9	10	10							47
Rec'd Edu Program	3	2	2	5	2	0	4							15
Total Rec'd Nursing	135	120	142	184	165	139	162	0	0	0	0	0	0	912
Closed RN	90	57	95	73	61	78	61							425
Closed PN	58	22	71	35	47	54	26							255
Closed NP, AP, CNS	52	14	10	18	19	21	21							103
Closed LMT	3	5	6	7	1	7	4							30
Closed RMA	8	10	10	10	5	6	8							49
Closed Edu Program	0	4	2	2	0	1	3							12
Total Closed Nursing	211	112	194	145	133	167	123	0	0	0	0	0	0	874
Nurse Aide														
Received	55	45	59	69	56	52	50							331
Rec'd Edu Program	0	0	0	0	0	0	1							1
Total Rec'd CNA	55	45	59	69	56	52	51				0	0	0	332
Closed	79	60	65	64	72	63	26							350
Closed Edu Program	0	0	0	1	0	0	0							1
Total Closed CNA	79	60	65	65	72	63	26	0	0	0	0	0	0	351

HPMP Monthly Census Report
Active Cases May 31, 2017

Board	Board Participants	License	Count of ID	% with this license
Nursing	273	LPN	40	9.2166
Nursing	273	RN	217	50.0000
Nursing	273	LNP	16	3.6866
			273	**62.9032**
Nursing	7	CNA	**6**	**1.3825**
Nursing	7	RMA	**1**	**0.2304**
			7	**1.6129**
Medicine	105	DO	10	2.3041
Medicine	105	Intern/Resident	8	1.8433
Medicine	105	MD	67	15.4378
Medicine	105	PA	8	1.8433
Medicine	105	Lic Rad Tech	2	0.4608
Medicine	105	DC	2	0.4608
Medicine	105	OT	2	0.4608
Medicine	105	RT	4	0.9217
Medicine	105	DPM	1	0.2304
Medicine	105	LBA	1	0.2304
			105	**24.1935**
Pharmacy	19	Pharmacist	**19**	4.3779
Dentistry	14	DDS	9	2.0737
Dentistry	14	DMD	2	0.4608
Dentistry	14	RDH	3	0.6912
			14	**3.2258**
Social Work	5	LCSW	**5**	**1.1521**
Psychology	2	LCP	**2**	0.4608
Counseling	1	LPC	**1**	0.2304
Veterinary Medicine	2	DVM	**2**	**0.4608**
Audiology & Speech-Language	1	SLP	**1**	**0.2304**
Physical Therapy	5	PT	2	0.4608
Physical Therapy	5	PTA	3	0.6912
			5	**1.1521**
TOTALS			**434.00**	**100.00**

Virginia Board of Nursing

Executive Director Report

July 18, 2017

Meetings/Speaking Engagements

- **PearsonVUE Nurse Aide Conversion of Data System** – Paula Saxby and Brenda Krohn, Deputy Executive Directors, and Cheryl Garland, Administrative Support for the Virginia Board of Nursing participated in a conference call with staff from PearsonVUE (nurse aide testing company) on May 25, 2017 to discuss any problems or concerns with the process for conversion to the new nurse aide exam scheduling system. The data conversion took place on Saturday, May 6 and the new system went "live" on Tuesday, May 9, 2017. There has been an increase in volume of emails and phone calls from nurse aide program providers concerning problems with uploading student records and scheduling exam dates. Pearson VUE staff are responding to all inquiries and assisting Board of Nursing staff with scheduling issues. The first exams under the new system were on Friday, May 19, 2017. The first exam results were downloaded on Monday, May 22, 2017. There were a few "glitches", but we have been able to work those out. There have been some issues with not enough evaluators for the testing requests resulting in test dates being cancelled and re-scheduled. Dr. Saxby has asked for a meeting with PearsonVUE staff to address the plans for scheduling test dates at both regional test sites and in-facility test sites.

- **Pearson VUE Nurse Aide Conversion of Data System** – Paula Saxby and Brenda Krohn, Deputy Executive Directors, and Cheryl Garland and Eboni Clarke, Administrative Support for the Virginia Board of Nursing participated in a conference call with staff from PearsonVUE (nurse aide testing company) on June 1, 2017 to discuss any problems or concerns with the process for conversion to the new nurse aide exam scheduling system. There continues to be problems with scheduling candidates within thirty days of application due to not enough evaluators for the testing requests. Dr. Saxby has set up weekly conference calls with PearsonVUE staff to address the plans for scheduling test dates at both regional test sites and in-facility test sites. Additionally, staff from PearsonVUE gave training tips on how to run reports in the new system. The uploading of candidate rosters and candidates being able to register has been running smoothly.

- **Nurse Aide Education Train-the-trainer presentation -** Dr. Paula Saxby, Deputy Executive Director for the VA Board of Nursing presented information at a train-the-trainer course for nurse aide educators on July 11, 2017 in Richmond. Topics of the presentation included nurse aide testing, nurse aide education program curriculum, principles of delegation, application and review process for approved nurse aide education programs, new NNAAP testing process, and history of the nurse aide registry in Virginia. There were ten nurse aide educators in attendance.

- **Meeting with OLC/DHP regarding Reporting Requirements for Home Health & Hospice Organizations -** On May 22, 2017, Board of Nursing Deputy Executive Director Jodi Power participated in an interagency meeting between representatives of the DHP and the VDH-Office of Licensure and Certification (OLC). Reporting requirements mandated by the 2015 amendments to Va Code §54.1-2400.6 were discussed in terms of how reporting by home health and hospice care organizations (HCOs) were being monitored and measured. VDH-OLC representatives indicated none had been reported, which was acknowledged to be dubious. A plan was discussed to improve reporting

and better inform and remind directors of home health and hospice organization of their duty to report, including: putting reminders in HCO renewal notices, reminding at quarterly professional association meetings, linking DHP guidance documents on required reporting to the VDH-OLC website, and developing a MOU between DHP and VDH-OLC after federal approval for sharing of information.

- Jay P. Douglas, Executive Director for the Board of Nursing, attend the Nurse Licensure Compact Administrator (NLCA) Executive Committee meeting from May 23 through May 24, 2017 in Savannah, GA where discussions related to administration of current compact and implementation of new version of the compact. It is anticipated that the new version will be implemented in the Fall of 2017. BON staff are working with IT on necessary MLO/NURSYS changes.

- Jay Douglas, Executive Director, met with the Director and Board President of the Crossover Health Care Clinic on June 6, 2017. Crossover is a non-profit free clinic manned primarily by volunteers from all disciplines who provide comprehensive healthcare. The Leadership from Crossover was interested in information and seeking clarity on scope of practice and regulatory issues related to all levels of nursing providers as they revise policies and establish staffing patterns. The use of the volunteer restricted license type was of particular interest.

- Jay Douglas, Board of Nursing Executive Director, attended the NCSBN Executive Officer Summit in Boulder, CO, on June 19-21, 2017. Discussions included identifying recent trends in health care policy, and examining challenges and opportunities faced by the states particularly related to trends toward deregulation and consolidation of Boards.

- Jay Douglas, Board of Nursing Executive Director, met with Dr. Joel Silverman, HPMP CEO, at his request on June 28, 2017 to discuss about the program and suggestions for improvements and/or enhancements that the Board might find helpful.

- Jay Douglas, Board of Nursing Executive Director, met with Denise Konrad, Director of Strategic Initiatives and Policy, Virginia Health Care Foundation, via telephone on June 29, 2017. The call was to discuss a scholarship available to nurse practitioners returning to school to earn Psychiatric-Mental Health Nurse Practitioner Certification.

- Jay Douglas, Board of Nursing Executive Director, presented information regarding nurse practitioners and the Joint Boards of Nursing and Medicine at Medical Society of Virginia (MSV) on June 30, 2017.

- Jay Douglas, Board of Nursing Executive Director, presented to 100 school nurses at the summer School Nurse Institute, Longwood University on July 10, 2017. The focus of the presentation was delegation.

- Jay Douglas, Board of Nursing Executive Director, participated in the NLCA Administrators Executive Committee meeting via telephone on July 11, 2017. The focus of the meeting was the transition to the new version of the Nurse Licensure Compact which is anticipated to occur this Fall. The following states who have not previously been in the compact have passed legislation that would authorize them to join the new compact when it goes into effect → FL, GA, OK, WV, WY, MA, and NJ

- Jay Douglas, Board of Nursing Executive Director, attended the DHP Paperless Workgroup meeting on July 14, 2017. The focus of the meeting was verifications.

Recruitments, Hiring Status, Other Employee Issues

- Monica DeJusus, formerly tempt at BON, has accepted the RN Endorsement Licensing Specialist position and she started on June 25, 2017.
- Lakisha Goode, formerly P-14, has accepted the Discipline Specialist full-time position. She started on June 26, 2017.
- Recruitment of two replacement Call Center temps is in process.
- Recruitment is in process to replace Sylvia Tamayo-Suijk's full-time Disciplinary Specialist position.
- Interviews are scheduled on July 25 and 27, 2017 for the Deputy Executive Director for Advanced Practitioner position.
- Agency Hire Request for P-14 Probable Cause Reviewer/Agency Subordinate was approved and recruitment is in process.

2017 NCSBN Discipline Case Management Conference

Tonya James, Compliance Case Manager, attended the Discipline Case Management Conference June 12 -14, 2017, in Pittsburg, PA. The conference included not only sessions for all in attendance but also breakout sessions:

- The Discipline Experience: Perspective of a Complainant and a Disciplined Licensee
- Effective Complaint Triage Processes
- Innovative Methods to Manage the Investigatory Caseload
- Antitrust and Regulatory Boards: Where Do We Go from Here?
- Reconstructing Licensure Mobility: eNLC
- Disciplinary Complaints and the Nurse Licensure Compact: Resolving a Single State Incident through Multi-State Collaboration
- Be Prepared: Proactive Steps to Preserving Your Record on Appeal
- The Reid Technique of Interviewing: Telephone Interview Techniques
- Privacy v. Transparency: Examining Trends and Best Practices for Complying with Open Records Law
- Board Processes in a Changing World: Navigating Through ADA Waters
- National Practitioner Data Bank Reporting, Policy Center and Infographics
- Can I Please Take My Hat Off: Parameters of Off-Duty Conduct?
- Drug Testing: The Technology of Recovery
- Medical cannabis: Current State Legislation and Considerations (Currently up to 57 qualifying conditions, categories of “serious” and “debilitating”)
- Reinstatement Petitions: Relevant Evidence and Burdens
- Dialogue Huddles

The Top Three Take-a-Ways by the Compliance Case Manager

- There are currently up to 57 qualifying conditions, categories of “serious” and “debilitating” for the use of medical marijuana. Hospice and long-term care less restrictive.
- The challenges of telemedicine, an increased mobile society and distance education are addressed by the Nurse Licensure Compact.
- State expungement is not a reason to remove information from the NPDB. Information can be removed from NURSYS while preserving the information on NPDB.

VIRGINIA BOARD OF NURSING
COMMITTEE OF THE JOINT BOARDS OF NURSING AND MEDICINE
BUSINESS MEETING MINUTES
June 7, 2017

TIME AND PLACE: The meeting of the Committee of the Joint Boards of Nursing and Medicine was convened at 9:00 A.M., June 7, 2017 in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Louise Hershkowitz, CRNA. MSHA; Chair
Marie Gerardo, MS, RN, ANP-BC
Lori Conklin, MD
Wayne Reynolds, DO
Kenneth Walker, MD

MEMBERS ABSENT: Rebecca Poston, PhD, RN, CPNP

ADVISORY COMMITTEE MEMBERS PRESENT:
Kevin E. Brigle, RN, NP
Mark Coles, RN, BA, MSN, NP-C
Wendy Dotson, CNM, MSN
Cathy A. Harrison, DNAP, CRNA
Stuart F. Mackler, MD

STAFF PRESENT: Jay P. Douglas, MSM, RN, CSAC, FRE; Executive Director; Board of Nursing
Stephanie Willinger, Deputy Executive Director; Board of Nursing
Huong Vu, Executive Assistant; Board of Nursing

OTHERS PRESENT: Charis Mitchell, Assistant Attorney General; Board Counsel
David Brown, DC; Director; Department of Health Professions
Elaine Yeatts, Senior Policy Analyst, Department of Health Professions
William L. Harp, MD, Executive Director; Board of Medicine

IN THE AUDIENCE: Tyler Cox, Medical Society of Virginia (MSV)
Michelle Satterlund, Virginia Association of Nurse Anesthetists (VANA)
Sarah Heisler, Virginia Hospital and Healthcare Association (VHHA)

INTRODUCTIONS: Committee members, Advisory Committee members and staff members introduced themselves.

ESTABLISHMENT OF A QUORUM:
Ms. Hershkowitz called the meeting to order and established the quorum was present.

REVIEW OF MINUTES: The minutes of February 8 Business Meeting, February 8 Formal Hearing, and April 12 Business Meeting were reviewed. Dr. Reynolds moved to accept all the minutes as presented. The motion was seconded and passed unanimously.

PUBLIC COMMENT: There was no one present that wished to address the Board.

DIALOGUE WITH AGENCY DIRECTOR:

Dr. Brown reported the following on the two opioid bills that were passed by the 2017 General Assembly:

- Electronic prescription of opioids will begin July 1, 2020 and the Workgroup has been established with Caroline Juran, Board of Pharmacy (BOP) Executive Director, taking the lead. The Workgroup will look at the hardship on prescribers and discuss how to implement, a date has been set for the meeting. The Workgroup includes Board of Dentistry (BOD), Board of Medicine (BOM), and Stakeholders.
- The General Assembly asked the Secretary of Health and Human Resources to convene a workgroup that includes experts to establish educational guidelines for training health care providers in the safe prescribing and appropriate use of opioids and pain management. The initial meeting was held on May 19, 2017 with representatives from UVA, VCU, Hampton University, Germanna Community College, BON, and BOM. The Workgroup plans to establish Subcommittees in the areas of pain management, recognition and treatment of addiction, and developing essential curricula. The Workgroup's goal is to interrupt pipeline of addiction at the beginning. The Workgroup also discussed plans for an online modules and to identify what needs to be in the curricula.

Dr. Reynold asked what the requirements are for electronic prescribing for Medicare patients. Dr. Brown stated that prescribers should follow Federal regulations when issuing electronic prescribing.

Dr. Reynolds asked if Dr. Brown has the breakdown of fatalities in 2016 due to heroin overdose that was requested at the February 8, 2017 meeting. Dr. Brown said that he will send the information to Ms. Douglas for distribution and noted that these figures can be found at the Office of Medical Examiner website. Dr. Brown added that death due to prescriptive drugs is stable but death due to Fentanyl has increased.

OLD BUSINESS:

Regulatory Update:

Ms. Yeatts reviewed the chart of regulatory actions, as provided in written handout.

Pain Management Emergency Regulations (Regulations Governing Prescribing of Opioids and Buprenorphine):

Ms. Yeatts stated that the emergency regulations went into effect on May 8, 2017 and will expired on November 7, 2018. Ms. Yeatts noted the following:

- The BOM Regulatory Advisory Panel (RAP) on opioid regulations met on May 15, 2017 to review the emergency regulations and to determine whether any immediate changes needed to be made. The BOM RAP received mostly comments related to intolerance of buprenorphine-naloxone products.

- The BOM Legislative Committee met on May 19, 2017 to consider the BOM RAP's recommendations which included public comment, input from the Virginia Department of Health (VDH), the Department of Medial Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS), and Department of Health Professions (DHP). The BOM Legislation Committee considered great deal of testimonies from prescribers and patients regarding financial hardship and naloxone intolerance.
- The following recommended changes to the regulations for nurse practitioners are:
  - The term "*abuse*" is replaced with the term "*misuse*" throughout the regulations because "*misuse*" is broader and it refers to diversion.
  - It was determined that "*tramadol*" is not an opioid type of drug so it will be kept in 18VAC90-40-160(C), 18VAC90-40-190(D), and 18VAC90-40-270(D).
  - It was determined that "3%" threshold would be enough to cover naloxone intolerance in 18VAC90-40-270(A)(4)

Ms. Yeatts said the copy of the regulations for nurse practitioners with recommended changes is presented for the Committee of the Joint Boards of Nursing and Medicine for consideration and action. Ms. Yeatts added that the re-adoption of emergency regulations will be considered by the full BOM on June 22, 2017 and changes may be made. The BON will consider the regulations at its July 18, 2017 meeting.

Dr. Reynolds moved to recommend the changes made on nurse practitioner regulations for prescribing of opioids and buprenorphine to BOM and BON. The motion was seconded and passed unanimously.

Ms. Herhkowitz asked that staff providing supporting documents for changes to the emergency regulations to help informing BON in its consideration. Ms. Yeatts agreed.

Dr. Brown left the meeting at 9:45 AM.

Expert Witness:

Ms. Mitchell reported that one BOM appeal was filed in the Court of Appeal and the Court ruled BOM erred in not allowing Respondent to testify as expert witness. In light of this action, the Office of Attorney General recommends each Board at DHP adopting a standard of expert testimony. Ms. Mitchell recommended the Committee of the Joint Boards of Nursing and Medicine adopting Traditional Virginia Standard which has clear applicability.

Dr. Reynolds moved to adopt the Traditional Virginia Standard for the Committee of the Joint Boards of Nursing and Medicine expert witness testimony. The motion was seconded and passed unanimously.

Update on Board Counsel review of Statutory limitations related to proposal of eliminating prescriptive authority license:

Ms. Mitchell stated she has completed her review and found that nothing in the Code that would prohibit this action.

Ms. Douglas stated that she asked Ms. Willinger to gather the information for consideration of the Committee. She referenced Ms. Willinger's written report and noted the following:

- Administratively, this is less burdensome and less step for applicants to go through.
- Although there will be a revenue loss, this will be offset by efficiencies gained in staff process
- Once this is approved by both BON and BOM, the languages of both regulations (Regulations Governing the Licensure of Nurse Practitioners and Regulations for Prescriptive Authority for Licensed Nurse Practitioners) will be combined.

Ms. Douglas thanked Ms. Willinger for her work.

Ms. Willinger added that this is doable for the Boards and it is more efficient.

Ms. Dodson commented that she likes the hybrid license because some licensees might not like to have prescriptive authority on their licenses. Dr. Reynolds agreed with Ms. Dodson.

Dr. Reynolds moved to recommend to the BON and BOM to initiate regulatory action and move ahead in collaboration with DHP IT staff, to issue a single license for an LNP with Prescriptive Authority. The motion was seconded and passed unanimously.

NEW BUSINESS:

NOIRA for supervision and direction of laser hair removal:

Ms. Yeatts noted that the HB2119 was passed by the 2017 General Assembly and will become law as of July 1, 2017. Ms. Yeatts stated that the regulations for nurse practitioners will need to be amended to define "direction and supervision". Ms. Yeatts added that it is presented for the Committee consideration and action.

Dr. Walker asked why this legislation did not include all who use laser but just those who perform hair removal.

Dr. Harp responded that the legislation came from Constituents after adverse action from laser hair removal. Dr. Harp noted that BOM looked at this matter back in 2004 – 2005 and established a guidance document addressing equipment used solely for hair removal. Dr. Harp added that the FDA requires that company can only sell the device to practitioner who has valid license in the state that they practice. Dr. Harp commented that hair removal is not the practice of medicine.

Ms. Gerardo moved to recommend to BON and BOM a NOIRA to implement HB2119 in 18VAC85-20, 18VAC85-50 and 18VAC90-30. The motion was seconded and passed unanimously.

Adoption of Guidance Document on the Telemedicine for Nurse Practitioners:

Ms. Yeatts said that with the 2017 amendments to Section 54.1-3303 affecting tele-prescribing, the Guidance Document on Telemedicine needs to be revised. Ms. Yeatts added that practitioners can prescribe any schedules as long as prescribing meets federal regulations and Virginia Code §54.1-3303.

Ms. Gerardo moved to recommend to the BON and BOM adoption of the guidance document as presented and amended.

One time reduced renewal fee:

Ms. Yeatts stated that this item was not on the agenda but she wanted to remind the Committee that temporary fee reductions apply only during the expiration dates, July 31, 2017 – June 30, 2019, for licensed nurse practitioners and licensed nurse practitioners with prescriptive authorities. Ms. Douglas added that it is a 25% reduction.

Ms. Yeatts left the meeting at 10:18 AM.

RECESS: The Committee recessed at 10:18 AM

RECONVENTION: The Committee reconvened at 10:31 AM

Appointment of Joint Boards Advisory Committee Member, Dr. Thokozeni Lipato:

Ms. Hershkowitz stated that Dr. Lipato's VC is presented for the Committee consideration and action for the physician position on the Advisory Committee to replace Dr. Borzelleca.

Dr. Walker moved to accept the appointment of Dr. Lipato for the physician position on the Advisory Committee. The motion was seconded and passed.

Board of Nursing Executive Director Report:

Ms. Douglas reported the followings:

- BON has been receiving an increase of calls regarding Pain Management regulations
- Prescription Monitoring Program (PMP) report was sent to licensees who have registered with PMP.
- PMP Prescriber report was also sent to licensees by e-mail which provides snapshot for prescribing. Ms. Hershkowitz asked if the basis for comparison is included in the report. Ms. Douglas replied yes. Ms. Gerardo added that the report shows similar prescribing among licensees.

- Providers' Clinical Support System for Medication Assisted Treatment (PCSS-MAT) has launched its free 24-hour course specifically developed for nurse practitioners and physician assistants to treat opioid use disorder.
- The Deputy Executive Director position was approved to post until June 14, 2017. This position requires someone who holds a license as a nurse practitioner, serves as Agency Subordinate, and reports to Ms. Douglas and Senior Deputy.

"*Chronic Pain Case Study*" presentation by Dr. Cathy A. Harrison, DNAP, MSN, CRNA:

Dr. Harrison thanked the Committee for allowing her to explain the case studies that was completed by Virginia Action Coalition/Access to Care Workgroup and The Virginia Action Coalition is co-chaired by Virginia Nurses Association (VNA) and AARP**.**

Dr. Harrison stated that the Workgroup wanted to be proactive in informing practitioners and the public about alternative approaches to pain management without the use of narcotics. Dr. Harrison summarized the findings of different case studies such as Cesarean Section Pain Management, Dental Procedures, Fibromyalgia, Back Pain. Dr. Harrison added that there is a 20-minute script available with the slides.

Dr. Walker commented that the studies were well done. Dr. Conklin suggested to make it available through school nurses in middle school. Dr. Harp and Ms. Douglas commented that the information will be passed on to Dr. Brown with the goal of making Dr. Hazel and the Workgroup on Opioids aware. Dr. Mackler suggested the presentation to be CME accredited.

Ms. Hershkowitz thanked Dr. Harrison and asked the Committee members to refer the distribution list to Dr. Harrison. Ms. Hershkowitz also asked Dr. Harrison to forward the script to Ms. Douglas for distribution.

Members of the Advisory Committee and Ms. Douglas left the meeting at 11:04 AM.

RECOMMENDATIONS FOR CONSIDERATION

CLOSED MEETING: Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:04 A.M. for the purpose of deliberation to consider Agency Subordinate recommendations. Additionally, Ms. Gerardo moved that Ms. Willinger, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:26 P.M.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Karen Diane Beatty, LNP 0024-16880 and Authorization to Prescribe 0017-139805

Dr. Reynolds moved to reject the Agency Subordinate recommendation and refer this matter to a formal hearing. The motion was seconded and carried unanimously.

Jason A. Panek, LNP 0024-172801

Ms. Gerardo moved to o reject the Agency Subordinate recommendation and refer this matter to a formal hearing. The motion was seconded and carried unanimously.

Ms. Hershkowitz reminded available Board Members that assistance was needed with probable cause review following the meeting.

Ms. Hershkowitz left the meeting at 11:26 AM.

CONSIDERATION OF CONSENT ORDER

CLOSED MEETING: Dr. Walker moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 11:27 A.M. for the purpose of deliberation to consider of Consent Order. Additionally, Ms. Gerardo moved that Ms. Willinger, Ms. Vu, and Ms. Mitchell attend the closed meeting because their presence in the closed meeting is deemed necessary and their presence will aid the Board in its deliberations. The motion was seconded and carried unanimously.

RECONVENTION: The Board reconvened in open session at 11:32 P.M.

Ms. Gerardo moved that the Committee of the Joint Boards of Nursing and Medicine and the Board of Nursing certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened. The motion was seconded and carried unanimously.

Paul Howard Werbin, LNP 0024-090514

Dr. Reynolds moved to accept the consent order of indefinite suspension of the license of Paul Howard Werbin to practice as a nurse practitioner in the

Commonwealth of Virignia. The suspension shall be stayed upon proof of Mr. Werbin's entry into the Virginia Health Practitioners' Monitoring Program (HPMP) and remaining in compliance with all terms and conditions of the HPMP for the period specified by the HPMP. The motion was seconded and passed unanimously.

ADJOURNMENT: As there was no additional business, the meeting was adjourned at 11:32 A.M.

_____

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
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Virginia Board of Nursing
Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Board of Nursing (804) 367-4515
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TO: Jay P. Douglas
Executive Director

FROM: Stephanie H. Willinger
Deputy Executive Director

DATE: May 31, 2017

RE: Possible elimination of separate license for prescriptive authority: LNPs

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PURPOSE:
The purpose of this memorandum is address the implications of eliminating a separate license issued to nurse practitioners for prescriptive authority, as discussed at several Joint Board meetings from April 15, 2016 to present.

BACKGROUND:
Virginia nursing regulation(s) require a separate application, fee and license (#0017) for an LNP to be authorized to prescribe (See 18 VAC 90-40-30 and 18 VAC 90-40-40). To be eligible for a prescriptive authority license, in pertinent part, an applicant must have a current unrestricted LNP in Virginia and provide evidence of meeting at least one (1) of the four listed requirements (e.g. current professional certification required for LNP, graduate level coursework in pharmacology/pharmacotherapeutics, etc.). Since there is a separate application for a LNP to be authorized to prescribe, a separate license (#0017) is issued.

Currently, there are 6,605 LNPs with prescriptive authority licenses. From January 1, 2016 through December 31, 2016, there were 954 online applications filed with the VBON for prescriptive authority. For this same time period, there were 974 licenses issued for prescriptive authority[1].

Information was collected through NCSBN regarding other states with a single license issued for Nurse Practitioners (LNPs or APRNs) that also have prescriptive authority. The following states issue a single license to LNPs/APRNS combined with prescriptive authority: AK, AZ, AR, CA, DE, HI, MI, MS, MT, NC, NH, ND, OR, WA, WY. NCSBN reported that a single (LNP or APRN) license that includes prescriptive authority is more common in states with Boards of Nursing issuing the 'practice and prescribing' authority and in 'full practice' states. Additionally, the prescribing authority (or restrictions) in some of

[1] Licenses currently are printed and mailed.

the sample states appear to be detailed through the LNP/APRN practice or collaborative agreements. (See NCSBN APRN Pres Auth Report 5/17.docx for more information).

INTERNAL/EXTERNAL IMPACT:
Current license status: LNP licenses are denoted with license #0024 and if an LNP has prescriptive authority, an additional license is denoted as #0017. Both of these license types show up separately through the Department of Health Professions (DHP) License Lookup. The Office of the Attorney General (OAG) has opined that combining our LNP and Prescriptive Authority licenses into a single license does not pose any legal issue/question and are matters to be addressed by agency policy. Therefore, the agency may proceed with changing the requirement to issue a separate license (#0017) for LNPs with prescriptive authority.

Future License Status Options/Impact: If the VBON proceeds to eliminate a separate prescriptive authority license issued to LNPs, the application process may be slightly modified to reflect a single license type with the additional 'option' of prescriptive authority (*RX Authority*). Current licensees may be affected upon renewal and would be converted to a single license (#0024) with the additional *RX Authority*. However, Certified Registered Nurse Anesthetists (CRNAs) would continue to be exempt from obtaining *RX Authority*. Additionally, DHP IT would have to merge current license records for those active LNPs with *RX Authority* and develop the appropriate fields in MLO to reflect those LNPs with *RX Authority*.

The positive internal impact is fewer applications, better efficiency and shorter turnaround times for license application processing for LNPs. The main negative internal impact is that there would be a loss of revenue for elimination of the separate application solely for prescriptive authority license (#0017) which is $75 per application (LNP application fee is $125)[2]. However, VBON could consider a 'hybrid' fee by charging a slightly higher fee for an LNP who requests *RX Authority* designated on their license by combining the application processes. For example, the hybrid application fee could be $150 ($125 + $35 included for *RX Authority*). Also, there would be some cost savings from eliminating mailing separate hard copy licenses. An external issue is that employers and other entities, such as the DEA, are used to seeing a separate license (#0017) for prescriptive authority so the VBON would need to develop and publicize information regarding changes to protocols, applications, licenses, license lookup, etc.

A key internal (technical) issue is to ensure proper placement of the *RX Authority* within MLO so that it prints on the license and shows up in *License Lookup*. Other possible alternatives are to add another specialty box, or modify license subtype to include *RX Authority.*

Recommendation(s): The recommendation to the Board of Nursing and the Board of Medicine is to initiate regulatory action and move ahead in collaboration with DHP IT staff, to issue a single license for an LNP with *RX Authority* (#0024).

[2] Revenue for the past two (2) years was $126,000 and $143,000 (See Joint Board Meeting Minutes 12/7/16).

VIRGINIA BOARD OF NURSING
SPECIAL CONFERENCE COMMITTEE OF THE
COMMITTEE OF THE JOINT BOARD OF NURSING AND MEDICINE
MINUTES
June 7, 2017

TIME AND PLACE: The meeting of the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine was convened at 1:10 P.M., in Board Room 2, Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

MEMBERS PRESENT: Louise Hershkowitz, CRNA, MSHA, Chairperson
Marie Gerardo, MS, RN, ANP-BC
Kenneth Walker, MD

STAFF PRESENT: Jay Douglas, MSM, RN, CSAC. FRE, Executive Director
David Kazzie, Adjudication Specialist, Administrative Proceedings Division

CONFERENCES SCHEDULED: **Kathleen M. Tauer, RN 0001-071863 and LNP 0024-000151**
Ms. Tauer appeared, accompanied by Edward McNelis, Esquire, her lawyer.

CLOSED MEETING: Dr. Walker moved that the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine convene a closed meeting pursuant to Section 2.2-3711(A)(27) of the *Code of Virginia* at 3:00 P.M. for the purpose of deliberation to reach a decision in the matter of Ms. Tauer. Additionally, Ms. Gerardo moved that Ms. Douglas and Mr. Kazzie attend the closed meeting because their presence in the closed meeting is deemed necessary, and their presence will aid the Committee in its deliberations.

The motion was seconded and carried unanimously.

RECONVENTION: The Committee reconvened in open session at 3:39 P.M.

Dr. Walker moved that the Special Conference Committee of the Committee of the Joint Boards of Nursing and Medicine certify that it heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

The motion was seconded and carried unanimously.

RN license 0017-000151:

Ms. Gerardo moved that the Special Conference Committee of the Joint Boards of Nursing and Medicine accept the findings of fact and conclusions of law as presented by Ms. Kazzie.

ACTION: Ms. Gerardo moved to dismiss the matter against the license of Kathleen M. Tauer to practice professional nursing in the Commonwealth of Virginia due to insufficient evidence.

The motion was seconded and carried unanimously.

LNP license 0024-000151:

Dr. Walker moved that the Special Conference Committee of the Joint Boards of Nursing and Medicine accept the findings of fact and conclusions of law as presented by Ms. Kazzie.

ACTION: Dr. Walker moved to require Kathleen M. Tauer to successfully complete the NCSBN course "*Critical Aspect of Documentation*" within 90 days from the date of entry of the Order.

An Order will be entered. As provided by law, this decision shall become a Final Order thirty days after service of such order on Ms. Tauer unless a written request to the Board for a formal hearing on the allegations made against her is received from Ms. Tauer within such time. If service of the order is made by mail, 3 additional days shall be added to that period. Upon such timely request for a formal hearing, the Order shall be vacated.

ADJOURNMENT: The meeting was adjourned at 3:40 P.M.

Jay P. Douglas, MSM, RN, CSAC, FRE
Executive Director

Policy Name	Compensation for members of appointed bodies			Former Policy No.	76-5.4
Policy Number	76-90.4	Section Title	Policy Implementation	Section Number	76-90
Approval Authority	Agency Director			Effective Date	7/1/2017
Responsible Executive	Agency Director			Revised Date	6/8/2017
Responsible Office	Director's Office			Last Reviewed	6/8/2017
Responsible Reviewer	Yeatts,Elaine				

Purpose:

To compensate board members and provide for adequate controls for purposes of budgeting and payment of such members.

Policy:

The Department of Health Professions recognizes the valuable contribution provided by citizens of the Commonwealth who devote their time and talent to the appropriate regulation of health care providers. To this end the agency will budget for and compensate members consistent with the Budget Bill and § 2.2-2813 of the *Code of Virginia*.

Authority:

The Budget Bill for 2017-18:
Notwithstanding any other provision of law, any citizen member of any body described in this paragraph who is appointed at the state level, or designated an official member of such body, pursuant to an act of the General Assembly or a resolution of a house of the General Assembly that provides for the appointment or designation, shall receive compensation solely for each day, or portion thereof, of attendance at an official meeting of the same. In no event shall any citizen member be paid compensation for attending a meeting of an advisory committee or other advisory body. Subject to any contrary law that provides for a higher amount of compensation to be paid, compensation shall be paid at the rate of $50 for each day, or portion thereof, of attendance at an official meeting.
§ 2.2-2813. Definitions; compensation and expense payments from state funds for service on collegial bodies.
A. As used in this chapter:
"Compensation" means any amount paid in addition to reimbursement for expenses.
"Expenses" means all reasonable and necessary expenses incurred in the performance of duties.
"Salary" means a fixed compensation for services, paid to part-time and full-time employees on a regular basis.
B. Subject to the provisions of subsections C and D, members of boards, commissions, committees, councils and other collegial bodies, who are appointed at the state level, shall be compensated at the rate of $50 per day, unless a different rate of compensation is specified by statute for such members, plus expenses for each day or portion thereof in

which the member is engaged in the business of that body. The funding for the compensation and reimbursement of expenses of members shall be provided by the collegial body or, if funds are not appropriated to the collegial body for such purpose, by the entity that supports the work of the collegial body. The collegial body or supporting agency shall reimburse the Clerk of the Senate and the Clerk of the House of Delegates for expenditures incurred in providing compensation and expenses of their respective members for service on the collegial body.
C. Full-time employees of the Commonwealth or any of its local political subdivisions, including full-time faculty members of public institutions of higher education, shall be limited to reimbursement for such employee's expenses.
D. No member shall receive total compensation for a single day of more than one payment of the highest per diem amount specified in subsection B for attending meetings and for services performed that day for all boards, commissions, or other similar bodies, of which such person is a member, including all committees, subcommittees, or other related entities of such boards, commissions, or other similar bodies. Whenever a member performs services or attends two or more meetings in a single day for two or more boards, commissions, etc., compensation and expenses shall be prorated among the bodies served.
E. A nonlegislative member of a state board, commission, committee, council, or other state collegial body, which body is required by law to meet at least three times per year, shall, for any compensation or expense reimbursement from funds drawn from the state treasury, be required to participate in the Electronic Data Interchange Program administered or authorized by the Department of Accounts as a condition of accepting such appointment.

Procedures:

1. Members of any standing body whose establishment and membership is specifically required pursuant to Subtitle III of Title 54.1 of the *Code of Virginia* shall be deemed eligible for a $50.00 per diem plus reasonable and necessary expenses for each day or portion thereof in which the member is attending an official meeting. Attendance at a telephone conference call that is noticed as an official meeting of a board is eligible for per diem.

2. A board member attending a state or national meeting on behalf of a board is not eligible for per diem, since it is not an official meeting of the board. Travel days associated with attendance at a board meeting are not eligible for per diem.

3. Nothing in this policy shall be construed as authorizing more than $50 in compensation per day per member including circumstances where a person is holding seats on more than one body. Compensation may be prorated among bodies for service among bodies.

4. Nothing contained in the policy shall be construed as authorizing per diem payment for full time employees of the Commonwealth or its political subdivisions which is prohibited by § 2.2-2813.C of the

contract with the Commonwealth or its political subdivisions are eligible for the per diem.

5. Nothing contained in this policy shall be construed to authorize per diem compensation for members of ad hoc or advisory bodies that are not created in statute, except a board member attending a meeting of an ad hoc committee or advisory body in his capacity as a member of a board is eligible for per diem.

6. The Accounting Director may require the registration of members to include membership, address, social security number and employment status to facilitate compliance with law, regulation, requirements of the State Comptroller, or this policy.

From: Ashby Rosenberger [mailto:arosenberger@ncsbn.org]
Sent: Friday, June 02, 2017 12:17 PM
To: MB Presidents and Assoc; MB Executive Officers and Assoc; Member Boards
Cc: Board of Directors; 2017 All Committees; Leadership Team; Tom Abram – External; Ann Watkins
Subject: Summary of Recommendations to the 2017 Delegate Assembly
Importance: High

Dear All: The NCSBN Board of Directors met May 15-17, 2017 and finalized the summary of recommendations for the 2017 Delegate Assembly. Attached you will find the summary of recommendations and the following:

A. Proposed amendments to the NCSBN Bylaws (Redline)
B. Proposed Bylaws Amendments Formatting and Rationales
C. Simulation Model Language
D. 2017 Slate of Candidates

The 2017 Annual Meeting business book is under preparation and will include the full reports related to each of the recommendations.

In the meantime, if you have any questions, please feel free to contact me or David Benton, Chief Executive Officer – dbenton@ncsbn.org

Best Regards,

Ashby Rosenberger | Senior Manager, Executive Office | arosenberger@ncsbn.org
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Our Mission
The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Summary of Recommendations to the 2017 Delegate Assembly

Board of Directors Recommendations:

1. Approve proposed amendments to the NCSBN Bylaws.

   Rationale:
   Article XIV requires that any proposed changes to the bylaws be notified to members at least 45 days prior to the delegate assembly and that a two-thirds affirmative vote of the delegates present and voting is required to adopt any changes. Alternatively, upon written notice of five days prior to the Delegate Assembly a three-quarters affirmative vote of the delegates present and voting is required.

   Fiscal Impact:
   Minimal financial impact in the short term but potential for increased revenue from NCLEX® usage in the longer term.

2. Approve the proposed membership fee for Exam User Members.

   Rationale:
   Article III, Section 5 of the NCSBN Bylaws requires that the Delegate Assembly approve any changes to the annual membership fees structure. *Should the Delegates vote to amend the membership categories to include the Exam User Member,* the Delegate Assembly will need to set the appropriate membership fee. The proposed annual membership fee for an Exam User Member is $750 and shall be payable each October 1.

   Fiscal Impact:
   Initially, a maximum modest reduction in income of $2,250 should all present eligible Associate Members apply for and be approved as Exam User Members. In the longer term there is potential for increased revenue from NCLEX and membership fees.

3. Approve amendments to the model rules relating to prelicensure program simulation usage.

   Rationale:
   Boards of nursing (BONs) requested specific guidelines regarding requirements for simulation in prelicensure education and in response, an expert panel developed guidelines for BONs. Along with the guidelines are resources to assist in the adoption of the guidelines that boards can disseminate to nursing education programs to help them comply with the guidelines. Model legislative language for Nurse Practice Act Rules/Regulations has been produced to give boards the authority to enforce the guidelines.

   Fiscal Impact:
   None

4. Approve the College of Registered Psychiatric Nurses of Alberta (CRPNA), as an Associate Member of NCSBN.

Rationale:
The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:
Upon acceptance, the new Associate Member will pay a $1,500 annual fee.

5. Approve the College of Registered Psychiatric Nurses of Manitoba (CRPNM) as an Associate Member of NCSBN.

Rationale:
The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:
Upon acceptance, the new Associate Member will pay a $1,500 annual fee.

6. Approve the Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) as an Associate Member of NCSBN.

Rationale:
The NCSBN Bylaws state that an Associate Member is a nursing regulatory body or empowered authority from another country or territory. The bylaws require approval of the membership by a vote at the Delegate Assembly. The current application for Associate Membership meet the qualifications as stated in the NCSBN Bylaws.

Fiscal Impact:
Upon acceptance, the new Associate Member will pay a $1,500 annual fee.

Leadership Succession Committee (LSC) Recommendations:

7. Adopt the 2017 Slate of Candidates.

Rationale:
The LSC has prepared the 2017 Slate of Candidates with due regard for the qualifications required by the positions open for election, fairness to all nominees, and attention to the goals and purpose

of the NCSBN. Full biographical information and personal statement for each candidate is posted in the Business Book under the Report of the Leadership Succession Committee. Candidates will present himself or herself at the Candidate's Forum on Wednesday, Aug. 16, 2017.

Fiscal Impact:
Incorporated into the FY2017 budget.

References:

A. Proposed Amendments to the NCSBN Bylaws (Redline)
B. Proposed Bylaws Amendments Formatting and Rationales
C. Simulation Model Language
D. 2017 Slate of Candidates

PROPOSED NCSBN MODEL RULES ON THE USE OF SIMULATION IN A PRELICENSURE NUSING EDUCATION PROGRAM

CHAPTER 2. DEFINITIONS

j. "Simulation" means a technique to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner. (Gaba, 2004)

k. "Debriefing" means an activity that follows a simulation experience, is led by a facilitator, encourages participant's reflective thinking, and provides feedback regarding the participant's performance.

CHAPTER 6. PRELICENSURE NURSING EDUCATION

6.4 Simulation

A prelicensure nursing education program ("program") may use simulation as a substitute for traditional clinical experiences, not to exceed fifty percent (50%) of its clinical hours. A program that uses simulation shall adhere to the standards set in this section.

6.4.1 Evidence of Compliance

A program shall provide evidence to the Board of Nursing that these standards have been met.

6.4.2 Organization and Management

a. The program shall have an organizing framework that provides adequate fiscal, human, and material resources to support the simulation activities.

b. Simulation activities shall be managed by an individual who is academically and experientially qualified. The individual shall demonstrate continued expertise and competence in the use of simulation while managing the program.

c. There shall be a budget that will sustain the simulation activities and training of the faculty.

6.4.3 Facilities and Resources

a. The program shall have appropriate facilities for conducting simulation. This shall include educational and technological resources and equipment to meet the intended objectives of the simulation.

6.4.4 Faculty Preparation

a. Faculty involved in simulations, both didactic and clinical, shall have training in the use of simulation.

b. Faculty involved in simulations, both didactic and clinical, shall engage in on-going professional development in the use of simulation.

6.4.5 Curriculum

a. The program shall demonstrate that the simulation activities are linked to programmatic outcomes.

6.4.6 Policies and Procedures

The program shall have written policies and procedures on the following:

a. short-term and long-term plans for integrating simulation into the curriculum;

b. method of debriefing each simulated activity; and

c. plan for orienting faculty to simulation.

6.4.7 Evaluation

a. The program shall develop criteria to evaluate the simulation activities.

b. Students shall evaluate the simulation experience on an ongoing basis.

6.4.8 Annual Report

a. The program shall include information about its use of simulation in its annual report to the Board of Nursing.

NCSBN

Letter from the President

POST-BOARD MEETING UPDATE

June 19, 2017

"Alone we can do so little; together we can do so much."
— Helen Keller

Greetings Colleague:

As I think about the busy schedule of activity at NCSBN, I am reminded that every day each of you is engaged in the important work of regulation with all its many challenges. There is no down time for any of us anymore. It is your needs that NCSBN seeks to address through its research, products and communications. With your input we can accomplish so much. I hope that you will let us know if there are ways that NCSBN can lessen the burdens of government!

Your Board of Directors (BOD) met May 15–18, 2017. The May meeting is generally the BOD's busiest agenda of the year. At this meeting, in addition to routine business, reports from all of the committees are considered and the BOD formulates its recommendations to the Delegate Assembly (DA).

The following summarizes the BOD discussions and decisions.

FINANCE COMMITTEE
On behalf of the Finance Committee, Treasurer Gloria Damgaard and CFO Rob Clayborne presented the financial statements for the second quarter of fiscal year 2017 (FY17) and changes to the financial policies. Both the financial statements and the policies were accepted.

GOVERNMENTAL/POLICY AFFAIRS
Government Affairs Director Elliot Vice reported that NCSBN is focused on promotion of the compacts and working with staff and members of Congress, and federal government agencies on telehealth, state licensure, anti-trust, immigration, trade, workforce and other issues. Staff worked with the Department of Veterans Affairs (VA) on the implementation of APRN full practice authority for some APRNs in certain Veterans Health Administration facilities to ensure a smooth transition process for the VA and boards of nursing (BONs). Several bills are being monitored that address telehealth, state licensing issues and health care reform.

BOD SUBCOMMITTEE ON EXPANDED MEMBERSHIP
The 2015 DA passed a resolution directing the BOD to explore development of a procedure and criteria for eligibility for full membership by a non-state or U.S. territory nursing regulatory body that uses a licensing examination developed by NCSBN, and report on this investigation by the 2017 NCSBN Annual Meeting. To that end, the BOD appointed a subcommittee to explore various categories of membership; examining similar organization bylaws; considering the legal, political, financial, logistic, and governmental implications of various membership categories; and considering the implications for Canadian jurisdictions. The BOD shared this work with the members at the Midyear Meeting and made revisions to the recommendations for consideration by the DA. The recommendation regarding additional membership categories is to add only one additional category of membership at this time — an exam user category that will be limited to regulatory bodies that use the NCLEX® and have a single mandate to protect the public. The affiliate and emeritus categories will not be recommended at this time. Full membership is recommended to include full participation in Nursys® with allowance for grandfathering for a period of five years. The bylaws amendments contain specific detail regarding the recommendations.

COMMITTEE REPORTS

40th Anniversary Committee: In 2018, NCSBN will celebrate its 40th Anniversary. Celebration activities will be launched at the March 2018 Midyear Meeting and the 2018 Annual Meeting, which will take place in Minneapolis. The committee has worked to make the celebration a very special recognition of the accomplishments of the organization.

Awards Committee: The BOD reviewed the committee's selection of recipients and an official press release can be found at www.ncsbn.org/10744.htm. The BOD also approved development of a portal for submission of nominations in the coming year.

Bylaws Committee: Bylaws recommendations related to the Membership Model and a contemporary approach to Leadership Succession Committee (LSC) processes will be presented to the 2017 DA.

Commitment to Ongoing Regulatory Excellence Committee: The committee reported changes made in 2016 including a new timeline for collection and distribution of reports and an aggregate national report. The committee also completed development of an online portal to allow states to customize reports. Finally, the committee completed a long-term plan to increase utilization and relevancy of the data collected. Work will continue on performance measures for the eNLC, testing of the online portal, refinement of questions regarding employees and budget, and development of competencies for key positions of board governance and operations. This valuable tool has assisted BONs to demonstrate their efficiency to policymakers and justify additional staff.

Institute of Regulatory Excellence: In addition to this committee's ongoing work to approve project proposals and reports and select fellows, the committee engaged in an overall program evaluation and consideration of new strategies. This work will continue in the coming year.

Investigator Training Committee: The committee completed the investigator training program in 2016 but some members participated in the evaluation of the educational offerings. The participant evaluations were very positive. The BOD approved the continued offering of this training. The committee's work is complete.

Leadership Succession Committee: In addition to presenting a slate of candidates for 2017 and the development of a video for the membership, the committee updated the Leadership Development Plan, developed a Board of Directors Candidates Self-Inventory of Leadership and Governance Competencies, completed leadership development calls with the membership and wrote articles for *In Focus* magazine.

Marijuana Regulatory Guidelines Committee: This committee had an ambitious list of charges that included development of model guidelines for the APRN authorization of marijuana in patient care; development of model guidelines for APRN, RN, and LPN care of patients using marijuana; development of recommendations for marijuana-specific curriculum content in APRN education programs; development of recommendations for marijuana-specific curriculum content in RN and LPN education programs; and development of model guidelines for assessing safeness to practice of licensees who use marijuana. Although the committee made considerable progress, the charges will require additional time to complete over the next year.

Standards Development Committee: The committee developed an organizing framework for a *Standardization Plan* which was approved by the BOD. They presented a document on *Subject Matter for Potential Standards* which includes a prioritization of various potential standards. The potential standards were approved and will be published on the American National Standards Institute (ANSI) website to make the public aware and identify if other organizations are working on similar processes. If conflict or duplication is raised, the committee will collaborate with the other stakeholders.

Nursing Education Outcomes and Metrics Committee Report: This committee was charged with reviewing current literature on program approval metrics and their relevance to public safety and recommending factors in addition to first time NCLEX pass rates that can be used to determine criteria for a legally defensible BON approval/removal process. The committee has engaged in a comprehensive process of review of accreditation processes for nursing and other disciplines, international consultation, solicitation of expert opinion on nursing program evaluation, a legal perspective and review of the literature. The BOD approved the continued work on these charges for the coming year.

LEGAL COUNSEL PERSONNEL

The legal firm of Vedder Price has represented NCSBN since 1980. Our current chief legal counsel, Thomas G. Abram, has represented the organization since 1996. Mr. Abram will retire from Vedder Price at the end of 2017. We will miss his wisdom, experience and history with this organization. To ensure a smooth transition, much communication and work within Vedder Price has taken place. Tom identified two partners in the firm who he felt would provide a seamless transition and excellent support for our organization. He has worked closely with them and they have met with the CEO, president-elect and NCSBN leadership staff. At our May meeting, the BOD approved that Thomas (Tom) Wilde and Elizabeth (Libby) Hall of Vedder Price be retained to take over as counsel for NCSBN upon the retirement of Mr. Abram. Tom Wilde will serve as primary counsel, with Libby Hall serving as standby. Both Mr. Wilde and Ms. Hall will attend part of DA to better familiarize themselves with our organization and get to meet many of you. Please welcome them and also take the opportunity to express thanks to Tom Abram for his long and dedicated service to NCSBN and nursing regulation.

TAANA POSITION PAPER

The American Association of Nurse Attorneys has issued a position paper on the "Statutes of Limitations and Retained Jurisdiction in Nursing" in October 2016: www.taana.org/resources/TAANA_Position_Paper_2016-10-13.pdf. The BOD reviewed this paper, a survey of states on discipline time limits and a legal opinion by NCSBN legal counsel. The paper and legal opinion will be distributed to members soon.

ORBS UPDATE

The Optimal Regulatory Board System (ORBS) licensing system 1.0 in whole or part has been implemented in three states while 18 BONs are currently in the queue to implement ORBS 2.0 which includes more functionalities and feature sets, including investigation and disciplinary modules. Progress continues and a launch of ORBS 2.0 is expected within the next year.

WORKFORCE ISSUES

The BOD approved the "2017 National Nursing Workforce Survey," a collaborative project with the National Forum of State Workforce Centers since 2013. This is the only national nursing workforce study that includes LPN/VNs as well as RNs. This study supports NCSBN leadership in nursing workforce data by generating supply information about nurses in the U.S. In addition, the BOD approved a policy to share de-identified workforce data with the public for research and analysis purposes only. The data will not include personally identifying information such as name, specific address, licensure number, phone number or social security number.

NEW POLICY COURSE

The BOD approved the development of a Post-graduate Certificate Program in Policy for Health Care Professionals Program in July 2016. The program will be ready to admit its first class of students in fall 2017. The BOD also approved annual scholarships to assist five members of NCSBN with tuition, although the program will be open to others as well. All other NCSBN members who enroll will receive a 10 percent discount on the program tuition. This new offering has the potential to significantly improve skills as a leader in nursing regulation. The graduate certificate program, is an online, 15 credit hour program consisting of five courses that are offered over a one-year period, and includes an optional internship in Washington, D.C. Members received notice of this course from Chief Officer, Nursing Regulation, Maryann Alexander by email on May 30, 2017.

TRI-REGULATOR POSITION STATEMENTS

NCSBN has collaborated with the Federation of State Medical Boards (FSMB) and the National Association of Boards of Pharmacy (NABP) for several years and a few joint position statements have been developed when mutual interests support such positions. Two position statements were approved by the BOD on "Electronic Health Records" seamless transfer and "Practitioner Wellness" to support quality health care and patient safety.

STRATEGIC OUTCOME REPORT

Greg Pulaski, director, Performance Measurement and Standards, provided an update on progress of the strategic objectives for the second quarter of the year. Significant areas of progress this quarter include:

- Development of the CORE portal;
- Progress on research projects including two that are underway – "Assessment of Simulation Use in Undergraduate Education" and "Examination of Factors Impacting Outcomes in Alternative to Discipline Programs";
- Progress in adoption of the eNLC and the ARPN Compact; and
- "Regulation Concept Maps and Outcomes" that will be published in the July issue of the *Journal of Nursing Regulation.*

RECOMMENDATIONS TO THE 2017 DELEGATE ASSEMBLY

The recommendations by the BOD were emailed to the membership by Ashby Rosenberger on Friday, June 2, 2017. They include amendments to the bylaws, approval of a fee for the proposed category of exam user member, approval of amendments to the model rules relating to prelicensure program simulation usage, and approval of three Canadian province regulators for associate membership. In addition, the LSC put forth the 2017 slate of candidates which can be viewed at www.ncsbn.org/slate.htm.

NEWS

Progress continues on introduction of the eNLC and the APRN Compact. Please see www.nursecompact.com for the latest information on the eNLC. At this time 23 states have enacted the eNLC and three states have enacted the APRN Compact. It is possible that the eNLC will meet the threshold of 26 states and become effective late this year and planning is underway to assure that states have the resources they need to implement the new compact.

The BOD looks forward to seeing you at the Annual Meeting in Chicago!

Safe travels and best wishes,

Katherine A. Thomas
President
512.305.6888
kathy.thomas@bon.texas.gov

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times: Quarterly Performance Measurement, Q4 2013 - Q4 2017

David E. Brown, D.C.
Director

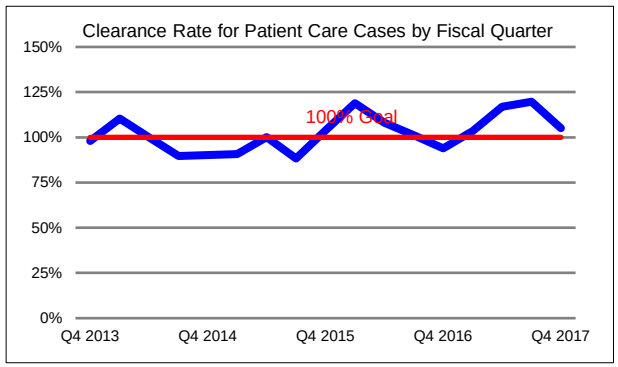
"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

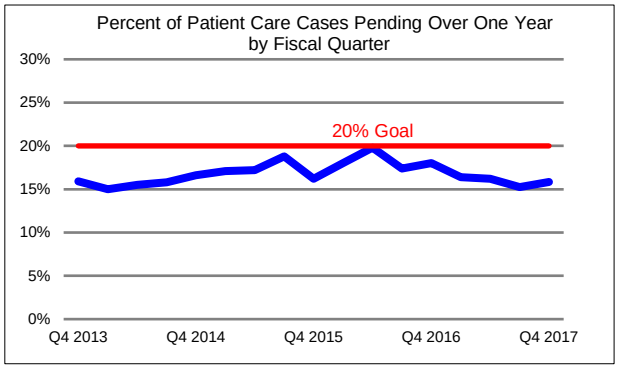
In order to uphold its mission relating to discipline, DHP continually assesses and reports on performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. These three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload; Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

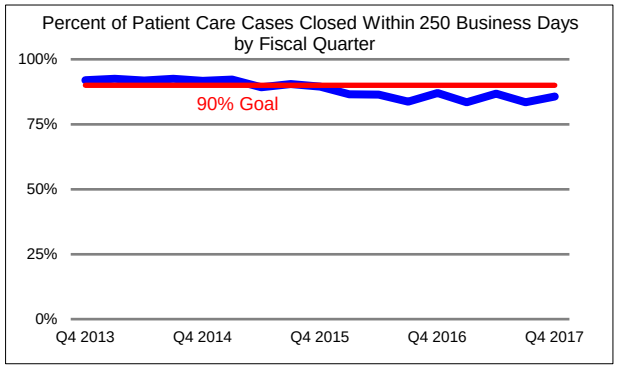
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct. The current quarter's clearance rate is **105%**, with **1006** patient care cases received and **1057** closed.

Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%. The current quarter shows **16%** patient care cases pending over 250 business days with **2,381** patient care cases pending and **377** pending over 250 business days.

Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days. The current quarter shows **86%** percent of patient care cases being resolved within 250 business days with **1057** cases closed and **906** closed within 250 business days.







Submitted: 7/12/2017

Prepared by: Department of Health Professions

Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times, by Board

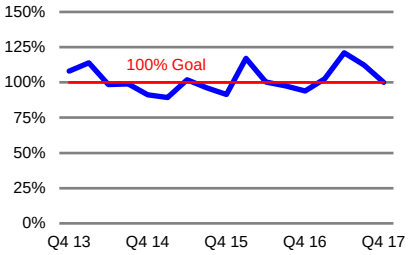
Clearance Rate

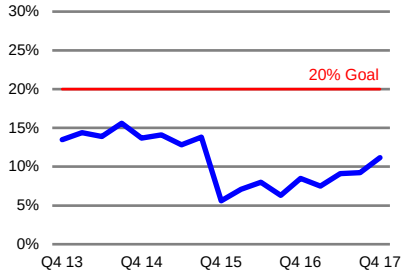
Age of Pending Caseload
(percent of cases pending over one year)

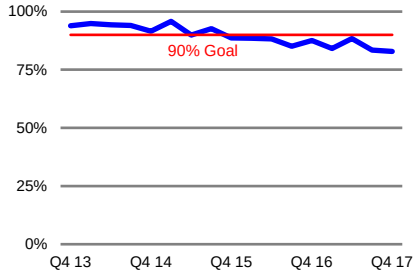
Percent Closed in 250 Business Days

Nursing - In Q4 2017, the clearance rate was **100%**, the Pending Caseload older than 250 business days was **11%** and the percent closed within 250 business days was **83%**

Q4 2017 Caseloads:
Received = **473**, Closed = **473**
Pending over 250 days = **135**
Closed within 250 days = **392**

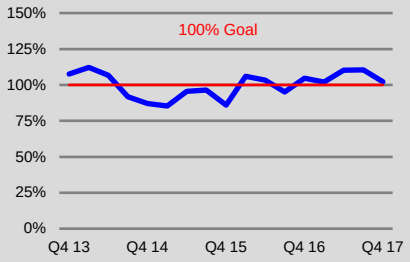


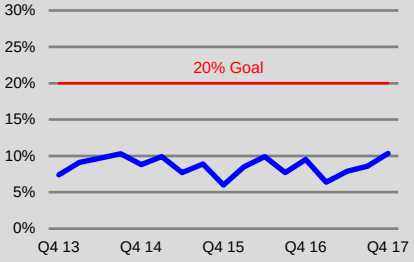


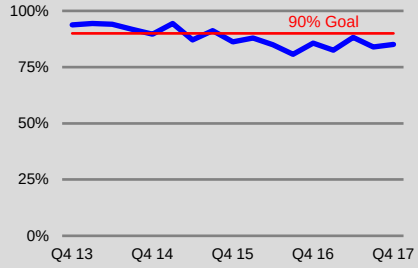


Nurses - In Q4 2017, the clearance rate was **102%**, the Pending Caseload older than 250 business days was **10%** and the percent closed within 250 business days was **85%**.

Q4 2017 Caseloads:
Received = **322**, Closed = **329**
Pending over 250 days = **90**
Closed within 250 days = **280**

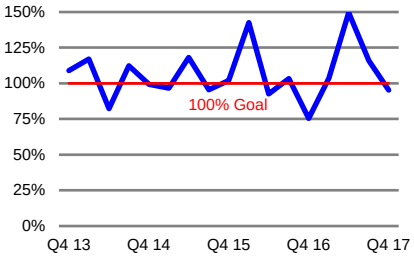


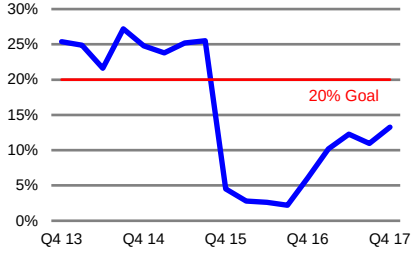


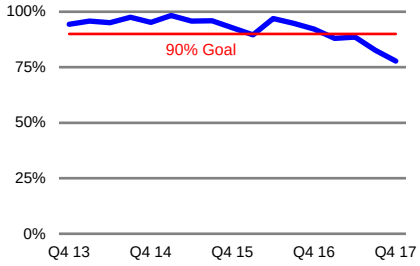


CNA - In Q4 2017, the clearance rate was **95%**, the Pending Caseload older than 250 business days was **13%** and the percent closed within 250 business days was **78%**.

Q4 2017 Caseloads:
Received= **151** , Closed = **144**
Pending over 250 days = **45**
Closed within 250 days = **112**







Submitted: 7/12/2017

Prepared by: Department of Health Professions

VIRGINIA BOARD OF NURSING
EDUCATION INFORMAL CONFERENCE COMMITTEE
AMENDED MINUTES
July 12, 2017

TIME AND PLACE: The meeting of the Education Informal Conference Committee was convened at 9:02 a.m. in Suite 201, Department of Health Professions 9960 Mayland Drive, Second Floor, Board Room 2, Henrico, Virginia.

MEMBERS PRESENT: Joyce A. Hahn, Ph.D., RN, NEA-BC, FNAP, Chair
Louise Hershkowitz, CRNA, MSHA

STAFF PRESENT: Paula B. Saxby, RN, Ph.D., Deputy Executive Director
Jodi P. Power, RN, JD, Deputy Executive Director
Charlette Ridout, RN, MS, CNE, Senior Nursing Education Consultant,
Anne Joseph, Deputy Director, Administrative Proceedings Division
Nichole Clements, Administrative Assistant

CONFERENCES SCHEDULED:

REGISTERED NURSING, PRACTICAL NURSING, AND NURSE AIDE EDUCATION PROGRAMS

Piedmont Virginia Community College, Charlottesville, PN program, US28203800

Dr. Ann Smith, Program Director, was in attendance.

At: 9:37 a.m. Ms. Hershkowitz moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of Piedmont Virginia Community College, Charlottesville. Additionally, she moved that Dr. Saxby, Ms. Power, Ms. Joseph, Ms. Ridout, and Ms. Clements attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the committee in its deliberations. The motion was seconded and carried unanimously.

The Committee reconvened in open session at 10:15 a.m.

Ms. Hershkowitz moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend to continue the Practical Nursing Education

Program at Piedmont Virginia Community College on conditional approval with terms and conditions as specified in the attached recommendation.

South University, Virginia Beach, BSN program, US28500800

Dr. Wendy Unison-Pace, Program Director, and Dr. Sarah Wills, Assistant Dean of Nursing and Public Health for South University, were in attendance. They were represented by Eric Page, Esquire. Dr. Devin Byrd, Vice Chancellor for South University, and Scot Haynes, Virginia Beach Campus President, were also in attendance.

At: 12:11 p.m. Ms. Hershkowitz moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of South University, Virginia Beach. Additionally, she moved that Dr. Saxby, Ms. Power, Ms. Joseph, Ms. Ridout, and Ms. Clements attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the committee in its deliberations. The motion was seconded and carried unanimously.

The Committee reconvened in open session at 12:59 p.m.

Ms. Hershkowitz moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: A recommendation was made by the committee and subsequently rescinded. The informal conference regarding this program will be rescheduled at a later date to be determined.

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Public Comment: Dr. Debi Erick, Nursing Program Director for Bryant & Stratton University thanked the Board for their work and allowing them to attend the Informal Conference in the audience.

First Nursing Academy Nurse Aide Education Program, Program Code 100740, Fairfax/Burke

Mohamed Ali Awl was in attendance. He was represented by Margaret Hardy, Esquire.

At 3:20 p.m. Ms. Hershkowitz moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711

(A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of First Nursing Academy, Nurse Aide Education program, Fairfax/Burke. Additionally, she moved that Dr. Saxby, Ms. Power, Ms. Joseph, Ms. Ridout, and Ms. Clements attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the committee in its deliberations. The motion was seconded and carried unanimously.

The Committee reconvened in open session at 3:47 p.m.

Ms. Hershkowitz moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend to withdraw approval of First Nursing Academy to operate a Nurse Aide Education Program with terms and conditions as specified in the attached recommendation.

First Nursing Academy Medication Aide Training Program, Fairfax/Burke

Mohamed Ali Awl was in attendance. He was represented by Margaret Hardy, Esquire.

At 5:15 p.m. Ms. Hershkowitz moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the matter of First Nursing Academy, Medication Aide training program, Fairfax/Burke. Additionally, she moved that Dr. Saxby, Ms. Power, Ms. Joseph, Ms. Ridout, and Ms. Clements attend the closed meeting because their presence in the closed meeting was deemed necessary and their presence will aid the committee in its deliberations. The motion was seconded and carried unanimously.

The Committee reconvened in open session at 5:39 p.m.

Ms. Hershkowitz moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend to withdraw approval of First Nursing Academy to operate a Medication Aide Training Program with terms and conditions as specified in the attached recommendation.

Continued Faculty Exceptions

Fairfax County Public Schools, PN program, US28108600
Averett University BSN program, US28501100
Jefferson College, BSN program, US28507000

Action: Recommend to approve the continued faculty exceptions.

Closed session to consider disposition of matters related to education programs.

At 5:40p.m. Ms. Hershkowitz moved that the Education Informal Conference Committee convene a closed meeting pursuant to §2.2-3711 (A) (27) of the Code of Virginia for the purpose of deliberation to reach a decision in the disposition of matters related to education programs. Additionally, she moved that Ms. Power and Ms. Ridout attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the committee in its deliberations. The motion was seconded and carried unanimously.

The Committee reconvened in open session at 5:49 p.m.

Ms. Hershkowitz moved that the Education Informal Conference Committee heard, discussed or considered only public business matters lawfully exempted from open meeting requirements under the Virginia Freedom of Information Act and only such public business matters as were identified in the motion by which the closed meeting was convened.

Action: Recommend granting release from the terms of the Orders and returning one program to full approval.

Meeting adjourned at 5:50 p.m.

_____
Paula B. Saxby, R.N., Ph.D.
Deputy Executive Director

_____
Charlette Ridout, R.N., M.S.
Senior Nursing Education Consultant

Project 4739 - Proposed

BOARD OF NURSING

Periodic review

Part II

Requirements for Licensure

18VAC90-50-40. Initial licensure.

A. An applicant seeking initial licensure shall submit a completed application and required fee and verification of meeting the requirements of § 54.1-3029 A of the Code of Virginia as follows:

1. Is at least 18 years old;

2. Has successfully completed a minimum of 500 hours of training from a massage therapy program certified or approved by the State Council of Higher Education for Virginia or an agency in another state, the District of Columbia, or a United States territory that approves educational programs, notwithstanding the provisions of § ~~23-276.2~~ 23.1-226 of the Code of Virginia;

3. Has passed the Licensing Examination of the Federation of State Massage Therapy Boards, or an exam deemed acceptable to the board;

4. Has not committed any acts or omissions that would be grounds for disciplinary action or denial of certification as set forth in § 54.1-3007 of the Code of Virginia and 18VAC90-50-90; and

5. Has completed a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia.

B. An applicant shall attest that he has read and will comply with laws and regulations and the professional code of ethics relating to massage therapy.

~~B.~~ C. An applicant who has been licensed or certified in another country and who~~, in the opinion of the board, meets~~ provides certification of equivalency to the educational requirements in Virginia from a credentialing body acceptable to the board shall take and pass an examination as required in subsection A of this section in order to become licensed.

18VAC90-50-60. Provisional licensure.

A. An eligible candidate who has filed a completed application for licensure in Virginia, including completion of education requirements, may engage in the provisional practice of massage therapy in Virginia while waiting to take the licensing examination for a period not to exceed 90 days ~~upon~~ from the date on the written authorization from the board. A provisional license may be issued for one 90-day period and may not be renewed.

B. The designation of "massage therapist" or "licensed massage therapist" shall not be used by the applicant during the 90 days of provisional licensure.

C. An applicant who fails the licensing examination shall have his provisional licensure withdrawn upon the receipt of the examination results and shall not be eligible for licensure until he passes such examination.

Part III

Renewal and Reinstatement

18VAC90-50-70. Renewal of licensure.

A. Licensees born in even-numbered years shall renew their licenses by the last day of the birth month in even-numbered years. Licensees born in odd-numbered years shall renew their licenses by the last day of the birth month in odd-numbered years.

B. The licensee shall complete the renewal form and submit it with the required fee and attest that he has complied with continuing competency requirements of 18VAC90-50-75.

C. Failure to receive the application for renewal shall not relieve the licensed massage therapist of the responsibility for renewing the license by the expiration date.

D. The license shall automatically lapse by the last day of the birth month if not renewed, and the practice of massage therapy or use of the title "massage therapist" or "licensed massage therapist" is prohibited.

18VAC90-50-75. Continuing competency requirements.

A. In order to renew a license biennially, a licensed massage therapist shall:

1. Hold current certification by the NCBTMB; or

2. Complete at least 24 hours of continuing education or learning activities with at least one hour in professional ethics. Hours chosen shall be those that enhance and expand the skills and knowledge related to the clinical practice of massage therapy and may be distributed as follows:

a. A minimum of 12 of the 24 hours shall be in activities or courses provided by ~~an NCBTMB-approved provider~~ one of the following providers and may include seminars, workshops, home study courses, and continuing education courses:

(1) NCBTMB;

(2) Federation of State Massage Therapy Boards;

(3) American Massage Therapy Association;

(4) Associated Bodywork and Massage Professionals;

(5) Commission on Massage Therapy Accreditation;

(6) A nationally or regionally accredited school or program of massage therapy; or

(7) A school of massage therapy approved by the State Council of Higher Education for Virginia.

b. No more than 12 of the 24 hours may be activities or courses that may include consultation, independent reading or research, preparation for a presentation, a course in cardiopulmonary resuscitation, or other such experiences that promote continued learning.

B. A massage therapist shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The massage therapist shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of licensees to determine compliance. The persons selected for the audit shall provide evidence of current NCBTMB certification or the completed continued competency form provided by the board and all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the massage therapist to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Part IV

Disciplinary Provisions

18VAC90-50-90. Disciplinary provisions.

The board has the authority to deny, revoke, or suspend a license issued by it or to otherwise discipline a licensee upon proof that the practitioner has violated any of the provisions of § 54.1-3007 of the Code of Virginia or of this chapter or has engaged in the following:

1. Fraud or deceit, which shall mean, but shall not be limited to:

   a. Filing false credentials;

   b. Falsely representing facts on an application for initial licensure, or reinstatement or renewal of a license; or

   c. Misrepresenting one's qualifications including scope of practice.

2. Unprofessional conduct, which shall mean, but shall not be limited to:

   a. Performing acts ~~which~~ that constitute the practice of any other health care profession for which a license or a certificate is required or acts ~~which~~ that are beyond the limits of the practice of massage therapy as defined in § 54.1-3000 of the Code of Virginia;

   b. Assuming duties and responsibilities within the practice of massage therapy without adequate training or when competency has not been maintained;

   c. Failing to acknowledge the limitations of and contraindications for massage and bodywork or failing to refer patients to appropriate health care professionals when indicated;

   d. Entering into a relationship with a patient or client that constitutes a professional boundary violation in which the massage therapist uses his professional position to

take advantage of the vulnerability of a patient, a client, or his family, to include but not be limited to actions that result in personal gain at the expense of the patient or client, a nontherapeutic personal involvement, or sexual conduct with a patient or client;

e. Falsifying or otherwise altering patient or employer records;

f. Violating the privacy of patients or the confidentiality of patient information unless required to do so by law;

g. Employing or assigning unqualified persons to practice under the title of "massage therapist" or "licensed massage therapist";

h. Engaging in any material misrepresentation in the course of one's practice as a massage therapist; ~~or~~

i. Obtaining money or property of a patient or client by fraud, misrepresentation, or duress;

j. Violating state laws relating to the privacy of patient information, including § 32.1-127.1:03 of the Code of Virginia;

k. Providing false information to staff or board members in the course of an investigation or proceeding;

l. Failing to report evidence of child abuse or neglect as required by § 63.2-1509 of the Code of Virginia or elder abuse or neglect as required by § 63.2-1606 of the Code of Virginia;

m. Violating any provision of this chapter; or

n. Failing to practice in a manner consistent with the code of ethics of the NCBTMB, as incorporated by reference into this chapter with the exception of the requirement to

follow all policies, procedures, guidelines, regulations, codes, and requirements promulgated by the NCBTMB.

Agenda Item: Regulations Governing Prescribing of Opioids and Buprenorphine

Included in the agenda package:

Copy of regulations for Nurse Practitioners with changes as recommended by the Committee of the Joint Boards and adopted by the Board of Medicine

Staff note:

The re-adoption of emergency regulations was adopted by the Board of Medicine on June 22, 2017 – both regulations for MDs, DOs, DPMs and PAs and the regulations for nurse practitioners

Action:

Adoption of amendments to emergency regulations on nurse practitioner regulations for prescribing of opioids and buprenorphine consistent with regulations for Medicine and adoption of proposed regulations to replace emergency regulations.

BOARDS OF NURSING AND MEDICINE

EMERGENCY REGULATIONS FOR NURSE PRACTITIONERS

Prescribing of opioids

Part IV

Disciplinary Provisions

18VAC90-30-220. Grounds for disciplinary action against the license of a licensed nurse practitioner.

The boards may deny licensure or relicensure, revoke or suspend the license, or take other disciplinary action upon proof that the nurse practitioner:

1. Has had a license or multistate privilege to practice nursing in this Commonwealth or in another jurisdiction revoked or suspended or otherwise disciplined;

2. Has directly or indirectly represented to the public that the nurse practitioner is a physician, or is able to, or will practice independently of a physician;

3. Has exceeded the authority as a licensed nurse practitioner;

4. Has violated or cooperated in the violation of the laws or regulations governing the practice of medicine, nursing or nurse practitioners;

5. Has become unable to practice with reasonable skill and safety to patients as the result of a physical or mental illness or the excessive use of alcohol, drugs, narcotics, chemicals or any other type of material;

6. Has violated or cooperated with others in violating or attempting to violate any law or regulation, state or federal, relating to the possession, use, dispensing, administration or distribution of drugs; ~~or~~

7. Has failed to comply with continuing competency requirements as set forth in 18VAC90-30-105;

8. Has willfully or negligently breached the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful; or

9. Has engaged in unauthorized use or disclosure of confidential information received from the Prescription Monitoring Program, the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

Part I

General Provisions

18VAC90-40-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"Acute pain" means pain that occurs within the normal course of a disease or condition or as the result of surgery for which controlled substances containing an opioid may be prescribed for no more than three months.

"Boards" means the Virginia Board of Medicine and the Virginia Board of Nursing.

"Certified nurse midwife" means an advanced practice registered nurse who is certified in the specialty of nurse midwifery and who is jointly licensed by the Boards of Medicine and Nursing as a nurse practitioner pursuant to § 54.1-2957 of the Code of Virginia.

"Chronic pain" means nonmalignant pain that goes beyond the normal course of a disease or condition for which controlled substances containing an opioid may be prescribed for a period greater than three months.

"Committee" means the Committee of the Joint Boards of Nursing and Medicine.

"FDA" means the U.S. Food and Drug Administration.

"MME" means morphine milligram equivalent.

"Nonprofit health care clinics or programs" means a clinic organized in whole or in part for the delivery of health care services without charge or when a reasonable minimum fee is charged only to cover administrative costs.

"Nurse practitioner" means an advanced practice registered nurse who has met the requirements for licensure as a nurse practitioner as stated in 18VAC90-30.

"Practice agreement" means a written or electronic agreement jointly developed by the patient care team physician and the nurse practitioner for the practice of the nurse practitioner that also describes the prescriptive authority of the nurse practitioner, if applicable. For a nurse practitioner licensed in the category of certified nurse midwife, the practice agreement is a statement jointly developed with the consulting physician.

"Prescription Monitoring Program" means the electronic system within the Department of Health Professions that monitors the dispensing of certain controlled substances.

"SAMHSA" means the federal Substance Abuse and Mental Health Services Administration.

Part V

Management of Acute Pain

18VAC90-40-150. Evaluation of the patient for acute pain.

A. The requirements of this part shall not apply to:

1. The treatment of acute pain related to (i) cancer, (ii) a patient in hospice care, or (iii) a patient in palliative care;

2. The treatment of acute or chronic pain during an inpatient hospital admission, in a nursing home, ~~or~~ an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids. If an opioid is considered necessary for the treatment of acute pain, the practitioner shall give a short-acting opioid in the lowest effective dose for the fewest possible days.

C. Prior to initiating treatment with a controlled substance containing an opioid for a complaint of acute pain, the prescriber shall perform a history and physical examination appropriate to the complaint, query the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia and conduct an assessment of the patient's history and risk of substance ~~abuse~~ misuse.

18VAC90-40-160. Treatment of acute pain with opioids.

A. Initiation of opioid treatment for patients with acute pain shall be with short-acting opioids.

1. A prescriber providing treatment for a patient with acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply as determined by the manufacturer's directions for use, unless extenuating circumstances are clearly documented in the medical record. This shall also apply to prescriptions of a controlled substance containing an opioid upon discharge from an emergency department.

2. An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days in accordance with manufacturer's direction and within the immediate perioperative period, unless extenuating circumstances are clearly documented in the medical record.

B. Initiation of opioid treatment for all patients shall include the following:

1. The practitioner shall carefully consider and document in the medical record the reasons to exceed 50 MME/day.

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist.

3. Naloxone shall be prescribed for any patient when risk factors of prior overdose, substance ~~abuse~~ misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine are present.

C. Due to a higher risk of fatal overdose when opioids are used with benzodiazepines, sedative hypnotics, carisoprodol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

D. Buprenorphine is not indicated for acute pain in the outpatient setting, except when a prescriber who has obtained a SAMHSA waiver is treating pain in a patient whose primary diagnosis is the disease of addiction.

18VAC90-40-170. Medical records for acute pain.

The medical record shall include a description of the pain, a presumptive diagnosis for the origin of the pain, an examination appropriate to the complaint, a treatment plan and the medication prescribed or administered to include the date, type, dosage, and quantity prescribed or administered.

Part VI

Management of Chronic Pain

18VAC90-40-180. Evaluation of the chronic pain patient.

A. The requirements of this part shall not apply to:

1. The treatment of chronic pain related to (i) cancer, (ii) a patient in hospice care, or (iii) a patient in palliative care;

2. The treatment of chronic pain during an inpatient hospital admission or in a nursing home or an assisted living facility that uses a sole source pharmacy; or

3. A patient enrolled in a clinical trial as authorized by state or federal law.

B. Prior to initiating management of chronic pain with a controlled substance containing an opioid, a medical history and physical examination, to include a mental status examination, shall be performed and documented in the medical record, including:

1. The nature and intensity of the pain;

2. Current and past treatments for pain;

3. Underlying or coexisting diseases or conditions;

4. The effect of the pain on physical and psychological function, quality of life, and activities of daily living;

5. Psychiatric, addiction and substance ~~abuse~~ misuse history of the patient and any family history of addiction or substance ~~abuse~~ misuse;

6. A urine drug screen or serum medication level;

7. A query of the Prescription Monitoring Program as set forth in § 54.1-2522.1 of the Code of Virginia;

8. An assessment of the patient's history and risk of substance ~~abuse~~ misuse; and

9. A request for prior applicable records.

C. Prior to initiating opioid analgesia for chronic pain, the practitioner shall discuss with the patient the known risks and benefits of opioid therapy and the responsibilities of the patient during treatment to include securely storing the drug and properly disposing of any unwanted or unused drugs. The practitioner shall also discuss with the patient an exit strategy for the discontinuation of opioids in the event they are not effective.

18VAC90-40-190. Treatment of chronic pain with opioids.

A. Nonpharmacologic and non-opioid treatment for pain shall be given consideration prior to treatment with opioids.

B. In initiating opioid treatment for all patients, the practitioner shall:

1. Carefully consider and document in the medical record the reasons to exceed 50 MME/day;

2. Prior to exceeding 120 MME/day, the practitioner shall document in the medical record the reasonable justification for such doses or refer to or consult with a pain management specialist;

3. Prescribe naloxone for any patient when risk factors of prior overdose, substance ~~abuse~~ misuse, doses in excess of 120 MME/day, or concomitant benzodiazepine is present; and

4. Document the rationale to continue opioid therapy every three months.

C. ~~Buprenorphine may be prescribed or administered for chronic pain in formulation and dosages that are FDA-approved for that purpose.~~ Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain.

D. Due to a higher risk of fatal overdose when opioids, including buprenorphine, are given with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, the prescriber shall only co-prescribe these substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses of these medications if prescribed.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-200. Treatment plan for chronic pain.

A. The medical record shall include a treatment plan that states measures to be used to determine progress in treatment, including pain relief and improved physical and psychosocial function, quality of life, and daily activities.

B. The treatment plan shall include further diagnostic evaluations and other treatment modalities or rehabilitation that may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

C. The prescriber shall record in the medical records the presence or absence of any indicators for medication misuse~~, abuse~~, or diversion and take appropriate action.

18VAC90-40-210. Informed consent and agreement for treatment of chronic pain.

A. The practitioner shall document in the medical record informed consent, to include risks, benefits, and alternative approaches, prior to the initiation of opioids for chronic pain.

B. There shall be a written treatment agreement, signed by the patient, in the medical record that addresses the parameters of treatment, including those behaviors that will result in referral to a higher level of care, cessation of treatment, or dismissal from care.

C. The treatment agreement shall include notice that the practitioner will query and receive reports from the Prescription Monitoring Program and permission for the practitioner to:

1. Obtain urine drug screen or serum medication levels, when requested; and

2. Consult with other prescribers or dispensing pharmacists for the patient.

D. Expected outcomes shall be documented in the medical record including improvement in pain relief and function or simply in pain relief. Limitations and side effects of chronic opioid therapy shall be documented in the medical record.

18VAC90-40-220. Opioid therapy for chronic pain.

A. The practitioner shall review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health at least every three months.

B. Continuation of treatment with opioids shall be supported by documentation of continued benefit from the prescribing. If the patient's progress is unsatisfactory, the practitioner shall assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities.

C. Practitioners shall check the Prescription Monitoring Program at least every three months after the initiation of treatment.

D. The practitioner shall order and review a urine drug screen or serum medication levels at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

E. The practitioner shall regularly evaluate for opioid use disorder and shall initiate specific treatment for opioid use disorder, consult with an appropriate health care provider, or refer the patient for evaluation for treatment if indicated.

18VAC90-40-230. Additional consultation.

A. When necessary to achieve treatment goals, the prescriber shall refer the patient for additional evaluation and treatment.

B. When a practitioner makes the diagnosis of opioid use disorder, treatment for opioid use disorder shall be initiated or the patient shall be referred for evaluation and treatment.

18VAC90-40-240. Medical records.

The prescriber shall keep current, accurate, and complete records in an accessible manner and readily available for review to include:

1. The medical history and physical examination;

2. Past medical history;

3. Applicable records from prior treatment providers or any documentation of attempts to obtain those records;

4. Diagnostic, therapeutic, and laboratory results;

5. Evaluations and consultations;

6. Treatment goals;

7. Discussion of risks and benefits;

8. Informed consent and agreement for treatment;

9. Treatments;

10. Medications (including date, type, dosage and quantity prescribed, and refills);

11. Patient instructions; and

12. Periodic reviews.

Part VII

Prescribing of Buprenorphine

18VAC90-40-250. General provisions.

A. Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a waiver from SAMHSA and the appropriate U.S. Drug Enforcement Administration registration.

B. Practitioners shall abide by all federal and state laws and regulations governing the prescribing of buprenorphine for the treatment of opioid use disorder.

C. Nurse practitioners who have obtained a SAMHSA waiver shall only prescribe buprenorphine for opioid addiction pursuant to a practice agreement with a SAMHSA-waivered doctor of medicine or doctor of osteopathic medicine.

D. Practitioners engaged in medication-assisted treatment shall either provide counseling in their practice or refer the patient to a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance ~~abuse~~ misuse counseling. The practitioner shall document provision of counseling or referral in the medical record.

18VAC90-40-260. Patient assessment and treatment planning.

A. A practitioner shall perform and document an assessment that includes a comprehensive medical and psychiatric history, substance ~~abuse~~ misuse history, family history and psychosocial supports, appropriate physical examination, urine drug screen, pregnancy test for women of childbearing age and ability, a check of the Prescription Monitoring Program, and, when clinically indicated, infectious disease testing for human immunodeficiency virus, hepatitis B, hepatitis C, and tuberculosis.

B. The treatment plan shall include the practitioner's rationale for selecting medication assisted treatment, patient education, written informed consent, how counseling will be accomplished, and a signed treatment agreement that outlines the responsibilities of the patient and the practitioner.

18VAC90-40-270. Treatment with buprenorphine.

A. Buprenorphine without naloxone (buprenorphine mono-product) shall not be prescribed except:

1. When a patient is pregnant;

2. When converting a patient from methadone or buprenorphine mono-product to buprenorphine containing naloxone for a period not to exceed seven days; ~~or~~

3. In formulations other than tablet form for indications approved by the FDA; or

4. For patients who have a demonstrated intolerance to naloxone; such prescriptions for the mono-product shall not exceed 3% of the total prescriptions for buprenorphine written by the prescriber, and the exception shall be clearly documented in the patient's medical record.

B. Buprenorphine mono-product tablets may be administered directly to patients in federally licensed opiate treatment programs. With the exception of those conditions listed in subsection A of this section, only the buprenorphine product containing naloxone shall be prescribed or dispensed for use off site from the program.

C. The evidence for the decision to use buprenorphine mono-product shall be fully documented in the medical record.

D. Due to a higher risk of fatal overdose when buprenorphine is prescribed with other opioids, benzodiazepines, sedative hypnotics, carisoprodol, the prescriber shall only co-prescribe these

substances when there are extenuating circumstances and shall document in the medical record a tapering plan to achieve the lowest possible effective doses if these medications are prescribed.

E. Prior to starting medication-assisted treatment, the practitioner shall perform a check of the Prescription Monitoring Program.

F. During the induction phase, except for medically indicated circumstances as documented in the medical record, patients should be started on no more than eight milligrams of buprenorphine per day. The patient shall be seen by the prescriber at least once a week.

G. During the stabilization phase, the prescriber shall increase the daily dosage of buprenorphine in safe and effective increments to achieve the lowest dose that avoids intoxication, withdrawal, or significant drug craving.

H. Practitioners shall take steps to reduce the chances of buprenorphine diversion by using the lowest effective dose, appropriate frequency of office visits, pill counts, and checks of the Prescription Monitoring Program. The practitioner shall also require urine drug screens or serum medication levels at least every three months for the first year of treatment and at least every six months thereafter.

I. Documentation of the rationale for prescribed doses exceeding 16 milligrams of buprenorphine per day shall be placed in the medical record. Dosages exceeding 24 milligrams of buprenorphine per day shall not be prescribed.

J. The practitioner shall incorporate relapse prevention strategies into counseling or assure that they are addressed by a mental health service provider, as defined in § 54.1-2400.1 of the Code of Virginia, who has the education and experience to provide substance abuse counseling.

18VAC90-40-280. Special populations.

A. Pregnant women ~~shall~~ may be treated with the buprenorphine mono-product, usually 16 milligrams per day or less.

B. Patients younger than the age of 16 years shall not be prescribed buprenorphine for addiction treatment unless such treatment is approved by the FDA.

C. The progress of patients with chronic pain shall be assessed by reduction of pain and functional objectives that can be identified, quantified, and independently verified.

D. Practitioners shall (i) evaluate patients with medical comorbidities by history, physical exam, and appropriate laboratory studies and (ii) be aware of interactions of buprenorphine with other prescribed medications.

E. Practitioners shall not undertake buprenorphine treatment with a patient who has psychiatric comorbidities and is not stable. A patient who is determined by the practitioner to be psychiatrically unstable shall be referred for psychiatric evaluation and treatment prior to initiating medication-assisted treatment.

18VAC90-40-290. Medical records for opioid addiction treatment.

A. Records shall be timely, accurate, legible, complete, and readily accessible for review.

B. The treatment agreement and informed consent shall be maintained in the medical record.

C. Confidentiality requirements of 42 CFR, Part 2 shall be followed.

VIRGINIA BOARD OF MEDICINE
LEGISLATIVE COMMITTEE MINUTES

Friday, May 19, 2017 Department of Health Professions Henrico, VA

CALL TO ORDER: The meeting convened at 8:31 a.m.

ROLL CALL: Mr. Heaberlin called the roll; a quorum was established.

MEMBERS PRESENT:
Kevin O'Connor, MD, Vice-President, Chair
Syed Salman Ali, MD
Wayne Reynolds, DO
Svinder Toor, MD
The Honorable Jasmine Gore

MEMBERS ABSENT
Barbara Allison-Bryan, MD, President
David Giammittorio, MD

STAFF PRESENT:
William L. Harp, MD, Executive Director
Jennifer Deschenes, JD, Deputy Director, Discipline
Alan Heaberlin, Deputy Director, Licensure
Barbara Matusiak, MD, Medical Review Coordinator
Colanthia Morton Opher, Operations Manager
David Brown, DC, DHP Director
Erin Barrett, JD, Assistant Attorney General

OTHERS PRESENT:
W. Scott Johnson, JD, HDJN & MSV
Ralston King, MSV
Carey Cox, VATAC
Sara Heisler, VHHA

EMERGENCY EGRESS INSTRUCTIONS

Dr. O'Connor provided the emergency egress instructions.

APPROVAL OF MINUTES of January 27, 2017

Dr. Ali moved to accept the meeting minutes as presented. The motion was seconded and carried.

ADOPTION OF AGENDA

Dr. Toor made a motion to accept the agenda as presented.

The motion was seconded and carried unanimously.

PUBLIC COMMENT

There was no public comment.

DHP DIRECTOR'S REPORT

Dr. Brown provided a brief report. He said that, in calendar year 2016, Virginia deaths related to opioid overdose were up 40% over calendar year 2015 and noted that there is no sign of this problem slowing. He commended the Regulatory Advisory Panel (RAP) for their work on the opioid regulations. He also noted that the workgroup of educators meeting next door with Dr. Hazel should be a great help in reducing opioid overdose death through prescriber education.

EXECUTIVE DIRECTOR'S REPORT

Dr. Harp did not have a report.

NEW BUSINESS

1. **Chart of Board of Medicine Regulatory Actions**

Elaine Yeatts provided a brief overview of this item. No action was required.

2. **Consideration of Recommendations from the Regulatory Advisory Panel, Supporting Documents, and Public Comment.**

Dr. O'Connor began by noting that he does not want to change the regulations based on anecdotal information.

Ms. Yeatts explained the different processes required to amend the emergency regulations and final regulations. The full Board in June will re-adopt the emergency regulations and move to adopt the full regulations to replace the emergency regulations upon their expiration. She then led the Committee through the recommendations from the RAP that met May 15, 2017.

18VAC85-21-70(C). After a brief discussion Dr. Ali moved to strike the first sentence of subsection C in the emergency regulations and to substitute the language, "Buprenorphine mono-product in tablet form shall not be prescribed for chronic pain." The motion was seconded and carried unanimously.

18VAC85-21-150(4). The Committee discussed how prescribers would be monitored to ensure they did not exceed 5% of patients being prescribed the mono-product. Dr. Harp, Dr. Brown and Ms. Deschenes all noted that the Prescription Monitoring Program (PMP) could be used to conduct prescriber audits. It was reported that Ralph Orr, PMP Director, could fashion a program to identify those that exceeded the established threshold.

Dr. Toor stated that he would like documentation on the patient's prescription that he/she is allergic to naloxone. He further asked for clarification on how the RAP chose 5% of patients as a threshold.

Dr. Harp stated that this number was agreed to by the RAP, which had believers and skeptics regarding naloxone intolerance. He stated that a member of the RAP noted his patients that were unable to tolerate the bi-product was around 5% of his total number of MAT patients.

Dr. Brown explained that having a clear percentage of patients in the regulations strengthens the hand of the Board. It will allow the PMP Advisory Panel to set the threshold for prescribers that are to be referred for investigation. A clear standard in the regulations will serve as a concrete basis for such referrals.

Dr. Ali asked Dr. Harp if the 5% number is necessary, and if it is his general belief that it is accurate that 5% of patients have problems with naloxone-containing product.

Dr. Harp stated that, according to the RAP, naloxone intolerance occurs in less than 5% of the patient population and that financial hardship is greater than 5%.

Dr. O'Connor stated that it is not the Board's purview to determine financial hardship. He favors reducing the 5% number to 3% and to strike "financial hardship" from the suggested revision. He further stated that a prescriber needs to have significant documentation in the medical record supporting why the mono-product is being prescribed.

Ms. Gore noted that she believed financial hardship should be included in the regulations. Financial hardship and the patient's ability to pay is a significant part of seeking and obtaining health care.

The Committee agreed that a 3% threshold would be enough to cover naloxone intolerance. Dr Toor made a motion to revise 18VAC85-21-150(4) to read, "For patients who have a demonstrated allergy or intolerance to naloxone, prescriptions for the mono-product shall not exceed 3% of the total prescriptions for buprenorphine written by the prescriber. Such exceptions must be clearly documented in the patient's medical record."

The motion was seconded and carried unanimously.

18VAC85-21-160(A).

Dr. Toor moved to change "shall" to "may." The motion was seconded and carried.

The Committee then began to review suggested edits to the final regulations that arose from the RAP's discussion.

18VAC85-21-10(2). The edit to include correctional facilities was discussed. Ms. Deschenes reviewed the reasons for including the revised language including correctional facilities, noting that the particular subsection dealt with acute and chronic pain, not addiction.

Dr. Ali noted that this particular population is already prone to drug-seeking behavior and exempting correctional facilities from the regulations is counterintuitive.

Ms. Deschenes said that patients in correctional facilities are administered the medication by a nurse who ensures that it is taken as prescribed.

Dr. Brown noted that the agency had not been contacted by any correctional facilities seeking such an exception.

By consensus, it was determined not to include the suggested revision in the final regulations.

18VAC85-21-30(B). A discussion was held regarding the feasibility of removing the specific Code language from this regulation.

Ms. Yeatts noted that striking the Code section language would require physicians to check the PMP if even one opioid tablet was prescribed.

The Committee agreed that this would result in an undue burden for physicians.

Dr. Brown told the Committee that the General Assembly had made it a standard to check the PMP when a prescription is written for a 7 day or greater supply of opioids.

By consensus, it was determined to leave this regulation as written.

180VAC85-21-40 & 18VAC85-21-70(5). Dr. Harp explained that the Board had gotten questions from pharmacists who have to call physicians in order to determine if the opioid prescriptions being written were legitimate, since allowable supplies differ for acute, surgical and chronic pain.

Dr. O'Connor stated that this recommendation appears to open an avenue for more complaints to the Board about physicians rather than improving patient care.

Dr. Brown noted that this particular revision is part of the final regulations which still must go out for another comment period. He noted that, without the proposed language, more calls will be made to prescribers by pharmacists who want to double-check why a prescription is being written.

Dr. Ali noted that this would be difficult to implement with physicians who write prescriptions electronically. It would be particularly difficult to document the type of pain on prescriptions generated in electronic medical records (EMR).

Dr. O'Connor said that this is not an issue about which people are complaining.

Dr. Toor moved not to include the revised language in the final regulations.

The motion was seconded and carried.

18VAC85-21-40(A)(C). This revision was requested because tramadol is an opioid and having it named separately in the regulation creates ambiguity. Dr. O'Connor said that there is no downside to leaving tramadol in the regulation as written, and by consensus it was decided tramadol would stay.

18VAC85-21-70(A)(3) & 18VAC85-21-80(C). After a brief discussion, Dr. Toor moved to strike "abuse" in the first regulation above and replace it with "misuse". He moved to strike the word "abuse" from the second regulation as well, replacing it with "misuse". The motion was seconded and carried.

3. **Draft Regulations for Licensure by Endorsement.**

Dr. Harp reviewed the "Draft Elements for Licensure by Endorsement" with the Committee.

Items under section 1 and 2 were agreed upon by consensus with no discussion.

Regarding section 3, a discussion was held on the period of practice a physician must attest to in order to be eligible for licensure by endorsement. Mr. Heaberlin suggested that, based upon his review of other states' regulations for licensure by endorsement, the Board should require 5 years of "continuous" or "active" practice defined as an average of 20 hours/week, or 640 hours a year.

Dr. Ali asked if residency and fellowships could be included in the 5 years of continuous or active practice.

Mr. Heaberlin noted that licensure by endorsement is intended to expedite licensure for physicians who have been practicing for several years and who already have a practice history. Physicians coming out of residency or fellowship are already expedited since there is less work history to be verified.

On section 4, Dr. Harp explained that North Carolina and other states that have licensure by endorsement accept the Canadian Board certifications as equivalent to the U.S. Board certifications.

For section 5, Dr. Harp explained the elements in a National Practitioner Data Bank report. The report includes medical malpractice payments, medical board history, licensure history and disciplinary actions taken by hospitals.

Dr. Ali noted the report was easy to obtain.

Dr. Harp asked if, since the NPDB report is so inclusive, would it be acceptable to the Board if only one license verification was required to document the 5 years of continuous licensure.

The Committee agreed that only one license verification would be needed. Dr. Toor also noted that the application should ask the applicant if he has ever resigned from a position or is under investigation by any other Board.

Dr. Toor moved to accept the "Draft Elements for Licensure by Endorsement" as reviewed by the Committee. The motion was seconded and carried unanimously.

ANNOUNCEMENTS

Please have your travel vouchers in by May 22nd.

The next Legislative Committee meeting will be September 8, 2017.

ADJOURNMENT

All business being completed, Dr. O'Connor adjourned the meeting at 10:07 a.m.

Kevin O'Connor, MD
Vice-President, Chair

William L. Harp, MD
Executive Director

Alan Heaberlin, Deputy Director, Licensing
Recording Secretary

Agenda Item: NOIRA for supervision and direction of laser hair removal

Included in the agenda package:

A copy of HB2119

Staff note:

Since the statutory language requires laser hair removal by a *properly trained person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or a physician assistant,* regulations for doctors of medicine and osteopathy, physician assistants and nurse practitioners will need to be amended to define "direction and supervision" in this context and provide guidance about the practitioner responsibility relative to a "properly trained person."

Action:

Adoption of a NOIRA to implement HB2119 in 18VAC90-30, Regulations Governing the Practice of Nurse Practitioners.

VIRGINIA ACTS OF ASSEMBLY -- 2017 SESSION

CHAPTER 390

An Act to amend and reenact § 54.1-700 of the Code of Virginia and to amend the Code of Virginia by adding in Article 6 of Chapter 29 of Title 54.1 a section numbered 54.1-2973.1, relating to the practice of laser hair removal.

[H 2119]

Approved March 13, 2017

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-700 of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding in Article 6 of Chapter 29 of Title 54.1 a section numbered 54.1-2973.1 as follows:

§ 54.1-700. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Barber" means any person who shaves, shapes or trims the beard; cuts, singes, shampoos or dyes the hair or applies lotions thereto; applies, treats or massages the face, neck or scalp with oils, creams, lotions, cosmetics, antiseptics, powders, clays or other preparations in connection with shaving, cutting or trimming the hair or beard, and practices barbering for compensation and when such services are not performed for the treatment of disease.

"Barbering" means any one or any combination of the following acts, when done on the human body for compensation and not for the treatment of disease, shaving, shaping and trimming the beard; cutting, singeing, shampooing or dyeing the hair or applying lotions thereto; applications, treatment or massages of the face, neck or scalp with oils, creams, lotions, cosmetics, antiseptics, powders, clays, or other preparations in connection with shaving, cutting or trimming the hair or a beard. The term "barbering" shall not apply to the acts described hereinabove when performed by any person in his home if such service is not offered to the public.

"Barber instructor" means any person who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of barbering.

"Barbershop" means any establishment or place of business within which the practice of barbering is engaged in or carried on by one or more barbers.

"Board" means the Board for Barbers and Cosmetology.

"Body-piercer" means any person who for remuneration penetrates the skin of a person to make a hole, mark, or scar, generally permanent in nature.

"Body-piercing" means the act of penetrating the skin of a person to make a hole, mark, or scar, generally permanent in nature.

"Body-piercing salon" means any place in which a fee is charged for the act of penetrating the skin of a person to make a hole, mark, or scar, generally permanent in nature.

"Body-piercing school" means a place or establishment licensed by the Board to accept and train students in body-piercing.

"Cosmetologist" means any person who administers cosmetic treatments; manicures or pedicures the nails of any person; arranges, dresses, curls, waves, cleanses, cuts, shapes, singes, waxes, tweezes, shaves, bleaches, colors, relaxes, straightens, or performs similar work, upon human hair, or a wig or hairpiece, by any means, including hands or mechanical or electrical apparatus or appliances unless such acts as adjusting, combing, or brushing prestyled wigs or hairpieces do not alter the prestyled nature of the wig or hairpiece, and practices cosmetology for compensation.

"Cosmetology" includes, but is not limited to, the following practices: administering cosmetic treatments; manicuring or pedicuring the nails of any person; arranging, dressing, curling, waving, cleansing, cutting, shaping, singeing, waxing, tweezing, shaving, bleaching, coloring, relaxing, straightening, or similar work, upon human hair, or a wig or hairpiece, by any means, including hands or mechanical or electrical apparatus or appliances, but shall not include hair braiding or such acts as adjusting, combing, or brushing prestyled wigs or hairpieces when such acts do not alter the prestyled nature of the wig or hairpiece.

"Cosmetology instructor" means a person who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of cosmetology.

"Cosmetology salon" means any commercial establishment, residence, vehicle or other establishment, place or event wherein cosmetology is offered or practiced on a regular basis for compensation and may include the training of apprentices under regulations of the Board.

"Esthetician" means a person who engages in the practice of esthetics for compensation.

"Esthetics" includes, but is not limited to, the following practices of administering cosmetic treatments to enhance or improve the appearance of the skin: cleansing, toning, performing effleurage or other related movements, stimulating, exfoliating, or performing any other similar procedure on the skin of the human body or scalp by means of cosmetic preparations, treatments, *or* any nonlaser device, *whether by* electrical, mechanical, or manual *means*, for care of the skin; applying make-up or eyelashes to any person, tinting or perming eyelashes and eyebrows, and lightening hair on the body except the scalp; and removing unwanted hair from the body of any person by the use of *any nonlaser device, by* tweezing, *or by use of* chemical, or mechanical means. However, "esthetics" is not a healing art and shall not include any practice, activity, or treatment that constitutes the practice of medicine, osteopathic medicine, or chiropractic. The terms "healing arts," "practice of medicine," "practice of osteopathic medicine," and "practice of chiropractic" shall mean the same as those terms are defined in § 54.1-2900.

"Esthetics instructor" means a licensed esthetician who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of esthetics.

"Esthetics spa" means any commercial establishment, residence, vehicle, or other establishment, place, or event wherein esthetics is offered or practiced on a regular basis for compensation under regulations of the Board.

"Master esthetician" means a licensed esthetician who, in addition to the practice of esthetics, offers to the public for compensation, without the use of laser technology, lymphatic drainage, chemical exfoliation, or microdermabrasion, and who has met such additional requirements as determined by the Board to practice lymphatic drainage, chemical exfoliation with products other than Schedules II through VI controlled substances as defined in the Drug Control Act (§ 54.1-3400 et seq.), and microdermabrasion of the epidermis.

"Nail care" means manicuring or pedicuring natural nails or performing artificial nail services.

"Nail salon" means any commercial establishment, residence, vehicle or other establishment, place or event wherein nail care is offered or practiced on a regular basis for compensation and may include the training of apprentices under regulations of the Board.

"Nail school" means a place or establishment licensed by the board to accept and train students in nail care.

"Nail technician" means any person who for compensation manicures or pedicures natural nails, or who performs artificial nail services for compensation, or any combination thereof.

"Nail technician instructor" means a licensed nail technician who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of nail care.

"Physical (wax) depilatory" means the wax depilatory product or substance used to remove superfluous hair.

"School of cosmetology" means a place or establishment licensed by the Board to accept and train students and which offers a cosmetology curriculum approved by the Board.

"School of esthetics" means a place or establishment licensed by the Board to accept and train students and which offers an esthetics curriculum approved by the Board.

"Tattoo parlor" means any place in which tattooing is offered or practiced.

"Tattoo school" means a place or establishment licensed by the Board to accept and train students in tattooing.

"Tattooer" means any person who for remuneration practices tattooing.

"Tattooing" means the placing of designs, letters, scrolls, figures, symbols or any other marks upon or under the skin of any person with ink or any other substance, resulting in the permanent coloration of the skin, including permanent make-up or permanent jewelry, by the aid of needles or any other instrument designed to touch or puncture the skin.

"Wax technician" means any person licensed by the Board who removes hair from the hair follicle using a physical (wax) depilatory or by tweezing.

"Wax technician instructor" means a licensed wax technician who has been certified by the Board as having completed an approved curriculum and who meets the competency standards of the Board as an instructor of waxing.

"Waxing" means the temporary removal of superfluous hair from the hair follicle on any area of the human body through the use of a physical (wax) depilatory or by tweezing.

"Waxing salon" means any commercial establishment, residence, vehicle or other establishment, place or event wherein waxing is offered or practiced on a regular basis for compensation and may include the training of apprentices under regulations of the Board.

"Waxing school" means a place or establishment licensed by the Board to accept and train students in waxing.

§ 54.1-2973.1. Practice of laser hair removal.

The practice of laser hair removal shall be performed by a properly trained person licensed to practice medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or a nurse practitioner as authorized pursuant to § 54.1-2957 or by a properly trained

person under the direction and supervision of a licensed doctor of medicine or osteopathic medicine or a physician assistant as authorized pursuant to § 54.1-2952 or a nurse practitioner as authorized pursuant to § 54.1-2957 who may delegate such practice in accordance with subdivision A 6 of § 54.1-2901.

Agenda Item: **Guidance document – Telemedicine**

Included in the agenda package:

Amended Guidance Document 90-64 (Nurse Practitioners)

Staff note:

With recent amendments to the Code on prescribing by telemedicine, this guidance document must be amended. The GD for nurse practitioners is identical to the one for Medicine, with the exception of the preamble on the document for nurse practitioners. Both guidance documents were approved by the Board of Medicine on June 22, 2017.

Action:

Adoption of the revised guidance document 90-64

Revised:
Board of Medicine, June 22, 2017
Board of Nursing,

Virginia Board of Medicine
Virginia Board of Nursing

Telemedicine for Nurse Practitioners

Introduction:

The Board of Nursing concurs with the Guidance Document adopted by the Board of Medicine for the use of telemedicine in the delivery of medical services for practice by nurse practitioners, as recommended by the Committee of the Joint Boards of Nursing and Medicine.

Section One: Preamble.

The Virginia Board of Medicine ("Board") recognizes that using telemedicine services in the delivery of medical services offers potential benefits in the provision of medical care. The appropriate application of these services can enhance medical care by facilitating communication between practitioners, other health care providers, and their patients, prescribing medication, medication management, obtaining laboratory results, scheduling appointments, monitoring chronic conditions, providing health care information, and clarifying medical advice. With the exception of prescribing controlled substances, the Virginia General Assembly has not established statutory parameters regarding the provision and delivery of telemedicine services. Therefore, practitioners must apply existing laws and regulations to the provision of telemedicine services. The Board issues this guidance document to assist practitioners with the application of current laws to telemedicine service practices.

These guidelines should not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not authorized by law. In fact, these guidelines support a consistent standard of care and scope of practice notwithstanding the delivery tool or business method used to enable practitioner-to-patient communications. ~~For clarity,~~ For the purpose of prescribing controlled substances, a practitioner using telemedicine services in the provision of medical services to a patient (whether existing or new) must take appropriate steps to establish the practitioner-patient relationship as defined in Virginia Code § 54.1-3303. ~~and~~ A practitioner should conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the particular patient presentation. As such, some situations and patient presentations are appropriate for the utilization of telemedicine services as a component of, or in lieu of, in-person provision of medical care, while others are not. The practitioner is responsible for making this determination, and in doing so must adhere to applicable laws and standards of care.

The Board has developed these guidelines to educate licensees as to the appropriate use of telemedicine services in the practice of medicine. The Board is committed to ensuring patient access to the convenience and benefits afforded by telemedicine services, while promoting the responsible provision of health care services.

It is the expectation of the Board that practitioners who provide medical care, electronically or otherwise, maintain the highest degree of professionalism and should:

- Place the welfare of patients first;
- Maintain acceptable and appropriate standards of practice;
- Adhere to recognized ethical codes governing the applicable profession;
- Adhere to applicable laws and regulations;
- In the case of physicians, properly supervise non-physician clinicians when required to do so by statute; and
- Protect patient confidentiality.

Section Two: Establishing the Practitioner-Patient Relationship.

The practitioner-patient relationship is fundamental to the provision of acceptable medical care. It is the expectation of the Board that practitioners recognize the obligations, responsibilities, and patient rights associated with establishing and maintaining a practitioner-patient relationship.

Where an existing practitioner-patient relationship is not present,[1] a practitioner must take appropriate steps to establish a practitioner-patient relationship consistent with the guidelines identified in this document, with Virginia law, and with any other applicable law.[2] While each circumstance is unique, such practitioner-patient relationships may be established using telemedicine services provided the standard of care is met.

~~Specifically, Virginia Code § 54.1-3303(A) provides the requirements to establish a practitioner-patient relationship. *See* Va. Code § 54.1-3303(A).~~

A practitioner is discouraged from rendering medical advice and/or care using telemedicine services without (1) fully verifying and authenticating the location and, to the extent possible, confirming the identity of the requesting patient; (2) disclosing and validating the practitioner's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telemedicine services. An appropriate practitioner-patient relationship has not been established when the identity of the practitioner may be unknown to the patient.

Section Three: Guidelines for the Appropriate Use of Telemedicine Services.

The Board has adopted the following guidelines for practitioners utilizing telemedicine services in the delivery of patient care, regardless of an existing practitioner-patient relationship prior to an encounter.

Licensure:

[1] This guidance document is not intended to address existing patient-practitioner relationships established through in-person visits.

[2] The practitioner must adhere not only to Virginia law defining a practitioner-patient relationship, but the law in any state where a patient is receiving services that defines the practitioner-patient relationship.

The practice of medicine occurs where the patient is located at the time telemedicine services are used, and insurers may issue reimbursements based on where the practitioner is located. Therefore, a practitioner must be licensed by, or under the jurisdiction of, the regulatory board of the state where the patient is located and the state where the practitioner is located. Practitioners who treat or prescribe through online service sites must possess appropriate licensure in all jurisdictions where patients receive care. To ensure appropriate insurance coverage, practitioners must make certain that they are compliant with federal and state laws and policies regarding reimbursements.

Evaluation and Treatment of the Patient:

A documented medical evaluation and collection of relevant clinical history commensurate with the presentation of the patient to establish diagnoses and identify underlying conditions and/or contra-indications to the treatment recommended/provided must be obtained prior to providing treatment, which treatment includes the issuance of prescriptions, electronically or otherwise. Treatment and consultation recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters. Treatment, including issuing a prescription based solely on an online questionnaire, does not constitute an acceptable standard of care. (See section on prescribing)

Informed Consent:

Evidence documenting appropriate patient informed consent for the use of telemedicine services must be obtained and maintained. Appropriate informed consent should, as a baseline, include the following:

- Identification of the patient, the practitioner, and the practitioner's credentials;
- Types of activities permitted using telemedicine services (e.g. prescription refills, appointment scheduling, patient education, etc.);
- Agreement by the patient that it is the role of the practitioner to determine whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter;
- Details on security measures taken with the use of telemedicine services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a third party.

Medical Records:

The medical record should include, if applicable, copies of all patient-related electronic communications, including patient-practitioner communication, prescriptions, laboratory and test results, evaluations and consultations, records of past care, and instructions obtained or produced in connection with the utilization of telemedicine services. Informed consents obtained in

connection with an encounter involving telemedicine services should also be filed in the medical record. The patient record established during the use of telemedicine services must be accessible to both the practitioner and the patient, and consistent with all established laws and regulations governing patient healthcare records.

Privacy and Security of Patient Records and Exchange of Information:

Written policies and procedures should be maintained for documentation, maintenance, and transmission of the records of encounters using telemedicine services. Such policies and procedures should address (1) privacy, (2) health-care personnel (in addition to the practitioner addressee) who will process messages, (3) hours of operation, (4) types of transactions that will be permitted electronically, (5) required patient information to be included in the communication, such as patient name, identification number and type of transaction, (6) archival and retrieval, and (7) quality oversight mechanisms. Policies and procedures should be periodically evaluated for currency and be maintained in an accessible and readily available manner for review.

Section Four: Prescribing.

Prescribing controlled substances requires the establishment of a bona fide practitioner-patient relationship in accordance with § 54.1-3303 (A) of the Code of Virginia. Prescribing ~~medications~~ controlled substances, in-person or via telemedicine services, is at the professional discretion of the prescribing practitioner. The indication, appropriateness, and safety considerations for each prescription provided via telemedicine services must be evaluated by the practitioner in accordance with applicable law and current standards of practice and consequently carries the same professional accountability as prescriptions delivered during an in-person encounter. Where such measures are upheld, and the appropriate clinical consideration is carried out and documented, the practitioner may exercise their judgment and prescribe ~~medications~~ controlled substances as part of telemedicine encounters in accordance with applicable state and federal law.

Prescriptions must comply with the requirements set out in Virginia Code §§ 54.1-3408.01 and 54.1-3303(A). Prescribing controlled substances in Schedule II through V via telemedicine also requires compliance with federal rules for the practice of telemedicine. ~~Additionally,~~ Practitioners issuing prescriptions as part of telemedicine services should include direct contact for the prescriber or the prescriber's agent on the prescription. This direct contact information ensures ease of access by pharmacists to clarify prescription orders, and further facilitates the prescriber-patient-pharmacist relationship.

For the purpose of prescribing Schedule VI controlled substances, "telemedicine services" is defined as it is in § 38.2-3418.16 of the Code of Virginia. Under that definition, *"telemedicine services," as it pertains to the delivery of health care services, means the use of electronic technology or media, including interactive audio or video, for the purpose of diagnosing or treating a patient or consulting with other health care providers regarding a patient's diagnosis or treatment. "Telemedicine services" does not include an audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire.*

Section Five: Guidance Document Limitations.

Nothing in this document shall be construed to limit the authority of the Board to investigate, discipline, or regulate its licensees pursuant to applicable Virginia statutes and regulations. Additionally, nothing in this document shall be construed to limit the Board's ability to review the delivery or use of telemedicine services by its licensees for adherence to the standard of care and compliance with the requirements set forth in the laws and regulations of the Commonwealth of Virginia. Furthermore, this document does not limit the Board's ability to determine that certain situations fail to meet the standard of care or standards set forth in laws and regulations despite technical adherence to the guidance produced herein.

Statutory references:

§ 54.1-3303. Prescriptions to be issued and drugs to be dispensed for medical or therapeutic purposes only.

A. A prescription for a controlled substance may be issued only by a practitioner of medicine, osteopathy, podiatry, dentistry or veterinary medicine who is authorized to prescribe controlled substances, or by a licensed nurse practitioner pursuant to § 54.1-2957.01, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32. The prescription shall be issued for a medicinal or therapeutic purpose and may be issued only to persons or animals with whom the practitioner has a bona fide practitioner-patient relationship.

For purposes of this section, a bona fide practitioner-patient-pharmacist relationship is one in which a practitioner prescribes, and a pharmacist dispenses, controlled substances in good faith to his patient for a medicinal or therapeutic purpose within the course of his professional practice. In addition, a bona fide practitioner-patient relationship means that the practitioner shall (i) ensure that a medical or drug history is obtained; (ii) provide information to the patient about the benefits and risks of the drug being prescribed; (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription; and (iv) initiate additional interventions and follow-up care, if necessary, especially if a prescribed drug may have serious side effects. A practitioner who performs or has performed an appropriate examination of the patient required pursuant to clause (iii), either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically, for the purpose of establishing a bona fide practitioner-patient relationship, may prescribe Schedule II through VI controlled substances to the patient, provided that the prescribing of such Schedule II through V controlled substance is in compliance with federal requirements for the practice of telemedicine.

For the purpose of prescribing a Schedule VI controlled substance to a patient via telemedicine services as defined in § 38.2-3418.16, a prescriber may establish a bona fide practitioner-patient relationship by an examination through face-to-face interactive, two-way, real-time communications services or store-and-forward technologies when all of the following conditions are met: (a) the patient has provided a medical history that is available for review by the prescriber; (b) the prescriber obtains an updated

medical history at the time of prescribing; (c) the prescriber makes a diagnosis at the time of prescribing; (d) the prescriber conforms to the standard of care expected of in-person care as appropriate to the patient's age and presenting condition, including when the standard of care requires the use of diagnostic testing and performance of a physical examination, which may be carried out through the use of peripheral devices appropriate to the patient's condition; (e) the prescriber is actively licensed in the Commonwealth and authorized to prescribe; (f) if the patient is a member or enrollee of a health plan or carrier, the prescriber has been credentialed by the health plan or carrier as a participating provider and the diagnosing and prescribing meets the qualifications for reimbursement by the health plan or carrier pursuant to § 38.2-3418.16; and (g) upon request, the prescriber provides patient records in a timely manner in accordance with the provisions of § 32.1-127.1:03 and all other state and federal laws and regulations. Nothing in this paragraph shall permit a prescriber to establish a bona fide practitioner-patient relationship for the purpose of prescribing a Schedule VI controlled substance when the standard of care dictates that an in-person physical examination is necessary for diagnosis. Nothing in this paragraph shall apply to: (1) a prescriber providing on-call coverage per an agreement with another prescriber or his prescriber's professional entity or employer; (2) a prescriber consulting with another prescriber regarding a patient's care; or (3) orders of prescribers for hospital out-patients or in-patients.

Any practitioner who prescribes any controlled substance with the knowledge that the controlled substance will be used otherwise than medicinally or for therapeutic purposes shall be subject to the criminal penalties provided in § 18.2-248 for violations of the provisions of law relating to the distribution or possession of controlled substances.

§ 54.1-3408.01. Requirements for prescriptions.

A. The written prescription referred to in § 54.1-3408 shall be written with ink or individually typed or printed. The prescription shall contain the name, address, and telephone number of the prescriber. A prescription for a controlled substance other than one controlled in Schedule VI shall also contain the federal controlled substances registration number assigned to the prescriber. The prescriber's information shall be either preprinted upon the prescription blank, electronically printed, typewritten, rubber stamped, or printed by hand.

The written prescription shall contain the first and last name of the patient for whom the drug is prescribed. The address of the patient shall either be placed upon the written prescription by the prescriber or his agent, or by the dispenser of the prescription. If not otherwise prohibited by law, the dispenser may record the address of the patient in an electronic prescription dispensing record for that patient in lieu of recording it on the prescription. Each written prescription shall be dated as of, and signed by the prescriber on, the day when issued. The prescription may be prepared by an agent for the prescriber's signature.

This section shall not prohibit a prescriber from using preprinted prescriptions for drugs classified in Schedule VI if all requirements concerning dates, signatures, and other information specified above are otherwise fulfilled.

No written prescription order form shall include more than one prescription. However, this provision shall not apply (i) to prescriptions written as chart orders for patients in hospitals and long-term-care facilities, patients receiving home infusion services or hospice patients, or (ii) to a prescription ordered through a pharmacy operated by or for the Department of Corrections or the Department of Juvenile Justice, the central pharmacy of the Department of Health, or the central outpatient pharmacy operated by the Department of Behavioral Health and Developmental Services; or (iii) to prescriptions written for

patients residing in adult and juvenile detention centers, local or regional jails, or work release centers operated by the Department of Corrections.

B. Prescribers' orders, whether written as chart orders or prescriptions, for Schedules II, III, IV, and V controlled drugs to be administered to (i) patients or residents of long-term care facilities served by a Virginia pharmacy from a remote location or (ii) patients receiving parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion therapy and served by a home infusion pharmacy from a remote location, may be transmitted to that remote pharmacy by an electronic communications device over telephone lines which send the exact image to the receiver in hard copy form, and such facsimile copy shall be treated as a valid original prescription order. If the order is for a radiopharmaceutical, a physician authorized by state or federal law to possess and administer medical radioactive materials may authorize a nuclear medicine technologist to transmit a prescriber's verbal or written orders for radiopharmaceuticals.

C. The oral prescription referred to in § 54.1-3408 shall be transmitted to the pharmacy of the patient's choice by the prescriber or his authorized agent. For the purposes of this section, an authorized agent of the prescriber shall be an employee of the prescriber who is under his immediate and personal supervision, or if not an employee, an individual who holds a valid license allowing the administration or dispensing of drugs and who is specifically directed by the prescriber.

Agenda Item: Regulatory Action –Recommendation of Proposed Regulations to Board of Nursing

Enclosed is:

Copy of draft regulations relating to licensure by endorsement for foreign-trained graduates

Staff note:

Applicants who received their nursing education in another country are required to have a credentials review by CGFNS and an examination of English proficiency. For applicants by endorsement, who have been licensed in another U. S. jurisdiction, those requirements may have already been met as qualification for licensure in the other jurisdiction. Therefore, it may be unnecessarily burdensome and create delays in licensure to repeat the credentials review and test of English proficiency. There would have to be verification from the jurisdiction that the qualification has been met.

Consideration of amendment to regulations for foreign-trained graduates

18VAC90-19-120. Licensure by Endorsement.

A. A graduate of an approved nursing education program who has been licensed by examination in another United States jurisdiction and whose license is in good standing, or is eligible for reinstatement if lapsed, shall be eligible for licensure by endorsement in Virginia provided the applicant satisfies the same requirements for registered nurse or practical nurse licensure as those seeking initial licensure in Virginia.

1. Applicants who have graduated from approved nursing education programs that did not require a sufficient number of clinical hours as specified in 18VAC90-27-100 may qualify for licensure if they can provide evidence of at least 960 hours of clinical practice with an active, unencumbered license in another United States jurisdiction.

2. Applicants whose basic nursing education was received in another country shall meet the requirements of 18VAC90-19-130 for a CGFNS credentials review and examination of English proficiency. However, those requirements shall be waived if the applicant can provide evidence from another United States jurisdiction of:

a. A CGFNS credentials evaluation for educational comparability; and

b. Passage of an English language proficiency examination approved by the CGFNS, unless the applicant met the CGFNS criteria for an exemption from the requirement.

3. A graduate of a nursing school in Canada where English was the primary language shall be eligible for licensure by endorsement provided the applicant has passed the Canadian Registered Nurses Examination and holds an unrestricted license in Canada.

B. An applicant for licensure by endorsement who has submitted a criminal history background check as required by § 54.1-3005.1 of the Code of Virginia and the required application and fee and has submitted the required form to the appropriate credentialing agency for verification of licensure may practice for 30 days upon receipt of an authorization letter from the board. If an applicant has not received a Virginia license within 30 days and wishes to continue practice, he shall seek an extension of authorization to practice by submitting a request and evidence that he has requested verification of licensure.

C. If the application is not completed within one year of the initial filing date, the applicant shall submit a new application and fee.

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Agenda Item: **Proposed Regulatory Action – Nurse Practitioners**

Staff note:

When the Code was amended in 2016 relating to practice agreements, the requirement for agreements to be submitted to the Board of Nursing was eliminated. Other sections of regulation were amended, but section 120 was overlooked. The change can be made through a fast-track action.

Enclosed in your package:

Draft of proposed regulation.

Board action:

Adoption of the proposed amendments to 18VAC90-40-120 by a fast-track action.

§ 54.1-2957.01. Prescription of certain controlled substances and devices by licensed nurse practitioners.

A. In accordance with the provisions of this section and pursuant to the requirements of Chapter 33 (§ 54.1-3300 et seq.), a licensed nurse practitioner, other than a certified registered nurse anesthetist, shall have the authority to prescribe Schedule II through Schedule VI controlled substances and devices as set forth in Chapter 34 (§ 54.1-3400 et seq.). Nurse practitioners shall have such prescriptive authority upon the provision to the Board of Medicine and the Board of Nursing of such evidence as they may jointly require that the nurse practitioner has entered into and is, at the time of writing a prescription, a party to a written or electronic practice agreement with a patient care team physician that clearly states the prescriptive practices of the nurse practitioner. Such written or electronic practice agreements shall include the controlled substances the nurse practitioner is or is not authorized to prescribe and may restrict such prescriptive authority as described in the practice agreement. Evidence of a practice agreement shall be maintained by a nurse practitioner pursuant to § 54.1-2957. Practice agreements authorizing a nurse practitioner to prescribe controlled substances or devices pursuant to this section shall either be signed by the patient care team physician who is practicing as part of a patient care team with the nurse practitioner or shall clearly state the name of the patient care team physician who has entered into the practice agreement with the nurse practitioner.

B. It shall be unlawful for a nurse practitioner to prescribe controlled substances or devices pursuant to this section unless such prescription is authorized by the written or electronic practice agreement.

C. The Board of Nursing and the Board of Medicine shall promulgate such regulations governing the prescriptive authority of nurse practitioners as are deemed reasonable and necessary to ensure an appropriate standard of care for patients.

Regulations promulgated pursuant to this section shall include, at a minimum, such requirements as may be necessary to ensure continued nurse practitioner competency, which may include continuing education, testing, or any other requirement, and shall address the need to promote ethical practice, an appropriate standard of care, patient safety, the use of new pharmaceuticals, and appropriate communication with patients.

D. This section shall not limit the functions and procedures of certified registered nurse anesthetists or of any nurse practitioners which are otherwise authorized by law or regulation.

E. The following restrictions shall apply to any nurse practitioner authorized to prescribe drugs and devices pursuant to this section:

1. The nurse practitioner shall disclose to the patient at the initial encounter that he is a licensed nurse practitioner. Any member of a patient care team shall disclose, upon request of a patient or his legal representative, the name of the patient care team physician and information regarding how to contact the patient care team physician.

2. Physicians shall not serve as a patient care team physician on a patient care team at any one time to more than six nurse practitioners.

F. This section shall not prohibit a licensed nurse practitioner from administering controlled substances in compliance with the definition of "administer" in § 54.1-3401 or from receiving and dispensing manufacturers' professional samples of controlled substances in compliance with the provisions of this section.

G. Notwithstanding any provision of law or regulation to the contrary, a nurse practitioner licensed by the Boards of Nursing and Medicine in the category of certified nurse midwife and holding a license for prescriptive authority may prescribe (i) Schedules II through V controlled substances in accordance with any prescriptive authority included in a practice agreement with a licensed physician pursuant to subsection H of § 54.1-2957 and (ii) Schedule VI controlled substances without the requirement for inclusion of such prescriptive authority in a practice agreement.

1991, cc. 519, 524; 1992, c. 409; 1995, c. 506; 1999, c. 745; 2000, c. 924; 2005, c. 926; 2006, c. 494; 2012, c. 213; 2016, c. 495.

Project 5193 - none

BOARD OF NURSING

Correction of cite on practice agreements

18VAC90-40-120. Dispensing.

A nurse practitioner may dispense only those manufacturers' samples of drugs that are included in the written or electronic practice agreement ~~as is on file with the board~~.

Chronic Pain Case Study

Virginia Action Coalition/Access to Care Workgroup:

Phyllis Whitehead, PhD, APRN/CNS

Amanda Wilkins, CNM, MSN

Katherine Morris, RN, MSN,CPNP, CSPI

Cathy A. Harrison, DNAP, MSN, CRNA

Megan Hebdon, DNP, RN, FNP-c

Objectives

- Discuss the chronic pain and opioid epidemic
- Review the CDC recommendations for managing chronic pain
- Identify non-medication strategies to manage chronic pain

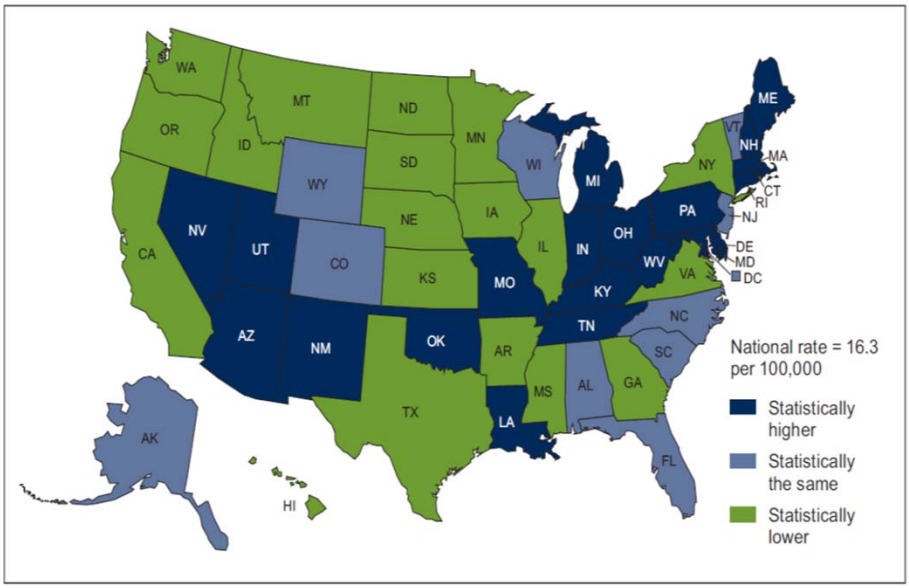
Background

- 20% of patients presenting to physician offices with non-cancer pain symptoms or pain-related diagnoses (including acute and chronic pain) receive an opioid prescription.
- 259 million prescriptions for opioid pain medication
- 7.3% from 2007 to 2012
- Opioid prescribing rates increased more for family practice, general practice, and internal medicine compared with other specialties

Background

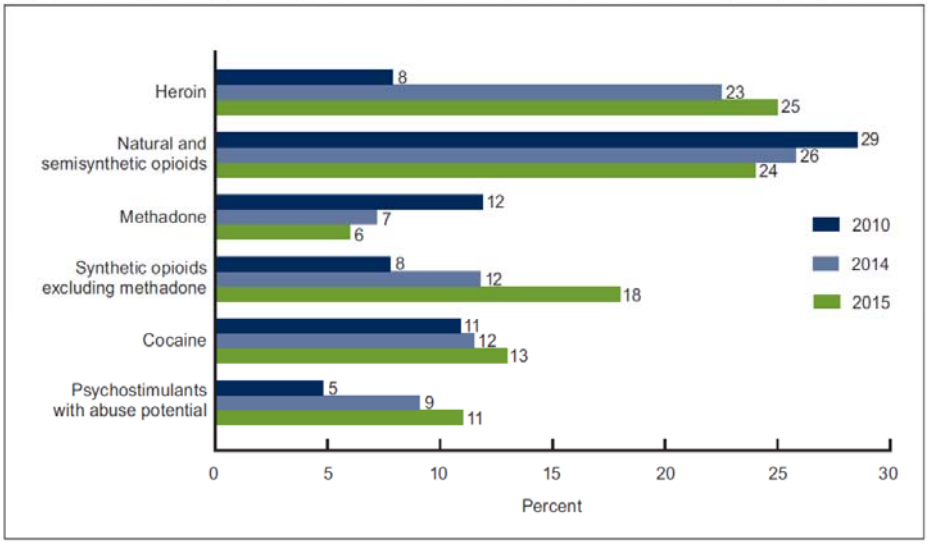
- Opioids have serious risks, including overdose and opioid use disorder.
- From 1999 to 2014, > 165,000 persons died from opioid overdose in U.S.
- >420,000 emergency department visits
- 1.9 million abused or dependent

Figure 4. Age-adjusted drug overdose death rates, by state: United States, 2015



NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db273_table.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.

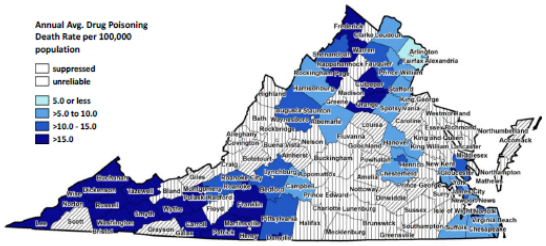
Figure 5. Percentage of drug overdose deaths involving selected drug categories: United States, 2010, 2014, and 2015



NOTES: Deaths are classified using the *International Classification of Diseases, Tenth Revision*. Drug overdose deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The total number of drug overdose deaths was 38,329 in 2010; 47,055 in 2014; and 52,404 in 2015. Drug overdose deaths involving selected drug categories are identified by specific multiple-cause-of-death codes: heroin, T40.1; natural and semisynthetic opioids, T40.2; methadone, T40.3; synthetic opioids excluding methadone, T40.4; cocaine, T40.5; and psychostimulants with abuse potential, T43.6. Categories are not mutually exclusive because deaths may involve more than one drug. The percentage of drug overdose deaths lacking information on the specific drugs involved varied by year: 25% in 2010, 19% in 2014, and 17% in 2015. Access data table for Figure 5 at: https://www.cdc.gov/nchs/data/databriefs/db273_table.pdf#5.
SOURCE: NCHS, National Vital Statistics System Mortality.

VIRGINIA

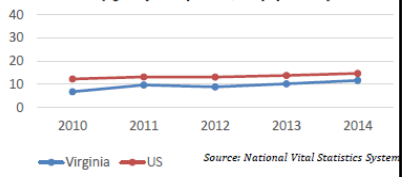
Drug Poisoning Death Rate per 100,000, by County, 2010-2014



Source: CDC NVSS Multiple Cause of Death File, 2010-2014

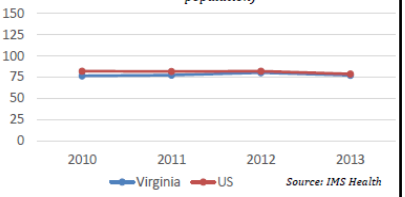
Age-Adjusted Drug Poisoning Death Rate (2014): **11.7** *per 100K population (Avg. National Rate: 14.7)*
National Rank in Drug Poisoning Death Rate (2014): 37th (tied w/ KS)

Drug Poisoning Death Rate by State and National
(age-adjusted per 100,000 population)



Source: National Vital Statistics System

Annual rate of opioid pain reliever prescriptions dispensed by retail pharmacies *(per 100 population)*



Source: IMS Health

Under the President's budget proposal, Virginia would be eligible for up to **$17 million dollars** over 2 years to expand access to treatment for opioid use disorders.

*The final funding amount will depend on Congressional action and the strength of the State's application and plan to combat the epidemic.

Healthcare Professionals' Attitudes Toward OPIOIDS

OPIOID ADDICTION BY THE NUMBERS

249 million opioid prescriptions in 2013

2 million Americans depended on opioids in 2014

$2 billion spent each year on opioid-related post-op respiratory failure

Clinicians need better tools to fight the OPIOID EPIDEMIC

- **85%** want more education on safely & effectively treating patients' pain
- **76%** want better screening of patients for opioid-use disorders
- **66%** want to present opioid addiction as chronic illness, not moral failing

Physicians and other clinicians were surveyed about the OPIOID EPIDEMIC

- **65%** blamed over-prescribing
- **50%** blamed over-emphasis on treating pain
- **31%** blamed incorrect belief that opioids are not addictive

5 QUESTIONS FOR PROVIDERS

1. Is prescribing an opioid appropriate?
2. Have I considered alternate treatments?
3. How will this patient react to the opioid dosage?
4. Am I carefully monitoring high-risk patients?
5. What have I done to reduce long-term opioid use?

advance healthcare NETWORK

Checklist for prescribing opioids for chronic pain

For primary care providers treating adults (18+) with chronic pain ≥ 3 months, excluding cancer, palliative, and end-of-life care

CHECKLIST

When CONSIDERING long-term opioid therapy

- ☐ Set realistic goals for pain and function based on diagnosis (eg, walk around the block).
- ☐ Check that non-opioid therapies tried and optimized.
- ☐ Discuss benefits and risks (eg, addiction, overdose) with patient.
- ☐ Evaluate risk of harm or misuse.
  - Discuss risk factors with patient.
  - Check prescription drug monitoring program (PDMP) data.
  - Check urine drug screen.
- ☐ Set criteria for stopping or continuing opioids.
- ☐ Assess baseline pain and function (eg, PEG scale).
- ☐ Schedule initial reassessment within 1–4 weeks.
- ☐ Prescribe short-acting opioids using lowest dosage on product labeling; match duration to scheduled reassessment.

If RENEWING without patient visit

- ☐ Check that return visit is scheduled ≤ 3 months from last visit.

When REASSESSING at return visit

Continue opioids only after confirming clinically meaningful improvements in pain and function without significant risks or harm.

- ☐ Assess pain and function (eg, PEG); compare results to baseline.
- ☐ Evaluate risk of harm or misuse:
  - Observe patient for signs of over-sedation or overdose risk.
    - If yes: Taper dose.
  - Check PDMP.
  - Check for opioid use disorder if indicated (eg, difficulty controlling use).
    - If yes: Refer for treatment.
- ☐ Check that non-opioid therapies optimized.
- ☐ Determine whether to continue, adjust, taper, or stop opioids.
- ☐ Calculate opioid dosage morphine milligram equivalent (MME).
  - If ≥ 50 MME/day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone), increase frequency of follow-up; consider offering naloxone.
  - Avoid ≥ 90 MME/day total (≥ 90 mg hydrocodone; ≥ 60 mg oxycodone), or carefully justify; consider specialist referral.
- ☐ Schedule reassessment at regular intervals (≤ 3 months).

REFERENCE

EVIDENCE ABOUT OPIOID THERAPY

- *Benefits of long-term opioid therapy for chronic pain not well supported by evidence.*
- *Short-term benefits small to moderate for pain; inconsistent for function.*
- *Insufficient evidence for long-term benefits in low back pain, headache, and fibromyalgia.*

NON-OPIOID THERAPIES

Use alone or combined with opioids, as indicated:

- Non-opioid medications (eg, NSAIDs, TCAs, SNRIs, anti-convulsants).
- Physical treatments (eg, exercise therapy, weight loss).
- Behavioral treatment (eg, CBT).
- Procedures (eg, intra-articular corticosteroids).

EVALUATING RISK OF HARM OR MISUSE

Known risk factors include:

- Illegal drug use; prescription drug use for nonmedical reasons.
- History of substance use disorder or overdose.
- Mental health conditions (eg, depression, anxiety).
- Sleep-disordered breathing.
- Concurrent benzodiazepine use.

Urine drug testing: Check to confirm presence of prescribed substances and for undisclosed prescription drug or illicit substance use.

Prescription drug monitoring program (PDMP): Check for opioids or benzodiazepines from other sources.

ASSESSING PAIN & FUNCTION USING PEG SCALE

PEG score = average 3 individual question scores (30% improvement from baseline is clinically meaningful)

Q1: *What number from 0–10 best describes your **pain** in the past week?*
0 = "no pain", 10 = "worst you can imagine"

Q2: *What number from 0–10 describes how, during the past week, pain has interfered with your **enjoyment of life**?*
0 = "not at all", 10 = "complete interference"

Q3: *What number from 0–10 describes how, during the past week, pain has interfered with your **general activity**?*
0 = "not at all", 10 = "complete interference"

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

TO LEARN MORE
www.cdc.gov/drugoverdose/prescribing/guideline.html

March 2016

CDC Chronic Pain Opioid Guidelines

- Provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings.
- Chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing)
  - Outside of active cancer treatment, palliative care, and end-of-life care.

http://www.cdc.gov/drugoverdose/prescribing/guideline.html

12 Recommendations

- Nonpharmacologic therapy and non-opioid pharmacologic therapy preferred
- Before starting opioids, establish treatment goals with **ALL** patients based on improved functionality
- Discuss known risks and realistic benefits
- Prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids
- Prescribe the lowest effective dosage
  - Should use caution when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day
  - Should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day

Recommendations

- For acute pain, prescribe the lowest effective dose of immediate-release opioids
  - Prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.
  - Three days or less will often be sufficient; more than seven days will rarely be needed
- Evaluate benefits and harms within 1- 4 weeks of starting opioids for chronic pain or of dose escalation.
  - Evaluate benefits and harms of continued therapy with patients every 3 months or more frequently.
  - If benefits do not outweigh harms of continued opioids, should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids

Recommendations

- Before starting and periodically during continuation of opioids, should evaluate risk factors for opioid-related harms.
  - Should incorporate into the management plan strategies to mitigate risk
    - Consider offering naloxone with increase risk for opioid overdose
      - History of overdose
      - History of substance use disorder
      - Higher opioid dosages (≥50 MME/day)
      - Or concurrent benzodiazepine use, are present

Recommendations

- Should review history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data (Q3 months) to determine:
  - Whether patient is receiving opioid dosages or dangerous combinations that put at risk for overdose
- Should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

Recommendations

- Should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible
- Should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone along with behavioral therapies) for patients with opioid use disorder.

*Note: Clinicians should consider the circumstances and unique needs of each patient when providing care.

Cesarean Section Case Study

Case Presentation

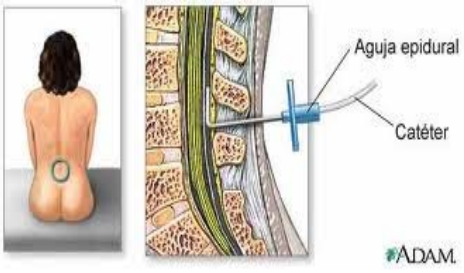
Mary is a 28 year old G2P1 who is 39 weeks pregnant with no pregnancy complications. Her last baby was born via C-section for breech presentation. Mary desires a repeat C-section with this baby.

What options are available for pain management for this procedure?

What options are available for post-procedure pain management?

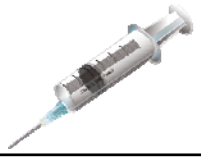
Pain Management During the Procedure

- Epidural/Spinal (Regional Anesthesia)
- General Anesthesia (Put completely to sleep)



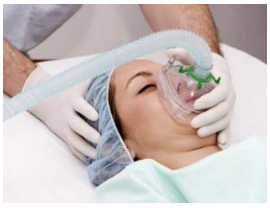
Regional Anesthesia (Epidural/Spinal)

- Typically Morphine, but can also be Fentanyl, Meperidine, Nalbuphine or Buprenorphine (Verstraete & Van De Velde, 2012, p. 150-151)
- Intrathecal Morphine- "Gold Standard"- Easy to administer, low side effects, minimal to no effects on the baby (including with breast feeding) and very effective in controlling pain (Verstraete & Van De Velde, 2012, p. 150)
- Preferred method of pain control during cesarean if no maternal or fetal contraindications (Hawkins & Bucklin, 2012, p. 383)



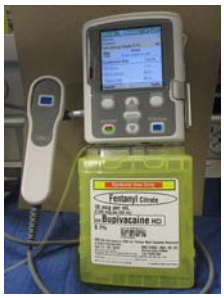
General Anesthesia

- Consists of induction (medications to make the patient unconscious), muscle relaxants, intubation, reversal and extubation (Hawkins & Bucklin, 2012, p. 381-383)
- Used for about 10% of Cesarean deliveries (Hawkins & Bucklin, 2012, p. 379)
- Typically used in emergencies and if there is no time to place an epidural/spinal



Post-procedure Pain Management

- Duramorph
- PCA
- Ketorolac and Ibuprofen
- Oral opioids
- Gabapentin

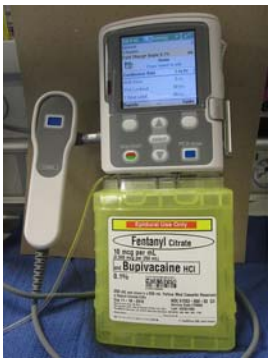


Duramorph

- Morphine- added to the local anesthetic solution and placed intrathecally
- Can be given in a single dose at the time of c-section and can last up to 24 hours
- Side effects: Itching, nausea, headache and respiratory depression (rare)
- Provides much better pain relief than IM or IV opioids (Hawkins & Bucklin, 2012, p. 384)

PCA

- Patient Controlled Analgesia
- Typically used if the patient underwent general anesthesia or neuraxial opioids provide inadequate pain control
- Medicine in the PCA is usually Morphine, hydromorphone (Dilaudid) or Fentanyl
- Patient gives herself a bolus of medication, thus controlling her own pain (Hawkins & Bucklin, 2012, p. 384)



Ketorolac & Ibuprofen

- Non- opioid
- Very effective in managing post-surgical pain
- Reduces the use of PCA opioids (Hawkins & Bucklin, 2012, p. 384)
- A study done by Lowder, Shackelford, Holbert & Beste, 2003, found that the use of post-op opioids is significantly reduced in patients who had gotten Ketorolac after their c-section. The placebo group used nearly 50% more opioids than the study group.
- Ketorolac is IV and Ibuprofen is oral, typically use IV for 24 hours then transition to orals

Oral Opioids

- Commonly used to help manage pain after a c-section
- Common medications include Percocet, Lortab and Vicodin
- Benefits: Ease of administration, well tolerated, cost effective, avoidance of IV-PCA associated complications and effective in managing pain (Verstraete & Van De Velde, 2012, p. 157)

Gabapentin

- Non-opioid that can also help in managing pain from c-section
- In their study, Moore, Costello, Wieczorek, Shah, Taddio & Carvalho, 2011, found that a single dose of 600 mg of Gabapentin given 1 hour prior to c-section significantly improved pain scores in the first 48 hours postpartum and increased patient satisfaction
- May cause increased maternal sedation but does not adversely impact the baby

Nitrous Oxide (N20)

- Nitrous Oxide has recently been introduced as an option for analgesia during labor in several area medical centers.
- Dentists have used it for many years to provide analgesia and alleviate stress/fears during dental procedures.

Pain Control Options for Patients Undergoing Dental Procedures

- The Virginia Board of Dentistry has recently developed guidelines similar to the Boards of Medicine and Nursing to limit the use of opioid medications in the treatment of pain associated with surgical and non-surgical dental procedures.
- Two dental practices in Richmond have adopted the practice of administering Non-Steroidal Anti-inflammatory Drugs (NSAIDs) pre and post procedure.

Dental Case Study

Dental Case Studies

- David is a 47 year old male who presents with a diagnosis of severe periodontal disease. His treatment plan includes a full mouth debridement with osseous in all four quadrants and extractions of third molars. He has decided to receive the care under moderate to deep sedation provided by a Certified Registered Nurse Anesthetist (CRNA). The procedure and anesthetic were uneventful and prior to the end of the procedure, David receives 30 mg of Ketorolac IV. Per the post procedure instructions, he is to take 500 mg of Tylenol once he arrives home and to follow fours hours later with 800 mg of Ibuprophen. Alternating the two every four hours.

Dental Case Study

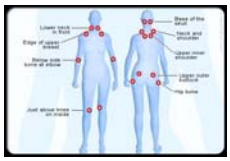
- Susan is a 42 year old female in good physical health, but due to her fear of dentists, has neglected her oral health for many years. Her treatment plan includes multiple restorations, crown preparations and a root canal. She has elected to have her dental care under moderate to deep sedation provided by a CRNA. She was instructed to take 500 mg Tylenol the morning of the procedure and received 30 mg of Ketorolac at the end. The same post procedure administration of NSAIDs was prescribed.

Non-Steroidal Anti-inflammatory Drugs For Pain Control

- The benefits of using NSAIDs for patients undergoing dental procedures include:
- No side effects. opioids can cause dizziness, nausea, light headiness and constipation just to name a few.
- Non Addictive
- Provide analgesia and reduce swelling as a result of their anti-inflammatory properties.

Fibromyalgia and Back Pain Case Studies

Fibromyalgia



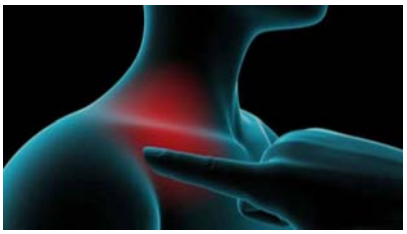
- Characterized by chronic, wide-spread pain
- Diagnosed based on history and physical exam
- Treatment:
  - Most important: Exercise
  - Other behavioral change: weight loss, sleep hygiene, mindfulness, and relaxation techniques
  - Often occurs in combination with depression and anxiety
  - Approved medications: Cymbalta, Savella, Lyrica
  - Opioids are not recommended
  - Best functional outcomes when individuals combine exercise, behavior change, and treatment of depression and anxiety, in addition to medications

Fibromyalgia Case

- Judy is a 45 year-old woman who has noted muscle pain over the past 6 months. She has seen her provider several times to figure out where her symptoms are coming from.

Fibromyalgia Case

- Her pain is not located in the joints, and she often notes tenderness to the touch. She has a long-standing history of depression and she has periods of insomnia when her stress levels are high.



Fibromyalgia Case

- She has 3 children, she works full time as a school teacher, and she is actively engaged in her local church

Fibromyalgia Case

- Her provider ultimately diagnoses her with fibromyalgia.
- Judy is currently taking Prozac for her depression and would like to avoid other medications if she can.

Fibromyalgia Case

- After discussing treatment options with her provider, she decides to focus on the following:
  - Daily exercise
  - Sleep hygiene (using her bed for sleep and intimacy, avoiding screens immediately before bed, and having a set bedtime)
  - Mindfulness
  - Follow-up with her provider every 2 weeks by phone or appointment until her symptoms are under control.

Back Pain 

- Many causes for chronic back pain: arthritis, injuries, inherited conditions
- Red flags (seek immediate evaluation): recent infection, fever, weight loss, history of cancer, bowel or bladder changes, numbness, and/or weakness
- If no red flags: initial x-ray or other imaging is often not required

Back Pain

- Start with conservative management: limit lifting, stretches/exercises, physical therapy, Tylenol or anti-inflammatories (Advil/Aleve), and short-term muscle relaxants
- Many cases of back pain resolve after one month of conservative management
- Long term outcomes (pain, function, opioid use disorders) are generally better with conservative management
- Referral to a specialist and/or an MRI is often recommended following a month of conservative management

Back Pain Case

- Joseph is a 38 year-old man who notes back pain following a weekend of camping and boating. The pain starts in his lower back and radiates all the way down his left leg.

Back Pain Case

- He does not have a fever, changes in bowel or bladder function, or loss of function in his leg. Sometimes he notes a burning/tingling pain in his leg.

Back Pain Case

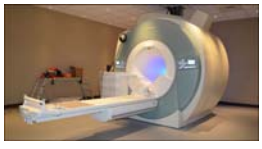
- He goes into an urgent care after 2 days with the pain.
- He is diagnosed with lumbar radiculopathy
- He is started on a few days of Flexeril, Aleve twice daily, use of ice/heat as needed, and a referral to physical therapy.

Back Pain Case

- He follows up with his primary care provider after one month. His back pain has all but resolved, but he continues to have the leg symptoms that interfere with his work as a car mechanic.

Back Pain Case

- An MRI is ordered and the findings suggest a disc herniation that is pressing on the spinal nerve at L5.
- He is referred to a spinal specialist who recommends starting with a lumbar epidural steroid injection.
- Joseph agrees to this and receives relief from this procedure.



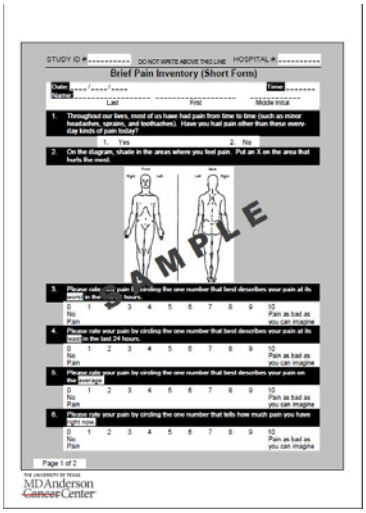
Back Pain Case

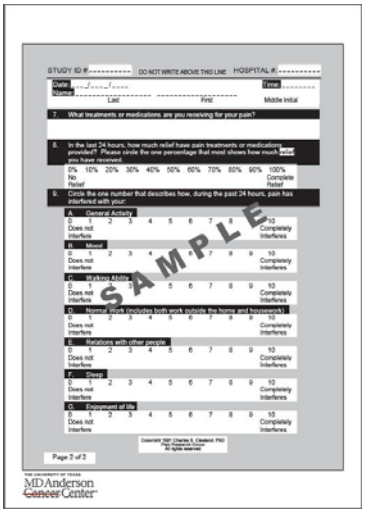
- Knowing he could have either complete resolution of his symptoms or a flare-up at some point, Joseph decides to start a regular exercise regimen, lose weight, and do his back exercises on a daily basis.

Functional Goals

- The goal for pain management is not freedom from pain
- The goal for pain management should focus primarily on functional goals:
  - Work
  - Sleep
  - Leisure
- Functional goals should be established as a team with the patient, family, and health care provider.

Functional Goals





https://www.mdanderson.org/documents/Departments-and-Divisions/Symptom-Research/BPI-SF_English-24h_Original_SAMPLE.pdf

Non-Pharmacologic Techniques

- Cognitive - behavioral therapies
  - –Relaxation
  - –Imagery
  - –Distraction
- Massage
- PT/OT/Aquatics
- TENS/Spinal Cord Stimulators

Non-Pharmacologic Techniques (cont.)

- Support groups
- Pastoral counseling
- Physical measures (heat, cold, massage)
- Healing Touch
- Reiki
- Acupuncture/Acupressure

OTC Narcan Administration

- Narcan (Naloxone) is a pure opioid antagonist that reverses coma and respiratory depression.
- It is safe to use in an unknown overdose situation and can be use to diagnose an opioid overdose.
- EMT's have been routinely administering Narcan to patients with suspected opioid overdose who present with respiratory difficulty, loss of consciousness or altered mental status, hypotension an bradycardia.
- Families are now being taught to administer Narcan nasal spray to family members who are abusing drugs.
- OTC administration is saving lives before emergency services arrive in homes in Virginia.

Virginia's Revive! Program

- Narcan training for health professionals, families and friends
- Physicians write a standing order for a pharmacist to dispense intranasal Narcan to a family member
- Cautions:
  - Keep Narcan at room temperature
  - Do not keep Narcan in an automobile
  - Check the expiration date

Opioid Overdose

- If you suspect an opioid overdose check the person for responsiveness, place the person in recovery position then call 911

- Begin rescue breathing if the person is not breathing

HOW TO ADMINISTER NARCAN

- Remove both of the yellow caps
- Remove red cap
- Grip the clear plastic wings and screw them onto the syringe
- Screw the capsule of Narcan into the barrel of syringe
- Insert the white cone into a nostril then give a short, vigorous push on the end of the capsule to spray the Narcan into the person's nose
- Spray one half of the capsule into each nostril

Side Effects of Narcan

- Patients usually respond within 3-4 minutes
- They awaken suddenly, are confused and may fight you
- Vomiting may occur
- Remain calm and speak quietly to the patient
- Narcan's duration of effect is 60 minutes and may need to be repeated

Urine Drug Screening

- Urine drug testing always detects the opiates Morphine, Heroin, Codeine and Paregoric.
- A urine drug screen may be positive for Hydrocodone, Hydromorphone , and Oxycodone.
- UDS does not detect Methadone, Tramadol, Fentanyl, Imodium, Lomotil and Demerol as opiates.
- Heroin and Morphine can be detected in urine for 2 to 4 days

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VIRGINIA BOARD OF NURSING
GUIDANCE DOCUMENT 90-57 (ByLaws) COMMITTEE

AGENDA

July 18, 2017

TIME AND PLACE:	The Guidance Document 90-6 Committee of the Board of Nursing will convene on July 18, 2016, at 3:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor - Board Room 2, Henrico, Virginia.
BOARD MEMBERS:	Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson Marie Gerardo, MS, RN, ANP-BC, Secretary Mark Monson, Citizen Member
STAFF MEMBERS:	Jay Douglas, Executive Director

TOPICS TO BE DISCUSSED:

- Review of the Guidance Document 90-57 were received from the public

3: 15 p.m. - Public Comment

Attachments include:
Copy of Guidance Document 90-57

VIRGINIA BOARD OF NURSING

BY LAWS

Adopted: May 23, 1988
Revised to Incorporate Changes in *Code of Virginia*: April 1989
Last amended: November 13, 2012

Guidance Document: 90-57

BYLAWS
OF THE
VIRGINIA BOARD OF NURSING

Article I – Name.

This body shall be known as the Virginia Board of Nursing as set forth in § 54.1-3002 of the *Code of Virginia* and hereinafter referred to as the Board.

Article II – Powers and Duties.

The general powers and duties of the Board shall be those set forth in § 54.1-2400 of the *Code of Virginia* and the specific powers and duties shall be those set forth in § 54.1-3005 of the *Code of Virginia.*

Article III - Mission Statement.

To assure safe and competent practice of nursing to protect the health, safety and welfare of the citizens of the Commonwealth.

Article IV – Membership.

A. The Board shall be comprised of thirteen members. Seven members shall be registered nurses, one of whom shall be a licensed nurse practitioner, three members shall be licensed practical nurses and three members shall be citizen members.

B. All members shall be appointed by the Governor for terms of four years. No member shall be eligible to serve more than two successive terms in addition to the portion of any unexpired term for which he may have been appointed.

C. Each member shall participate in all matters before the Board.

D. Members shall attend all regular and special meetings of the Board unless prevented by illness or similar unavoidable cause.

E. The Governor may remove any Board member for cause, and the Governor shall be sole judge of the sufficiency of the cause for removal pursuant to § 2.2-108.

Article V – Nominations and Elections.

A. The officers of the Board shall be a President, Vice-President and Secretary elected by the members.

B. The Nominating Committee shall:

1. Be comprised of three members of the Board to be elected at the meeting immediately preceding the annual meeting held in January;

2. Elect its chair;

3. Prepare a slate of at least one candidate for each office to be filled;

4. Distribute the slate of candidates to all members in advance of the meeting;

5. Present the slate of nominees to the Board for election at the annual meeting; and

6. Be governed by *Roberts Rules of Order* (current edition) on nominations by a committee in all cases not provided for in this section.

C. Election

1. The President shall ask for nominations from the floor by office.

2. The election shall be by voice vote with the results recorded in the minutes. In the event of only one nominee for an office, election may be by acclamation.

3. The election shall occur in the following order: President, Vice President, Secretary.

4. The election shall be final when the President announces the official results.

D. Terms of office

1. All terms will commence at the close of the annual meeting.

2. The term of office shall be for the succeeding twelve months or until the successor shall be elected. No officer shall serve more than three consecutive twelve-month terms in the same office unless serving an unexpired term.

3. A vacancy in the office of President shall be filled by the Vice-President. The Board shall fill a vacancy in the office of Vice-President or Secretary by election at the next meeting after which the vacancy occurred.

Article VI – Duties of Officers.

A. The President shall:

1. Preserve order and conduct all Board proceedings according to these bylaws, parliamentary rules, the Administrative Process Act and other applicable laws and regulations;

2. Call special meetings;

3. Appoint all committees, except the nominating committee;

4. Appoint annually three members to the Committee of the Joint Boards of Nursing and Medicine; and

5. Review and approve non-routine applications for licensure, certification or registration as referred by Board staff.

B. The Vice-President shall:

1. Preside in the absence of the President;

2. Succeed to the office of President for the unexpired term in the event of a vacancy in the office of President; and

3. Assume such functions or responsibilities as may be delegated by the President or the Board.

C. The Secretary shall:

1. Certify minutes of all Board proceedings;

2. Perform all other duties pertaining to this office and not otherwise delegated to staff; and

3. Assume such functions or responsibilities as may be delegated by the President or the Board.

Article VII – Committees.

A. Executive Committee:

The Officers of the Board shall constitute the Executive Committee, who shall represent the interests of the Board in meetings within the Department of Health Professions, with other agencies of the Commonwealth or other organizations as directed by the Board. The Executive Committee may review matters pending before the Board and make recommendations to the Board for action.

B. Standing Committees

1. Members of the standing committees shall be appointed by the President following the election of the officers for a term of twelve months.

2. Standing Committees shall include:
Committee of the Joint Boards of Nursing and Medicine
Discipline Committee
Education Committee

C. Special Conference Committees shall be comprised of at least two members of the Board and shall:

1. Review investigative reports resulting from complaints against licensees.

2. Recommend appropriate proceedings for complaint resolution.

3. Conduct informal hearings pursuant to §§ 2.2-4019, 2.2-4021, and 54.1-2400 of the *Code of Virginia*.

D. Advisory Committees

1. Advisory Committees shall consist of three or more persons appointed by the Board who are knowledgeable in a particular area of practice or education under consideration by the Board.

2. Such committees shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

E. Ad-Hoc Committees

1. Ad-Hoc Committees comprised of Board members and/or staff may be appointed by the President to assist in fulfilling the powers and duties of the Board.

2. Such committees shall be advisory to the Board and shall make recommendations to the Board for action.

3. A Committee shall be appointed by the Board every three years to review Board of Nursing guidance documents and make recommendations for revisions and/or deletions.

Article VIII – Meetings.

A. The Board shall meet in regular session at least in January of each year for its annual meeting and at such other times as the Board may determine.

B. Special meetings shall be called by the president or by written request to the President from any three members, provided there is at least seven days notice given to all members.

C. A telephone conference call meeting may be held to consider suspension of a license pursuant to § 54.1-2408.1 pending a hearing when the danger to the public health or safety warrants such action and when a good faith effort to convene a regular meeting has failed.

D. An affirmative vote of a majority of those serving on the Board who are qualified to vote or those serving on a panel of the Board convened pursuant to § 54.1-2400 shall be required for any action to suspend or revoke a license, certificate, or registration or to impose a sanction, except an affirmative vote of a majority of a quorum of the Board shall be sufficient for the summary suspension of a license. An affirmative vote of three-fourths of the members of the Board at the hearing shall be required to reinstate an applicant's license or certificate suspended by the Director of the Department of Health Professions pursuant to § 54.1-2409. An affirmative vote of a quorum of the Board shall determine all other matters at any regular or special meeting.

Article IX – Quorum.

A. A quorum for any Board or committee meeting shall consist of a majority of the members.

B. No member shall vote by proxy.

Article X – Parliamentary Authority.

Roberts' Rules of Order (current edition) shall govern the proceedings of the Board in all cases not provided for in these bylaws, the *Code of Virginia* and the Regulations of the Board.

Article XI – Amendment of Bylaws.

These bylaws may be amended at any meeting of the Board by a two-thirds vote of the members present and voting provided copies of the proposed amendments shall have been presented in writing to all members at least 30 days prior to the meeting at which time such amendments are considered.

Article XII – Probable Cause Review and Determination.

A. When the Board of Nursing receives an investigative report from the Enforcement Division, a preliminary review of the case is made to determine whether probable cause exists to proceed with an administrative proceeding on charges that one or more of the Board's statutes or regulations may have been violated. The Board of Nursing staff, who are professional nurses, is delegated the authority to determine if there is probable cause

to initiate proceedings or action on the Board's behalf. If after reviewing the file, the staff determines probable cause does not exist, or that the Board does not have jurisdiction over the matter in question, the staff may review the case with a Special Conference Committee to determine if the case should be closed. Additional delegation to Board of Nursing professional discipline staff is authorized pursuant to Guidance Document #90-12.

B. The initial review by Board staff may also determine if the case constitutes grounds for a possible summary suspension. A summary suspension occurs, pursuant to § 54.1-2408.1, when the Board determines that substantial danger to the public health or safety exists should the respondent retain his license, certificate or registration. If Board staff determines the case should proceed as a possible summary suspension, the case is forwarded to the Administrative Proceedings Division. After preparation of the case for presentation, the Administrative Proceedings Division forwards the information to the Attorney General's Office for assignment and possible prosecution. If it is agreed that the information should be presented to the Board as a possible summary suspension, the Board may meet by telephone conference call, provided a good faith effort to assemble a quorum of the Board has failed. Should the Board decide that an order be entered that summarily suspends a practitioner's license, the order is served personally on or mailed to the respondent, along with a notice of formal hearing.

Article XIII – Nurse Licensure Compact.

A. Pursuant to § 54.1-3037 of the *Code of Virginia* the Executive Director of the Board of Nursing shall be the Administrator of the Compact for Virginia and shall perform the duties of the Administrator according to the requirements of the Nurse Licensure Compact.

B. The Board of Nursing shall comply with the Policies and Procedures of the Nurse Licensure Compact Administrators as outlined in the current manual.

VIRGINIA BOARD OF NURSING
REVISION OF
GUIDANCE DOCUMENT 90-6 (PICC INSERTION AND REMOVAL)
COMMITTEE

AGENDA

July 18, 2017

TIME AND PLACE:	The Revision of Guidance Document 90-6 Committee of the Board of Nursing will convene on July 18, 2016, at 3:00 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor - Board Room 2, Henrico, Virginia.
BOARD MEMBERS:	Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson Guia Caliwagan, RN, MAN, EdS
STAFF MEMBERS:	Jay Douglas, Executive Director Jodi P. Power, Deputy Executive Director

TOPICS TO BE DISCUSSED:

- Review of requests for revision of Guidance Document 90-6 were received from the public

3: 15 p.m. - Public Comment

Attachments include:
March 21, 2017 Committee Minutes
Copy of Guidance Document 90-6 with Proposed Amendments
Copies of Comments received

Virginia Board of Nursing

Guidance Document 90-6 (PICC Line Insertion and Removal) Committee March 21, 2017 Meeting Minutes

Time and Place: The meeting of the Guidance Document 90-6 Committee meeting was convened at 2:30 P.M. on March 21, 2017 in Board Room 2, Department of Health Professions, 9960 Mayland Drive, Suite 201, Henrico, Virginia.

Board Members Present: Louise Hershkowitz, CRNA, MSHA, Vice President, Chairperson
Guia Caliwagan, RN, MAN, EdS
William Traynham, LPN, CSAC

Staff Members Present: Jay P. Douglas, RN, MSM, CSAC, FRE
Jodi Power, RN, JD

Other Present: Fran Conklin, BS, RN-BC, CRNI, Pediatric Clinical Nurse IV
Centra Health

The Committee discussed two requests from stakeholders Fran Conklin, Centra Health, and Laurie Wilson, RN requesting the Board update Guidance Document 90-6 "PICC Line Insertion and removal by Registered Nurses under Appropriate Circumstances." The basis identified in the requests was that the requirement for radiological tip placement confirmation may be outdated and was creating barriers to care in some settings.

Fran Conklin was present at the meeting and provided public comment from her perspective as a vascular access specialist. Additionally, she answered questions regarding current procedures being used. Ms. Conklin informed the committee that advances in technology now provided for electrocardiogram doppler confirmation of PICC line tips and that radiological confirmation was sometimes difficult due to the size of patients.

Technological changes are rapidly moving forward and doppler like systems provide for a more timely and less costly option for confirmation that in many cases include an auto monitoring bedside systems. She shared with the committee that in some settings radiological confirmation may be necessary (i.e. pediatrics), however it would assist the practice arena to have an option in this regard. Centra Health is currently placing an average of 100 PICC lines a month. She indicated a 95 – 96% accuracy rate with doppler ultrasound with minimal complications. Ms. Conklin indicated that the Infusion Nurses Society Standards now addressed use of these positioning system technology by Nurses.

> ***2016 Infusion Nurses Society Standards****: Standard 23 CENTRAL VENOUS ACCESS DEVICE(CVAD)*
>
> *23.1 Tip location of a central venous vascular access device (CVAD) is determined radiographically or by other imaging technologies prior to infusion or when clinical signs and symptoms suggest tip malposition.*

Ms. Conklin further shared with the Committee that the Boards of Nursing in DC, NC, WV and MD had eliminated the requirement for radiological confirmation of PICC line tip placements. She added that other states don't limit to RNs, but allow LPNs and others health care practitioners to insert central nervous venous access devices; and nationally nurses are permitted to insert all CVAD, not limited to PICC lines.

The Committee then reviewed the current language in Guidance Document 90-6, making some suggested changes which include a substantive change to # 5 that would allow for radiological confirmation OR other imaging technology.

Staffs were directed to develop a draft that included the changes, distribute the draft Guidance Document to stake holder groups and associates for public comment prior to consideration at a Committee meeting Tuesday May 16.

The final draft will then by reviewed Board Counsel with the final recommendation to be considered by the full Board of Nursing at their July meeting.

Meeting was adjourned at 3:40 P.M.

Virginia Board of Nursing

Peripherally Inserted Central Catheters Line Insertion and Removal by Registered Nurses ~~under Appropriate Circumstances~~

It is the position of the Board of Nursing that a registered nurse may insert and remove Peripherally Inserted Central Catheters (P1CC) lines or central venous access devices upon order of a licensed physician, physician assistant, or nurse practitioner and that the procedure is within the scope of practice of a registered nurse. In specific clinical practice settings, factors to be considered include:

1. The registered nurse possesses substantial knowledge and experience in intravenous therapy.

2. The registered nurse has specialized education and can demonstrate competency in line placement. This documented education shall include a theoretical and clinical component.

3. The registered nurse documents continued competence in performing the skill and use of technology.

4. The agency or institution employing said nurses has established policies and procedures regarding the use of these devices.

5. Radiological confirmation or by other imaging technology of catheter position is made when tip placement is positioned beyond the axillary vein prior to use of the PICC for any reason.

6. The placement of a PICC line may only be carried out in ~~structured, clinical~~ settings where the equipment and expertise of other health professionals to manage complications are readily available.

Accepted: January 27, 1993

Revised: July 15, 2008

Revised: September 11, 2012

Comments Received regarding Guidance Document 90-6 (PICC line Insertion and Removal by Register Nurses)

≈≈≈≈≈≈

From: Douglas, Jay P. (DHP)
Sent: Monday, June 12, 2017 10:30 AM
Subject: Revision of Guidance Document # 90-6 PICC Line insertion

Dear All, at the request of two parties the Board of Nursing convened a committee regarding possible revisions to the above guidance document that relates to the insertion and removal of PICC lines. The Board is seeking comment on the attached draft that includes changes recommended by the committee. The committee is seeking public comment that will be considered and incorporated prior to a final draft going to the full board for their consideration. I have also attached the minutes of the committee meeting for your review.

Please pass this email on to your respective organizations, clinicians, CNO's or anyone else you think may be interested. Comments are requested by **June 30, 2017** and should be forwarded to Huong.Vu@dhp.virginia.gov

Thank you in advance for assisting the Board in this matter. Jay Douglas

Jay Patricia Douglas
Executive Director
Virginia Board of Nursing

From: Michael Kidd [mailto:steelers97@verizon.net]
Sent: Sunday, June 25, 2017 3:27 PM
To: Vu, Huong (DHP) <Huong.Vu@DHP.VIRGINIA.GOV>
Subject: Fwd: Revision of Guidance Document # 90-6 PICC Line insertion

Virginia Board of Nursing,

I do not place PICC but have assisted the vascular access nurse while placing the PICC. It can be time consuming waiting for the x ray to be taken then getting the results before the PICC can be used. This new technology would be very beneficial in reducing the delay in being able to use the PICC and alleviating the patient's anxiety. There have been times that the PICC is malposition and had to be re positioned or exchanged. With this new technology the PICC would be correctly placed initially. Sincerely,

Tiffany L. Kidd, DNP- RN-BC, CCRN-BC, CPEN

From: Noelle Turley [mailto:Noelle.Turley@centrahealth.com]
Sent: Monday, June 26, 2017 9:06 AM
To: Vu, Huong (DHP) <Huong.Vu@DHP.VIRGINIA.GOV>
Subject: Nurse PICC insertion

I support the changes in "PICC Guidance Document: 90-6" which includes the use of ECG Doppler technology (ex. Vascular Positioning System) to replace conventional x-ray for PICC tip confirmation as it is more accurate and decreases the risks for the patient.

From: Fran Concklin [mailto:Fran.Concklin@Centrahealth.com]
Sent: Sunday, June 25, 2017 9:34 PM
To: Douglas, Jay P. (DHP)
Subject: RE: Revision of Guidance Document # 90-6 PICC Line insertion
Importance: High

I have looked at the Guidance Document a number of times & today realized we need to be clearer on statement #5.

5. Radiological confirmation or by other imaging technology of catheter position is made when tip placement is positioned beyond the axillary vein prior to use of the PICC for any reason.

*We need to add "**on insertion**" after vein so there is not confusion that we are implying before any use of PICC. Recommended revision would read: **Radiologic confirmation or by other imaging technology of catheter position is made when tip placement is positioned beyond the axillary vein on insertion prior to use of the PICC for any reason**.*

Thanks.
Fran Concklin, BS, RN-BC, CRNI, VA-BC
Pediatric Clinical Nurse IV
Vascular Access Specialist

From: Kinniburgh, Desiree [mailto:Desiree.Kinniburgh@teleflex.com]
Sent: Tuesday, June 27, 2017 5:05 PM
To: Vu, Huong (DHP) <Huong.Vu@DHP.VIRGINIA.GOV>
Cc: Fran.concklin@centrahealth.com
Subject: Support Removal of CXR standard for Vascular Tip Placement

Hello,

I would like to give my full support regarding the addition of ECG technology for release of central lines for use. I have many years of experience placing central lines using several tip positioning devices with great success. In all these cases we did correlation studies with the standard of chest x-ray and found them to be accurate. This technology allows for real time physiological data to place the central lines.

Best regards,

Desiree D. Kinniburgh BSN, RN, VA-BC
M: 571.389.2480
desiree.kinniburgh@yahoo.com

From: Kim Price [mailto:Kim.Price@Centrahealth.com]
Sent: Wednesday, June 28, 2017 2:23 PM
To: Vu, Huong (DHP) <Huong.Vu@DHP.VIRGINIA.GOV>
Subject: Revision of Guidance Document #90-6 PICC Line Insertion

I would like to add my support for the change presented by Fran Conklin, RN regarding PICC line insertions. She is a known expert in the field of vascular access and appropriate procedures. Technological changes are rapidly moving forward and Doppler-like systems provide for a more timely and less costly option for confirmation.
Centra Health nurses appreciate your consideration of these updates to the standards!
Thank you.

Kim Price, RN DNP MBA NEA-BC
Managing Director, Women and Children's Services
Centra Health
3300 Rivermont Ave.
Lynchburg, Va. 24503

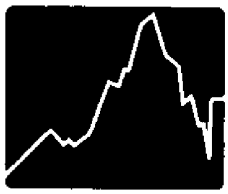
From: Carolyn Jacques [mailto:Carolyn.Jacques@Centrahealth.com]
Sent: Thursday, June 29, 2017 3:20 PM
To: Vu, Huong (DHP) <Huong.Vu@DHP.VIRGINIA.GOV>
Cc: Fran Concklin <Fran.Concklin@Centrahealth.com>; Carolyn Jacques <Carolyn.Jacques@Centrahealth.com>
Subject: Support Verification for the Use of ECG Imaging Technology for placement of PICC's.

Attached is the Guidance Document for PICCs with the suggested revisions. Fran Concklin has identified one additional comment that needs to be added to #5: ....when tip placement is positioned beyond the axillary vein "ON INSERTION" prior to use of the PICC for any reason.
I support the use of ECG imaging technology for placement and tip verification of PICCs (with the added addition to #5).

With regards,
Carolyn Jacques
VP, Nursing
Centra
Lynchburg, VA.

Virginia Board of Nursing
Nurse Aide Education Curriculum
Meeting Agenda
July 18, 2017

3:00 p.m.	Introductions
3:15 p.m.	Review of changes to the first four units. Additional information.
3:45 p.m.	Suggested additions to the regulations and/or the curriculum by each stakeholder and Board staff. Begin at Unit 5.
4:45 p.m.	Wrap-up and Next Steps
5:00 p.m.	Adjourn



Department of Health Professions

COMMONWEALTH OF VIRGINIA

VIRGINIA BOARD OF NURSING

Nurse Aide Curriculum

Revised: July 14, 2015

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Provide an overview of health care organizations and long-term care facilities and the methods used for payment of the services that clients receive;
2. Discuss the role of the Nurse Aide in long-term care per OBRA requirements;
3. Explain delegation as it relates to the Nurse Aide; and
4. Explain the impact of Guidance Document 90-55 on potential employment for a Nurse Aide.

Objectives	Content Outline
Describe the different types of health care organizations.	I. Long-term Care & Acute Care A. Independent Living B. Home Health Care C. Adult Day Care D. Assisted Living Facility E. Nursing Home F. Hospice G. Continuum of Care Facility H. Rehabilitation I. Hospital (In-patient & Out-patient) J. Dementia/Memory Care
Compare various methods that clients use to pay for long-term care.	II. Payment Options for Long-term care facilities A. Private pay 1. Client pays for health care from personal resources B. Group insurance 1. client's health care is paid for by insurance that the client has previously paid C. Medicaid 1. medical assistance program for low-income clients pays for the client's healthcare D. Medicare 1. health insurance program for clients over the age of 65 pays for client's healthcare 2. funded by Social Security 3. Minimum Data Set (MDS) report required for each Medicaid client

Objectives

Explain the requirements for Nurse Aides that are contained in the Omnibus Budget Reconciliation Act of 1987.

Discuss the roles for each member of the Health Care team

Content Outline

III. Role of the Nurse Aide in Long-term Care Facilities
- A. Ominbus Budget Reconciliation Act of 1987 (OBRA)
  1. federal regulation
  2. set standards of care for long-term care facilities
  3. requires all nurse aides in long-term care facilities to:
     a. complete training program
     b. pass certification exam
  4. requires each state to have a registry of nurse aides (see Unit XIV)
     a. available to the public
     b. contains information on nurse aide's performance, including resident abuse
     c. information to be kept minimum of 5 years
  5. requires continuing education
     a. minimum of 12 hours in-service each year for nurse aides
  6. requires nurse aide who has not worked for 2 consecutive years to retake the certification exam
- B. The Health Care Team
  1. The Nurse
     a. Registered Nurse (RN)
     b. Licensed Practical Nurse (LPN)
     c. carries out the physician's orders
  2. The Nurse Aide
     a. assist the nurse
     b. care for clients
     c. Supervised by the
     d. RN or LPN
  3. Interdisciplinary Team
     a. physician
     b. dietician
     c. physical therapy
     d. occupational therapy
     e. family member
     f. social worker
     g. client

Objectives	Content Outline
Discuss delegation as it relates to the Nurse Aide.	C. Delegation (see Regulations Governing the Practice of Nursing 18VAC90-20-420 to 460) 1. transferring authority to a person for a specific task 2. RN may delegate tasks to a Nurse Aide (NA) 3. criteria for delegation a. nurse aide can properly and safely perform task b. client health, safety and welfare will not be jeopardized c. RN retains responsibility and accountability for care of client and supervises the NA d. delegated task communicated to NA on a client-specific basis e. clear, specific instructions for performance, potential complications, expected results are given to NA f. NA is clearly identified with a name tag g. NA may not reassign a task that has been delegated to her/him
Identify tasks that are commonly performed by the Nurse Aide.	D. Common tasks for the Nurse Aide 1. activities of daily living (ADLs) a. bathing b. dressing c. grooming d. mouth care e. toileting f. eating & hydration g. caring for skin; prevention of pressure ulcers 2. bed making 3. taking/recording vital signs; height & weight 4. observing/reporting client changes to supervisor 5. maintaining safety, including fall prevention 6. caring for equipment 7. infection control

Objectives	Content Outline
Discuss behavior characteristics that the Nurse Aide should display.	E. Professional behavior of the Nurse Aide 1. attitude a. outward behavior b. disposition c. positive attitude 1. caring 2. compassionate 3. committed to the job 2. behavior a. neatly dressed following facility uniform policy b. on time to work c. avoid unnecessary absences d. use appropriate language e. do not gossip about co-workers f. keep client information confidential g. speak politely h. follow facility policies and procedures
Explain how the Nurse Aide can maintain good grooming.	3. grooming a. wear clean, neat, unwrinkled uniform b. attend to personal hygiene c. do not use strongly scented fragrances (perfume, lotions, after-shave, body wash, hair spray) d. keep hair away from your face e. long hair should be secured at the back of the head or neck f. keep beards neat and trimmed g. use make-up sparingly h. keep nails short i. do not wear false nails j. keep shoes/laces clean k. jewelry should be minimal
Discuss the importance of work ethic for the Nurse Aide.	4. Work ethic a. attitude toward work b. punctual c. reliable d. accountable e. conscientious f. respectful of others

Objectives	Content Outline
	g. honest h. cooperative i. empathetic
Describe considerations when seeking employment.	F. Applying for employment as a Nurse Aide 1. considerations a. type of facility b. adequate transportation c. child care 2. complete resumé and application
Explain the consequences of criminal convictions, as described in Guidance Document 90-55, on employment opportunities for the Nurse Aide.	3. Guidance Document 90-55 a. impact of criminal convictions on potential employment b. certain convictions prohibit employment in long-term care facilities c. read and sign personal copy of Guidance Document 90-55
Role-play a successful interview.	4. interview a. arrive on time b. dress appropriately 1.professional attire 2. neat c. maintain good eye contact d. be prepared to answer questions e. be prepared to ask questions f. Thank the interviewer at the end of the interview g. mail short thank you note the day after interview

Unit II – Communication and Interpersonal Skills
(18VAC90-26-40.A.1.a)
(18VAC90-26-40.A.5.b)
18VAC90-26-40.A.10)

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Understand the importance of written, verbal and non-verbal communication.
2. Identify barriers to communication.
3. Demonstrate methods used by the Interdisciplinary Health Care Team to communicate among themselves.
4. Demonstrate techniques to communicate with the sensory-impaired ~~client~~ resident**.**
5. Demonstrate techniques to communicate with the families of client.
6. Develop interpersonal skills to use while functioning as a nurse aide.
7. Demonstrate conflict management strategies.
8**.** Understand boundary violations, use and misuse of social media, and use of cell phones (pictures and texting) as it relates to the care of residents

Objectives	Content Outline
Identify three aspects of communication as evidenced by a minimum grade of 80% on the unit test.	I. Elements of communication A. Three components of communication 1. message 2. sender 3. receiver
Demonstrate the ability to listen as evidenced by non-verbal communication such as eye contact, facial expression and verbal feedback.	B. Listening is part of communication 1. hear the message 2. show an interest in the message 3. do not interrupt 4. ask appropriate questions for clarification 5. be patient allowing client time to respond 6. reduce or eliminate distraction 7. use silence appropriately C. Non-verbal communication 1. posture 2. appearance 3. eye contact 4. gestures 5. facial expressions 6. touch 7. level of activity
Recognize barriers to communication as evidenced by participation in classroom discussion.	D. Barriers to communication 1. talking too fast or too softly 2. avoiding eye contact 3. belittling client's feelings 4. physical distance 5. false reassurance 6. changing subject 7. giving advice 8. use of slang/medical jargon

Objectives	Content Outline
Identify the role of the four senses in communication as evidenced by minimum grade of 80% on the unit test.	E. Senses in communication 1. sight a. look for changes in client b. report changes to supervisor 2. hearing a. listen to client and family 3. touch a. touch and feel for any changes in client's body b. report any changes to supervisor 4. smell a. report any unusual odor
Describe the documents that are used by the health care team to communicate information and needs of the client as evidenced by the ability to locate specific information in a client chart, kardex and MDS. Please note that CNAs do not have access to residents' charts, physicians' orders, or physician progress notes. *Let's discuss this with the committee*	II. Communication among the health care team A. client's medical record (chart) 1. admission sheet 2. health history 3. examination results 4. physician's orders 5. physician's progress notes 6. health team notes 7. lab test results 8. special consents B. Kardex/electronic health record (EHR) 1. condensed version of medical record C. Minimum Data Set (MDS) 1. assessment tool 2. provides structured, standardized approach to care 3. helps identify client health care problems
Demonstrate an understanding of the nursing process as evidenced by correctly observing and reporting objective and subjective information related to a specific task identified in the client's nursing care plan.	D. Person centered ~~nursing~~ care plan 1. outlines care that health care team must perform to assist client attain optimal level of functioning 2. written by the nurse (RN or LPN) 3. nurse aide contributes by reporting signs and symptoms he/she observes 4. includes objective and subjective information a. objective – information that can be seen, heard, touched, smelled b. subjective – cannot be observed, may be heard or something the client said

Objectives	Content Outline
	E. the nursing process 1. assessment by the RN a. physical inspection b. medical record c. identifies client's actual or potential health care problems 2. diagnosis 3. plan a. sets goals and a plan to meet those goals 4. implementation a. providing care to client following the plan 5. evaluation a. look carefully to see if the desired goals have been achieved b. if goals are not achieved care plan should be changed 6. nurse aide observations and reports are vital to meet client goals
Demonstrate end-of-shift communication as evidenced by giving an accurate end-of-shift report and documenting with 100% accuracy on the client's ADL record.	F. reporting and documentation 1. throughout the day report changes in condition to the appropriate ~~supervisor~~ staff 2. shift report a. received at beginning of shift from previous shift b. given to on-coming shift before nurse aide leaves unit at end of shift c. includes observations of changes in client's condition or behavior 3. documentation a. all information is confidential b. document immediately after care is given c. never document before providing care d. document care in CareTracker or other electronic reporting program e. write notes neatly and legibly f. always sign your name and title g. document only facts, not opinions h. use accepted abbreviations i. do not erase or use white-out, draw a single line through and initial any error (follow facility guidelines) 4. ADL record (activities of daily living) – check sheet for routine activities
Demonstrate the correct way to talk on the telephone as evidenced by completing a client scenario with 100% accuracy.	G. communicating on the telephone 1. speak clearly and slowly 2. identify your facility and unit 3. identify who you are and your title 4. listen carefully 5. write any messages 6. end call with "thank you" and "good-bye"

Objectives	Content Outline
Demonstrate communicating with a hearing-impaired client as evidenced by use of six (6) of the eight (8) strategies identified in class.	III. Communicating with specific populations A. hearing impaired 1. identify any assistive devices that client uses a. hearing aides b. communication boards c. lip reading d. sign language 2. reduce distracting noise a. TV b. radio c. noise in adjacent room 3. get clients' attention before speaking 4. speak clearly, slowly 5. maintain eye contact 6. use short, simple words 7. use picture cards 8. write, if necessary
Demonstrate communicating with a visually-impaired client as evidenced by use of six (6) of the eight (8) strategies identified in class.	B. visually impaired 1. identify any assistive devices that client uses 1. glasses 2. special lighting 2. knock on door and introduce your self when entering room 3. position client so they are not looking into bright light or bright window 4. position yourself where client can see you 5. have adequate light in room 6. encourage client to wear glasses 7. use face of a clock to describe location of items 8. only move items with permission
Need to add objective for dementia and cognitive impairment	C. Dementia and Cognitive Impairment (need to add detail)
Discuss communicating with families as evidenced by using both strategies discussed in class.	D. families 1. respond to requests and complaints 2. answer questions honestly
Given specific scenarios, demonstrate appropriate communication with members of the health care team as evidenced by using seven (7) of the nine (9) communication strategies discussed in class.	E. other members of the health care team 1. be tolerant of co-workers 2. be respectful of co-workers 3. be quiet when others are speaking 4. listen to ideas of co-workers 5. approach new ideas with an open mind 6. use appropriate voice volume 7. use appropriate language 8. do not curse or use slang 9. do not talk about clients in a rude or disrespectful manner

Objectives	Content Outlines
Discuss important interpersonal skills for the Nurse Aide as evidenced by participation in classroom discussion.	IV. Interpersonal Skills for the Nurse Aide A. accept every client 1. be tolerant 2. be patient 3. be understanding 4. be sensitive to needs of client B. listen to client C. be prepared to handle disagreement and criticism
Given selected scenarios, identify the stressors for the Nurse Aide and the resources the Nurse Aide may use to deal with the stress as evidenced by participation in classroom discussion.	V. Conflict Management A. signs of stress at work 1. anger or abuse displayed toward client 2. arguing with supervisor 3. poor working relations with co-workers 4. complaining about responsibilities of job 5. having difficulty focusing on work 6. experiencing “burn out” B. resources to assist with stress management 1. family 2. friends 3. supervisor 4. place of worship 5. mental health agency C. causes of conflict in the workplace 1. misunderstanding 2. misinterpretation 3. stress 4. poor communication D. who may be involved in conflict 1. client 2. family member 3. visitor 4. staff
Demonstrate conflict management strategies discussed in class as evidenced by successful resolution of conflicts in given role-play scenarios.	E. conflict involving client 1. report to supervisor 2. report to ombudsman a. legal advocate for client b. investigates complaints c. decides action to take if there is a problem d. educates consumers and care providers e. appears in court/legal hearings f. gives information to public

F. strategies for Nurse Aide to manage conflict
    1. stay calm, do not become emotional
    2. remove yourself from the area of the conflict
    3. be aware of your body language
    4. do not discuss conflict in front of client
    5. speak privately with the person involved in the conflict
    6. focus on the conflict
    7. use “I” sentences
    8. listen to the other person
    9. ask other person for ideas on how to resolve conflict
    10. be open to a solution
    11. may be necessary to agree to disagree

G. critical thinking process
    1. identify the problem
    2. list alternatives to solve the problem
    3. list pros and cons to alternative solutions
    4. mutually decide on a solution
    5. evaluate the solution together

Unit III – Infection Control
(18VAC90-26-40.A.1.b)

Unit Objectives: Transmission based – Karen Riley will send specific language

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Describe the chain of infection.
2. Identify factors contributing to occurrence of infections.
3. Explain the early signs and symptoms of infection.
4. Describe Standard Precautions.
5. Demonstrate proper hand washing technique.
6. Demonstrate proper technique for donning and removing personal protective equipment.
7. Describe the proper disposal of infectious waste materials in the health care facility.

Objectives	Content Outline
List various types of pathogens that cause disease as evidenced by a minimum grade of 80% on the unit test.	I. Overview of Infection A. Microbes that cause disease (pathogens) 1. bacteria a. E. coli (urinary tract infections) b. Staphylococcus aureus (skin infections) c. Group A Streptococcus (strep throat) d. Other bacteria 2. fungus a. yeast infections b. athletes foot c. ringworm 3. virus a. Haemophilus influenzae (Hib) b. common cold c. human immunodeficiency virus (HIV) d. hepatitis e. noro virus (gastroenteritis) 4. parasite a. giardia (intestinal parasite) b. roundworm c. tapeworm d. pinworm e. scabies
Describe the relationship of the pathogens to the chain of infection as evidenced by a minimum grade of 80% on the unit test.	B. Chain of infection 1. microbe (pathogen) 2. reservoir a. place for pathogen to accumulate 3. means for microbe to leave reservoir 4. method of transmission a. how the pathogen spreads 5. portal of entry to host a. how the pathogen enters the new host 6. susceptible host a. person infected

Objectives	Content Outline
Identify factors contributing to the incidence of infection as evidenced by minimum grade of 80% on the unit test.	C. Factors contributing to incidence of infection 1. number of organisms (pathogens) present a. hospital acquired infection - nosocomial 2. virulence of organism or pathogen 3. susceptibility of the host a. age b. illness c. chronic disease d. poor nutrition e. poor hygiene f. stress g. fatigue
Describe sources and sites of infection as evidenced by participation in classroom discussion.	4. environmental conditions that foster growth of pathogens a. food – live or dead matter b. moisture c. warm temperature d. darkness D. Sources of infection 1. human a. not washing hands after going to the bathroom b. coughing/sneezing into your hands c. poor hygiene 2. animal a. fecal contamination b. cat scratch fever c. deer tick (Lyme disease, Rocky Mountain spotted fever) d. mosquito (West Nile virus, malaria) e. meat that is not prepared to the proper temperature 3. environment a. contaminated water b. contaminated food c. food that is not properly refrigerated
Identify human defenses against infection as evidenced by participation in classroom discussion.	E. Sites of infection 1. respiratory system 2. urinary system 3. blood 4. break in the skin 5. intestinal tract F. Human body defenses against infection 1. external defenses a. the skin b. mucous membranes c. hair in the nose and ears d. keeping the skin clean e. good oral hygiene

Objectives	Content Outline
	2. internal defenses a. immune response 1. blood goes to area to clean away pathogens (redness, swelling, warmth) 2. white blood cells attack pathogen (pus) 3. increased body temperature (fever) helps to destroy pathogens b. antibodies 1. special proteins created by previous exposure to a pathogen 2. created by vaccination to a particular pathogen 3. attack newly arrived pathogen
List early signs of infection and the importance of reporting signs to a supervisor as evidenced by completion of classroom scenario.	G. Early signs/symptoms of infection 1. feeling “unwell” 2. sore throat 3. coughing 4. fever/chills 5. nausea 6. diarrhea 7. drainage from a skin wound 8. report these signs to appropriate supervisor
Explain why the elderly are so susceptible to infection as evidenced by participation in classroom discussion.	H. Why the elderly are so susceptible to infection 1. immune system becomes weaker 2. skin becomes thinner and tears more easily 3. limited mobility increases risk of pressure sores and skin infections 4. decreased circulation slows response of the blood to an infection 5. decreased circulation slows wound healing 6. catheters and feeding tubes are portals of entry for pathogens 7. dehydration increases risk of infection 8. malnutrition decreased body’s defense mechanisms against infection
Describe Standard Precautions guidelines as evidenced by participation in classroom discussion.	II. Prevention of infection A. Standard Precautions 1. all blood, body fluids, non-intact skin and mucous membranes are considered infected a. blood b. tears c. saliva d. sputum e. vomit f. urine g. feces h. pus or any fluid from a wound i. vaginal secretions j. semen

Objectives	Content Outline
	2. always follow Standard Precautions 3. established by Centers for Disease Control (CDC) B. Standard Precaution Guidelines 1. wash hands before putting on gloves 2. wash hands after taking off gloves 3. do not touch clean objects with contaminated gloves 4. immediately wash all skin contaminated with blood and/or body fluids 5. wear gloves if you may come in contact with blood or body fluids 6. wear a gown if your body may come in contact with blood or body fluids 7. wear a mask, goggles and/or face shield if your face may come in contact with blood or body fluids 8. place all contaminated supplies in special containers 9. dispose of all sharp objects in biohazard containers 10. never recap a needle 11. clean all surfaces potentially contaminated with infectious waste
Compare different methods used to achieve medical asepsis as evidenced by 80% minimum grade on unit test.	C. Medical Asepsis 1. physically removing or killing pathogens 2. uses a. soap b. water c. antiseptics d. disinfectants e. heat 3. sanitation a. basic cleanliness b. hand washing c. washing the body, clothes, linen, dishes 4 antisepsis a. kills pathogens or stops them from growing b. rubbing alcohol c. iodine 5. disinfect a. kills pathogen b. cleaning solutions 6. sterilization a. uses pressurized steam to kill pathogens
Demonstrate proper hand washing technique as evidenced by Satisfactory grade on Skills Record.	D. Hand ~~washing~~ Hygiene 1. most important factor in preventing transmission of pathogens 2. alcohol-based solutions are not a substitute for proper hand washing 3. keep fingernails short and clean 4. do not wear artificial nails or tips 5. rings and bracelets collect pathogens and should not be worn

Objective	Content Outline
	6. use lotion to keep skin soft and intact 7. when to wash hands a. arrival at work b. entering client's room c. leaving client's room d. before and after feeding client e. before putting on gloves and after removing gloves f. after contact with blood or body fluids g. before and after handling food h. before and after drinking and eating i. after smoking j. after handling your hair k. after using the bathroom l. after coughing, sneezing or blowing your nose m. before leaving the facility n. when you get home 8. hand washing technique a. use technique in most current Virginia Nurse Aide Candidate Handbook
Demonstrate proper donning and removing technique for personal protective equipment as evidenced by Satisfactory grade on Skills Record.	E. Personal Protective Equipment (PPE) 1. barrier between a person and disease 2. gloves, mask, gown, goggles, face shield 3. don and remove PPE a. use technique in most current Virginia Nurse Aide Candidate Handbook
Identify various types of isolation precautions as evidenced by participation in classroom discussion.	F. Isolation precautions(Transmission based) 1. measure taken to contain a pathogen 2. limit exposure of other clients/staff to the pathogen 3. 2 levels of isolation precautions a. 1st level - standard precautions b. 2nd level – contain pathogen transmitted by specific way 1. Multi-drug resistant organism- microorganism, usually bacteria, that is resistant to commonly used anti-microbial agents (e.g. antibiotics) a. MRSA – methicillin resistant Staphococcus aureus b. VRE – vancomycin resistant enterococcus c. Clostidium difficile (c. diff) 2. airborne – transmitted through the air a. TB, chicken pox 3. droplet – transmitted by droplets from mouth or nose a. flu, strep throat, pneumonia

Objectives	Content Outline
	4. contact – transmitted by touching a. skin/wound infections, feces, respiratory secretions G. Personal Hygiene 1. keep yourself clean 2. wear clean uniform each day 3. keep yourself well-hydrated and well-nourished 4. give yourself adequate rest and sleep 5. if you are ill do not come to work
Describe the disposition of infectious waste material in a health care facility as evidenced by minimum of 80% on the unit test.	H. Disposition of contaminated waste 1. infectious waste a. contaminated with blood or body fluids 2. biohazard bags used to dispose of infectious waste a. red bags 3. biohazard bags are not disposed with ordinary trash a. must be incinerated 4. improper disposal of biohazard waste is dangerous for everyone

Unit IV – Safety Measures
(18VAC90-26-40.A.1.c)
(18VA 90-26-40.A.7.g)
(18VAC90-26-40.A.9)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Explain the OSHA Bloodborne Pathogen Standards.
2. Identify risk factors for common accidents in health care facilities.
3. Identify safety measures to prevent falls in health care facilities.
4. Discuss measures to prevent various common accidents in health care facilities.
5. Demonstrate how to deal with an obstructed airway.
6. Discuss how to avoid the need for restraints in accordance with current professional standards.
7. Demonstrate how to use good body mechanics when caring for clients.
8. Discuss how to prevent and react to fire and other disasters in a health care facility.

Objectives	Content Objectives
Demonstrate an understanding of the OSHA Bloodborne Pathogen Standard as evidenced by participating in classroom discussion.	I. Prevention of Common Accidents A. Occupational Safety and Health Administration (OSHA) 1. federal agency 2. responsible for safety and health of workers in USA 3. establishes workplace rules for safety 4. conducts workplace inspections 5. mandates workplace training for safety issues 6. Bloodborne Pathogen Standard a. requires regular in-service training b. identifies steps to take when exposed to bloodborne pathogen c. requires employers to provide PPE for staff, clients, visitors d. requires each client room to have biohazard containers to dispose of contaminated equipment/supplies e. requires employers to provide free hepatitis B vaccine for employees f. examples of bloodborne diseases: AIDS, hepatitis
List risk factors for common accidents as evidenced by minimum grade of 80% on the unit test.	B. Risk factors for common accidents 1. environmental risk factors a. floor – wet, cluttered b. equipment not used properly or correctly c. equipment not kept in good repair d. special precautions e. arrangement of furnishings to prevent clear walkway f. mirrors g. throw rugs h. shadows **i.** smells 2. client risk factors a. age b. impaired vision c. impaired hearing d. impaired sense of smell e. impaired sense of touch f. impaired memory g. altered behavior h. impaired mobility i. medications
Identify safety procedures to prevent falls in health care facilities as evidenced by participating in classroom discussion and demonstration in skills lab.	3. staff risk factors a. use of equipment without proper training b. being in a hurry c. use of poor body mechanics

Objectives	Content Outline
	C. Fall prevention 1. fall risks for the elderly client a. impaired vision b. impaired hearing c. decreased balance d. impaired memory e. disoriented f. confused g. slower reaction time h. slower movements i. tremors j. medications 2. measures to prevent falls in the elderly a. keep personal items within reach b. keep call bell within reach c. answer call bell promptly d. encourage client to wear their glasses e. maintain adequate lighting in areas where client will ambulate f. lock brakes on movable equipment g. wear non-skid footwear when walking h. wear clothing and footwear that fits properly – not too big or too long i. toilet client on a regular basis j. keep clear walkway in room and halls k. avoid use of throw rugs l. wipe spills on the floor immediately m. only rearrange client's furnishings with their approval n. report any equipment not in good working order o. report any frayed electrical cords p. report any observations of high risk client behavior
Identify the importance of reporting falls to the appropriate supervisor as evidenced by participating in classroom discussion.	3. report a fall to appropriate supervisor immediately a. follow health care facility policy for care of client who has fallen
Discuss measures to prevent various common accidents in health care facilities as evidenced by participation in classroom discussion.	D. prevention of scalds and burns 1. scalds a. burns caused by hot liquid such as water, coffee or tea b. liquid temperature 140° or greater 2. burns a. cigarette burns b. liquid burns c. chemical burns d. electrical burns 3. measures to prevent scalds or burns a. water temperature should be 110° b. do not have client use toe to check water

Objectives	Content Outline
	temperature c. staff should check temperature of water before giving client bath or shower d. use low setting on hair dryers e. do not use microwave oven to prepare a warm soak or application f. encourage client to allow hot drinks to cool before drinking g. if client has tremors, encourage use of closed cup when drinking hot liquids h. pour hot liquids away from clients i. require client to follow facility smoking policy j. frequently check electrical cords for fraying and report any that are frayed; use safety outlet plugs k. avoid keeping cleaning chemicals in areas where clients have access 4. report a scald or burn to appropriate supervisor immediately a. follow health care facility policy for care of client who has been scaled or burned
Identify the information contained on a ~~Materials~~ Safety Data Sheet as evidenced by accurately reading a specified SDS. https://www.osha.gov/Publications/OSHA3514.html	5. ~~Materials~~ Safety Data Sheets (SDS) a. an OSHA requirement in all health care facilities for any dangerous chemical on site b. all staff should have access and know where these are kept c. information included on SDS 1. chemical ingredient 2. danger of the product 3. PPE to be worn when using chemical 4. correct way to use and clean up the chemical 5. emergency action to take if the chemical is spilled, splashed or ingested 6.safe handling procedures for the chemical
	E. prevention of poisoning 1. risk factors a. personal care items – nail polish remover, soaps, perfume, hair products b. cleaning supplies c. some plants/flowers 2. Poison Control phone number required to be prominently displayed 3. measures to prevent poisoning a. keep cleaning chemicals in locked cabinet b. check drawers for hoarded food that may have spoiled c. keep medications away from the bedside 4. report a poisoning to appropriate supervisor immediately a. follow health care facility policy for care of client who has been poisoned

Objectives	Content Outlines
Demonstrate the procedure for dealing with an obstructed airway as evidenced by successfully performing the procedure on a manikin. https://youtu.be/A80wU5UgS-A	F. prevention of choking 1. object blocks the trachea (windpipe) 2. risk factors a. difficulty swallowing b. disoriented 3. measures to prevent choking a. client in upright position for eating/feeding b. do not rush client while eating c. cut food into small pieces d. use thickening for liquids if client has difficulty with thin liquids e. make sure dentures fit correctly f. report any problems with swallowing or choking to appropriate supervisor 4. demonstrate how to deal with an obstructed airway a. follow health care facility guidelines for obstructed airway G. prevention of suffocation 1.risk factors a. improperly fitting dentures b. poor feeding technique c. unattended baths d. use of restraints 2.measures to prevent suffocation a. report to appropriate supervisor any dentures that do not fit properly b. always have client in upright position when eating c. never leave client unattended in a bath tub, whirlpool or shower d. avoid use of physical or chemical restraints
Discuss the use of restraints, including the reasons to avoid their use, as evidenced by participation in classroom discussion.	H. Avoiding the need for restraints 1. restraints a. restrict voluntary movement or behavior b. may be physical or chemical 2. physical restraints/protective devices a. examples – vest, wrist/ankle restraints, waist/belt restraint, mitt b. bed side rails c. ~~geriatric table chair~~ Any chair that prevents rising (geriatric table chair; recliner) 3. chemical restraints a. medication that controls client's behavior 4. problems with restraints/protective devices a. bruising b. decreased mobility 1. pressure sores 2. pneumonia 3. incontinence 4. constipation 5. social isolation

Objectives	Content Outline
	c. stress and anxiety d. increased agitation e. loss of independence f. loss of dignity g. loss of self-esteem h. risk of suffocation
Explain the importance of and frequency of monitoring the client while restraints/protective devices are in use.	5. use of restraints/protective devices a. requires health care provider order b. illegal to use for convenience of the staff c. client must be continually monitored, at least every 15 minutes d. restraint must be released every 2 hours e. know how to use
Identify alternatives to restraints/protective devices as evidenced by active participation in classroom discussion.	6. restraint alternatives (restraint-free care) a. evaluate situation for cause of behavior or problem by anticipating client's needs: is client.. 1. wet 2. soiled 3. tired 4. thirsty 5. hungry 6. bored b. encourage client independence 1. provide meaningful activities 2. allow to participate in activities to the best of client's ability 3. redirect the client's interests 4. answer call bells immediately c. reduce boredom-keep residents engaged 1. involve client with activities 2. take client for walk 3. encourage participation in social activities 4. provide reading materials 5. read to client if desired d. provide a safe area for client to walk 1. well-lighted 2. free of clutter 3. make sure client wears non-skid footwear 4. provide activity for client who wanders at night e. reduce tension and anxiety 1. toilet every 2 hours 2. escort client to social activities 3. provide backrub 4. offer snack or drink 5. reduce noise level around client 6. play soothing music f. involve family in client's care 1. encourage visits 2. encourage participation in care of client

Objectives	Content Outline
	g. other alternatives to restraints 1. bed/chair alarms 2. specially shaped cushions h. report any changes in client's behavior or mental appropriate supervisor
Demonstrate the use of good body mechanics as evidenced by performance of skills on Skills Record.	II. Workplace Safety A. Body mechanics 1. definitions a. alignment – keeping muscles and joints in proper position to prevent unnecessary stress on them b. balance – keeping center of gravity close to base of support c. coordinated body movement – using your body weight to help move the object 2. lifting a. feet hip distance apart b. back straight c. knees bent d. object close to you e. tighten abdominal muscles f. lift with leg muscles g. keep object close to your body h. keep your back straight 3. client care a. if client is in bed, raise bed to waist height. Remember to lower bed when you are finished b. push, slide or pull rather than lifting, if possible c. avoid twisting when lifting by pivoting your feet d. do not try to lift with one hand e. ask for help from co-workers f. tell client what you are planning to do so they help you, if possible
Demonstrate the correct way to assist a falling client as evidenced by role-playing with a fellow student.	4. assisting the falling client a. do not try to prevent the fall b. stand behind the client with arms around his torso c. slide client down your body and leg, as a sliding board d. ease client to the floor e. protect the head f. stay with client and call for help g. report the incident to the appropriate supervisor as soon as possible
Discuss the importance of and methods for reporting incidents/accidents to the appropriate supervisor as evidenced by accurately documenting an incident or an accident on an Incident Report.	B. Incident/Accident reports 1. incident – accident, problem or unexpected event that occurs while providing client care

Objectives	Content Outline
	a. may involve staff, client and/or visitor 2. report should be written as soon as possible after the event a. document exactly what happened b. give time and condition of person involved c. only use facts, not opinions 3. information is confidential 4. report is given to the charge nurse 5. always file an incident report if you are injured on the job a. provides protection for you b. identifies that injury occurred at work
Identify potential causes of a fire in a health care facility as evidenced by participation in classroom discussion.	C. Fire safety 1. fire requires a. object that will burn b. fuel – oxygen c. heat to make the flame 2. potential causes of fire a. smoking b. frayed/damaged electrical cord/wires c. electrical equipment in need of repair d. space heaters e. overloaded electrical plugs/outlets f. oxygen use g. careless cooking h. oily cleaning rags i. newspapers and paper clutter
Identify ways to prevent a fire in a health care facility as evidenced by participation in classroom discussion.	3. ways to prevent fire in a health care facility a. stay with resident who is smoking b. make sure cigarettes and ash are in ashtray c. only empty an ashtray if cigarette and ash are not hot d. report frayed/damaged cords immediately e. keep fire doors/halls clear and unblocked
Discuss the sequence of events to be taken if fire is discovered in a health care facility as evidenced by participation in classroom discussion.	4. RACE a. if fire occurs b. R – remove client from danger c. A – activate alarm d. C – contain fire by closing doors and windows e. E – extinguish fire if possible or evacuate the area
Demonstrate the proper use of a fire extinguisher as evidenced by successful role-play in class.	5. use of a fire extinguisher - PASS a. P – pull the pin b. A – aim at the base of the fire c. S – squeeze the handle d. S – sweep back and forth at the base of the fire 6. know facility policy/procedure for a fire a. call for help immediately b. know location of fire evacuation plan

Objectives	Content Outline
	c. remain calm and do not panic d. remove all persons in the immediate area of the fire (RACE) e. if a door is close, always check it for heat before opening it f. stay low in room when trying to escape fire to avoid the smoke g. use wet towels to block doorways to prevent smoke from entering a room h. use covering over face to reduce smoke inhalation i. if clothing is on fire…Stop…Drop…Roll j. never get into an elevator during a fire
Discuss the sequence of events to be taken in the event of a disaster as evidenced by participation in classroom discussion.	D. Safety in a disaster 1. definition a. sudden unexpected event b. hurricane c. ice/snow storm d. flood e. tornado f. earthquake g. acts of terrorism
Explain the importance of the facility policy/procedure manual for fire and disaster, including its location as evidenced by finding the manual and locating the fire and disaster policies and the evacuation plan.	2. know where facility disaster policy/procedure manual is located 3. know your responsibilities during a disaster a. listen carefully to directions b. follow instructions c. know location of all exits and stairways d. know where fire alarms and extinguishers are located e. client safety comes first f. keep calm 4. know facility evacuation plan
Discuss the role of the nurse aide and oxygen use in a health care facility as evidenced by accurately role-playing in the skills lab.	E. Safety precautions for oxygen use 1. oxygen use a. client with difficulty breathing b. prescribed by health care provider 2. role of the nurse aide a. observation only b. only licensed person (RN or LPN) can adjust the flow rate 3. special safety precautions a. post “No Smoking” and “Oxygen in Use” signs in room and on the door to the room b. do not permit any smoking in the client’s room or around the oxygen equipment c. remove fire hazards from the room such as electrical equipment: razors, hair dryers, radios d. remove flammable liquids from client’s nail polish remover, alcohol

Objectives	Content Outline
	e. do not permit candles, lighters or matches around oxygen equipment f. synthetic (man-made fibers), nylon and wool material should not be used around oxygen equipment because they create static electricity which can create a spark and start a fire g. check client's nose and behind their ears for irritation caused by oxygen tubing and report irritation to appropriate supervisor h. learn how to turn off oxygen equipment in case of a fire 4. report any changes in the client's condition to the appropriate supervisor 5. report any problems with the oxygen equipment immediately to the appropriate supervisor

Unit V – Emergency Measures
(18VAC90-26-40.A.1.c)
(18VAC 90-26-40.A.2.f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify the basic steps a nurse aide should take in any emergency situation.
2. Identify client symptoms indicative of an emergency.
3. Demonstrate how a nurse aide responds to an unconscious client.
5. Identify the signs/symptoms of various client medical emergencies.
6. Demonstrate the appropriate nurse aide response to various client medical emergencies
7. (optional) Demonstrate how to perform CPR on an adult client.

Objectives	Content Outline
	I. Life-threatening emergency measures A. Emergency 1. definition a. condition requiring immediate medical or surgical treatment to prevent the client from having a permanent disability or from dying
Identify the basic steps a nurse aide should take in any emergency situation as evidenced by participation in classroom discussion.	2. basic steps for nurse aide in an emergency a. collect information from client or situation b. call or send for help c. use gloves and a breathing barrier d. remain calm e. know your limitations f. assist medical personnel after help arrives
Identify symptoms a client may display when experiencing an emergency as evidenced by minimum grade of 80% on the unit test.	3. emergency situations a. change in level of consciousness b. irregular breathing or not breathing c. has no pulse d. severely bleeding e. unusual color or feel to the skin f. choking g. poisoning h. severe pain i. shock
Demonstrate the appropriate response to a conscious or unconscious client in an emergency situation as evidenced by role-play in class.	B. Responding to change in level of consciousness 1. definitions a. conscious – mentally alert and aware of surroundings, sensations and thoughts b. confused – disoriented to time, place, and/or person c. unconscious – client is unable to respond to touch or speech 2. responding to conscious client a. has a pulse and is breathing b. observe skin color, warmth, moisture c. call for help

Objectives	Content Outlines
	d. question client regarding pain, illnesses, current medical issues e. take vital signs (VS) f. remain calm g. reassure client h. stay with client until help arrives i. document what occurred, the time, and VS 3. responding to an unconscious client a. this is an emergency b. know client's DNR status c. know facility policy/procedure for activating the EMS or 911 d. activate emergency medical system by calling for help or have someone call immediately e. initiate CPR (if facility policy permits) or first aid until EMS or medical personnel arrive 4. responding to a client who is not breathing a. position on the floor b. shake to determine consciousness c. if unconscious, call for help d. open the airway with head tilt-chin lift e. look-listen-feel for 10 seconds to determine if client has signs of life f. if there are signs of life, provide rescue breaths g. if there are no signs of life begin CPR
Demonstrate CPR, including the use of an AED, on an adult manikin as evidenced by Satisfactory grade on Skills Record. (optional)	5. responding to client who has no pulse and is not breathing (if facility policy permits a Nurse Aide to perform CPR and client is not a DNR) a. position on the floor b. shake to determine consciousness c. if unconscious, call for help d. open the airway e. look-listen-feel for 10 seconds to determine if client has signs of life f. if there are no signs of life begin CPR g. provide 30 chest compressions and 2 breaths at a rate of 100 compressions/minute h. repeat 5 cycles of 30 compressions:2 breaths until the AED (automated external defibrillator) arrives i. when AED arrives place pads on chest and follow the prompts from the AED
Discuss appropriate nurse aide actions for a client who is bleeding.	II. Basic Emergency Measures A. Bleeding 1. call nurse immediately 2. put on gloves 3. have client lie down 4. apply pressure to source of bleeding with a clean cloth 5. elevate source of bleeding above level of the heart, if

Objectives	Content Outline
	possible 6. place another cloth on top of original cloth if the 1st one becomes saturated 7. when help arrives, remove gloves, wash hands and document what occurred
Discuss appropriate nurse aide actions for a client who is having a nose bleed.	B. Nose bleed (Epistaxis) 1. may be caused by dry air, medical condition, medications 2. notify nurse immediately 3. put on gloves 4. have client tilt head slightly forward and squeeze the nose with your fingers 5. apply pressure until bleeding stops 6. apply ice pack or cool cloth to back of the neck, forehead or upper lip to help slow the bleeding 7. stay with client until bleeding stops 8. remove gloves and document what occurred
Demonstrate appropriate nurse aide actions for a client who has fainted as evidenced by role-play in class.	C. Fainting (Syncope) 1. caused by decreased blood flow to the brain 2. notify nurse immediately 3. assist client to floor 4. if client is in chair, have them place head between their knees 5. elevate feet about 12 inches above level of the heart 6. take VS 7. loosen any tight clothing 8. do not leave client unattended 9. if client vomits, turn on side in recovery position 10. after symptoms disappear have client remain lying down for 5 minutes 11. slowly assist client to seated position 12. document what occurred, the time and VS
Discuss appropriate nurse aide actions for a client who has vomited.	D. Vomiting (Emesis) 1. notify nurse immediately 2. put on gloves 3. use emesis basin, wash basin or trash can 4. wipe client's mouth and nose 5. be calm and reassuring to the client 6. when client is finished offer water or mouthwash to rinse the mouth 8. encourage client to brush teeth or provide oral care to dependent client 9. provide client with clean clothes and/or clean linen as necessary 10. flush vomit down the toilet after showing it to the nurse and wash the basin 10. place soiled linen in proper containers 11. remove gloves and wash hands 12. document time, amount, color, odor and consistency of vomitus

Objectives	Content Outline
Discuss appropriate nurse aide actions for a client who has been burned.	E. Burns 1. notify nurse immediately 2. put on gloves 3. for minor burns, place area under cool running water 4. lightly cover with dry, sterile gauze 5. never apply butter, oil or ointment to a burn 6. if burn is severe or is caused by a fire, do not apply water a. remove as much clothing around the burn as possible without pulling away clothing that sticks to the burn b. cover burn with dry sterile gauze c. have client lie down and wait for EMS to arrive d. stay with client until help arrives 7. remove gloves, wash hands and document what occurred
Explain the signs/symptoms of a heart attack as evidenced by minimum grade of 80% on unit test.	F. Signs of a heart attack (myocardial infarction) (MI) 1. complaint of "heaviness" or pain in the chest 2. complaint of pain radiating down left arm 3. difficulty breathing 4. sweating 5. skin looks pale or bluish 6. complaint of nausea or indigestion
Discuss appropriate nurse aide actions for a client who has signs/symptom of a heart attack.	G. Heart attack 1. have client lie down 2. notify nurse immediately 3. this is medical emergency 4. elevate client's head to help him/her breathe better 5. initiate CPR if necessary 6. stay with client until help arrives 7. document what occurred and the time
Discuss appropriate nurse aide actions for a client who is having a seizure.	H. Seizure 1. assist to the floor 2. protect the head, but allow remainder of body to move 3. note time seizure began 4. notify nurse immediately 5. do not try to put anything in client's mouth 6. after seizure, turn client on side in recovery position 7. document time seizure began, what occurred
Explain the signs/symptoms of a stroke as evidenced by minimum grade of 80% on unit test.	I. Signs of a stroke (CVA)(cerebral vascular accident) 1. change in level of consciousness 2. complaint of severe headache 3. drooping on one side of the face 4. weakness on one side of the body 5. sudden on-set of slurred speech

Objectives	Content Outline
Discuss appropriate nurse aide actions for a client who is having a stroke.	J. Stroke 1. notify nurse immediately 2. this is medical emergency 3. have client lie down 4. note time of on-set of symptoms 5. stay with client until EMS arrives 6. document time of on-set of symptoms and what occurred
	K. Shock 1. definition a. lack of adequate blood supply to body organs b. medical emergency 2. causes a. bleeding b. heart attack c. severe infection d. low blood pressure
Identify the signs/symptoms of shock as evidenced by minimum grade of 80% on unit test.	3. signs/symptoms a. pale or bluish skin b. staring c. increased pulse and respirations d. decreased blood pressure e. extreme thirst
Discuss appropriate nurse aide actions for a client who is in shock.	4. care of client experiencing shock a. notify nurse immediately b. have client lie down c. control any bleeding that you can see d. check VS e. if no respirations or pulse begin CPR f. cover client with blanket to maintain temperature g. elevate feet about 12 inches h. do not give client anything to eat or drink i. remain with client until EMS arrives j. document what occurred
Explain the signs/symptoms of hypoglycemia as evidenced by minimum grade of 80% on unit test.	L. Diabetic reactions 1. low blood sugar (hypoglycemia) a. signs/symptoms 1 nervous 2. dizzy 3. hungry 4. headache 5. rapid pulse 6. disoriented 7. cool, clammy skin 8. unconscious
Discuss appropriate nurse aide actions for a client who is hypoglycemic.	b. care of client with low blood sugar 1. notify the nurse immediately 2. if conscious, give glass of orange juice or

Objectives	Content Outline
	something to eat that has sugar or complex carbohydrates 3. know facility policy for low blood sugar 4. stay with client until feels better 5. document what symptoms you saw, when they occurred and what you did
Explain the signs/symptoms of hyperglycemia as evidenced by minimum grade of 80% on unit test.	2. high blood sugar (hyperglycemia) a. signs/symptoms 1. increased thirst 2. increased urination 3. increased hunger 4. flushed, dry skin 5. drowsy 6. nausea, vomiting 7. unconscious
Discuss appropriate nurse aide actions for a client who is hyperglycemic.	b. care of client with high blood sugar 1. notify nurse immediately 2. follow nurses instructions 3. document what symptoms you saw, when they occurred and what you did

Unit VI – Client Rights
(18VAC90-26-40.A.1.d)
(18VAC 90-26-40.A.1.e)
(18VAC 90-26-40.A.4.b)
(18VAC 90-26-40.A.4.h)
(18VAC 90-26-40.A.7.a,b,c,d,e,f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify the basic rights of all clients.
2. Identify specific rights of clients in long-term care facilities.
3. Explain how HIPAA effects practice of the nurse aide.
5. Demonstrate actions of the nurse aide that promote client rights in long-term care facilities.
6. Discuss strategies to provide privacy and maintain confidentiality.
7. Identify actions the nurse aide can take to avoid accusations of abuse, mistreatment and neglect toward clients.
8. Describe the consequences of a report of abuse, mistreatment or neglect against a nurse aide.
9. Describe strategies the nurse aide can use to promote client independence.
10. Explain how the nurse aide can modify care of the client to promote culturally sensitive care.
11. Identify developmental tasks for each age group.
12. Discuss how the changes of late adulthood effect the psychosocial and physical care of the client in long-term care.

Objectives	Content Outline
Identify the four (4) basic rights of all clients as evidenced by a minimum grade of 80% of the unit test.	I. Basic Rights of All Clients A. right to be treated fairly and with respect B. right to live in dignity C. right to be free from fear D. right to pursue a meaningful life
Explain client rights identified in the Omnibus Budget Reconciliation Act (OBRA) and the Health Insurance Portability and Accountability Act (HIPAA) as evidenced by participation in classroom discussion.	II. Rights of clients of long-term care facilities A. part of Omnibus Budget Reconciliation Act (OBRA) B. client has right to: 1. make decisions regarding care 2. privacy 3. be free from physical or psychological abuse, including improper use of restraints 4. receive visitors and to share room with a spouse if both partners are residents in the same facility 5. use personal possessions 6. control own finances 7. information about eligibility for Medicare or Medicaid funds 8. information about facility's compliance with regulations, planned changes in living arrangement and available services 9. remain in facility unless transfer or discharge is required by change in clients health, ability to pay or the facility closes

Objectives	Content Outline
	10. organize and participate in groups organized by other residents or families of residents including social, religious and community activities 11. choose to work at the facility either as a volunteer or a paid employee, but cannot be obligated to work
	C. HIPAA (Health Insurance Portability and Accountability Act) 1. federal law since 1996 2. identifies protected health information that must remain confidential 3. only those who must have information for care or to process records can have access to this information 4. nurse aide must never share protected health information with anyone not directly involved in care of client 5. do not give information over the telephone unless you know you are speaking with an approved staff member 6. do not share client information on any social media 7. do not discuss client in public area
Identify nurse aide actions that maintain client privacy and confidentiality as evidenced by accurate participation in classroom scenarios.	D. actions of the nurse aide to promote client rights 1. right to privacy and confidentiality a. pull curtain or close door when providing personal care b. cover lap of client sitting in chair/wheelchair c. allow client to use bathroom in private d. allow alone-time with family and visitors e. allow client to have personal alone-time f. only discuss client information with other health care team members when there is a need to know g. do not share client information on any form of social media
Identify nurse aide actions that promote the client's right to make personal choices to accommodate their individual needs as evidenced by accurate participation in classroom scenarios.	2. right to make personal choices to accommodate individual needs a. client has right to make choices about their care 1. may choose own physician 2. participate in planning their therapies, treatments and medications 3. right to refuse care, medication b. encourage client to make choices during personal care

Objectives	Content Outline
	1. when to bathe 2. what to wear 3. how to style hair c. encourage client to make choices at mealtime 1. filling out menu 2. order in which food is eaten 3. what fluids offered d. encourage client to choose activities and schedules e. honor client choices regarding when to get up and when to go to bed f. permit client enough time to make choices g. make a habit of offering client choices while providing care h. offer input to Interdisciplinary Care Team regarding client choices
Identify nurse aide actions that assist the client with their right to receive assistance resolving grievances and disputes as evidenced by accurate participation in classroom scenarios.	3. assistance resolving grievances and disputes a. listen to client 1. obtain all the facts 2. report facts to charge nurse 3. follow up with the client b. avoid involvement in family matters 1. do not take sides 2. do not give confidential information to family members 3. report disagreements to charge nurse c. remember that nurse aide is the client advocate
Describe the role of the ombudsman in a long-term care facility as evidenced by accurate participation in classroom scenarios.	d. involve the ombudsman of the facility 1. legal problem solver on behalf of client 2. listens to client and decides what action to take 3. telephone number is listed in the facility e. client may not be punished or fear retaliation for voicing concerns or complaints
Identify nurse aide actions that provide the client with assistance necessary to participate in client and family groups and other activities as evidenced by accurate participation in classroom scenarios.	4. provide assistance necessary to participate in client and family groups and other activities a. provide client with calendar of daily activities b. allow time to make choices c. be flexible with client schedule to permit participation in activities d. encourage client to participate in activities e. encourage family to visit f. procure appropriate assistive devices to be able to attend activities 1. wheelchair 2. walker 3. cane

Objectives	Content Outline
	g. assist client to dress appropriately to attend activities 1. glasses 2. hearing aid 3. attractive, appropriate clothing 4. hair care and grooming h. assist client to toilet before attending activities i. provide means to attend activities in facility 1. escort or take client to activities in facility 2. return client to room after activities in facility j. families have right to meet with other families to discuss concerns, suggestions and plan activities
Identify nurse aide actions that maintain the care and security of the client's personal possessions as evidenced by accurate participation in classroom scenarios.	5. maintaining care and security of client's personal possessions a. mark all clothing with name and room number b. encourage family to take valuable items and money home c. if client wants to keep valuable, encourage use of lock box or facility safe d. honor privacy of client regarding their possessions e. assist client to keep personal possessions neat and clean f. permit client right to decide where personal items are kept, if possible g. be careful when working around client personal items h. complaint of stolen, lost or damaged property must immediately be reported and investigated i. avoid placing client personal possessions in areas where nursing care is performed
Explain the difference between abuse, mistreatment, and neglect as evidenced by a minimum grade of 80% on the unit test and the importance of reporting such treatment to the appropriate supervisor.	6. promoting client's right to be free from abuse, mistreatment and neglect and the need to report any instances of such treatment to appropriate staff a. definitions 1. <u>abuse</u> – repeated, deliberate infliction of injury to another person a. physical abuse – striking, biting, hitting, slapping, shaking b. emotional abuse – threatening with physical harm, cruel teasing, yelling at, taunting, involuntary seclusion, causing person to feel afraid, cursing at person

Objectives	Content Outline
	c. sexual abuse – forcing another person to engage in sexual behavior 2. mistreatment – a. slander – saying untrue statements that hurt another person's reputation b. libel – writing untrue statements that hurt another person's reputation c. exploitation – taking advantage of another person d. misappropriation of personal possessions – taking money or personal items that belong to the client 3. false imprisonment – unlawfully confining or restraining client against their will a. includes both the threat of restraining and the actual act of restraining 4. assault a. threatening or attempting to touch person without his consent b. causing person to fear bodily harm c. "If you get up out of that chair I will tie you into it." 5. battery a. touching person without their consent b. perfoming a procedure on a client without their consent 6. negligence a. causing harm or injury to another person without the intent to cause harm b. client falls and breaks a hip when transferring from wheelchair to bed because nurse aide forgot to lock brakes on the wheelchair 7. malpractice a. negligence committed by licensed personnel (LPN, RN, MD) b. nurse aide may not be charged with malpractice
Identify actions of the nurse aide that constitute client abuse, neglect and mistreatment as evidenced by accurate participation in classroom discussion.	b. actions of the nurse aide that constitute abuse 1. yelling at client 2. directing obscenities toward client 3. threatening client with a. physical injury b. false imprisonment c. withdrawal of food or fluids d. withdrawal of physical assistance 4. hitting

Objectives	Content Outline
	5. shaking 6. biting 7. failure to turn and reposition a bed-ridden client 8. forced isolation 9. teasing in a cruel manner 10. inappropriate sexual comments or acts 11. taking money or possessions that are not yours c. actions of the nurse aide that constitute neglect 1. inadequate personal care 2. inadequate nutrition 3. inadequate hydration 4. living areas not kept neat and clean d. actions of the nurse aide that constitute mistreatment 1. treating client as a child 2. forcing client to perform activities in exchange for care 3. making fun of client
Identify signs and symptoms that indicate client abuse or neglect as evidenced by accurately participating in classroom discussion.	7. signs and symptoms that client has been abused or neglected a. unexplained bruising b. unexplained broken bones c. bruising/broken bones that occur repeatedly d. burns shaped like the end of a cigarette e. bite or scratch marks f. unexplained weight loss g. signs of dehydration such as extremely dry and cracked skin or mucous membranes h. missing hair i. broken or missing teeth j. blood in underwear k. bruising in the genital area l. unclean body and/or clothes m. strong smell of urine n. poor grooming and hygiene o. depression or withdrawal p. mood swings q. fear or anxiety when a particular caregiver is present r. fear of being left alone
Describe the nurse aide's role as a mandated reporter as evidenced by a minimum grade of 80% on unit test.	8. nurse aide is a mandated reporter a. definition 1. required by law to report suspected or observed abuse or neglect b. immediately report suspected or observed abuse or neglect to appropriate supervisor

Objectives	Content Outline
	c. know your facility policy/procedure for reporting suspected or observed abuse or neglect d. suspected elder abuse, mistreatment and/or neglect is reported to local Adult Protective Service, Department of Social Services e. if the perpetrator is registered, certified or licensed by the Virginia Board of Nursing an investigation will be initiated f. 18VAC90-25-100 Virginia Board of Nursing Regulations Governing Nurse Aides identifies disciplinary provisions for nurse aides g. 18VAC90-25-81identifies actions nurse aide may take to remove a finding of neglect from certification
Describe the consequences of a report of abuse, mistreatment or neglect against a nurse aide as evidenced by a minimum grade of 80% on the unit test.	
	III. Holistic needs of clients in long-term care facilities A. Maslow's Hierarchy of Needs 1. physical needs a. oxygen b. water c. food d. elimination e. rest f. nurse aide helps client meet these needs by encouraging eating, drinking and adequate rest and assisting with toileting, if necessary 2. safety and security a. shelter b. clothing c. protection from harm d. stability e. nurse aide helps client meet these needs by listening, being compassionate and caring 3. need for love a. feeling loved b. feeling accepted c. feeling of belonging d. nurse aide helps client meet these needs by welcoming client to facility, encourage interaction with other clients 4. need for self-esteem a. achievement b. belief in one's own worth and value c. nurse aide helps client meet these needs by encourage client independence, praise success, promote dignity 5. need for self-actualization a. need to learn b. need to create
Explain how the nurse aide can help the client meet their basic needs described by Maslow as evidenced by participating in classroom discussion..	

Objectives	Content Outline
	c. need to realize one's own potential d. nurse aide helps client meet these needs by accepting client's wishes regarding their activities 6. each level of need must be accomplished before person can move on to the next level
Discuss strategies the nurse aide can use to promote client independence.	B. Promote client independence 1. individualized nursing care plan a. written by nursing staff with input from nurse aide b. based on MDS (Minimum Data Set) c. should include 1. eating skills 2. incontinence management 3. skin at risk 4. progressive mobility 5. cognitive orientation 6. progressive self-care 2. strategies nurse aide can utilize to promote client independence a. praise every attempt at independence b. overlook failures c. tell client that nurse aide has confidence in their ability d. allow client time to do for self e. develop the patience to wait for client to do for self f. attend to other tasks while waiting for client to attempt to do for self g. encourage progressive mobility h. assist with active and passive range of motion i. promote social interaction j. encourage activity k. report progress and/or needs of independence to the appropriate supervisor
Explain how the nurse aide can modify care of the client to promote culturally sensitive care as evidenced by role-play in various classroom scenarios.	C. Provide culturally sensitive care 1. Culture a. definition – learned beliefs, values and behaviors 2. ethnic cultures a. African-American b. Hispanic c. Caucasian 3. national cultures a. Italian b. Irish c. German d. Indian e. Pakistani f. Kenyan

Objectives	Content Outline
	g. ethnic by country of origin 4. religious cultures a. Jewish b. Muslim c. Christian d. Hindu e. Buddhist f. other religions g. atheist 5. cultural dietary restrictions a. Jewish 1. kosher requirements 2. no pork products b. Muslim 1. halal requirements 2. no pork products c. Hindu 1. no beef products 6. cultural differences that impact nursing care a. language barrier b. spatial distance c. interaction of genders d. generational interaction e. fear of the unknown or what is different f. death and dying g. post mortem care 7. strategies to provide culturally sensitive care a. always respect client b. honor client/family requests to follow cultural guidelines c. provide client/family privacy d. ask client/family if they have specific ways of celebrating holidays e. ask if client has special dietary guidelines to follow f. respect cultural values
Identify developmental tasks for each age group described by Erikson as evidenced by a minimum grade of 80% on the unit test	D. Stages of Human Growth and Development A. Eric Erikson's Development Tasks 1. birth to 1 year a. receives care and develops trust b. sense of security 2. toddler (1-3 years) a. learns self-control (bowel and bladder control) b. and develops autonomy (self-identity) 3. preschool (3-6 years) a. explores the world b. develops initiative, ambition 4. school age (6-9years) a. gains skills, learns to get along with others

Objectives	Content Outline
List psychosocial changes occurring in late adulthood as evidenced by a minimum grade of 80%on the unit test. Discuss how the changes of late adulthood affect the psychosocial and physical care of the client in long-term care as evidenced by participation in classroom discussion.	b. develops industry (work) 5. late childhood (9-12 years) a. gains confidence b. develops moral behavior 6. teenage or adolescence (13-18) a. changes in the body b. develops identity (individuality and sexuality) 7. young adult (18-40) a. starts family b. develops close relationships and intimacy 8. middle adulthood (40-65) a. pursues career b. physical changes c. develops generatively (productivity) 9. late adulthood (65 and older) a. reviews own life b. resolves remaining life conflicts c. accepts own mortality without despair or fear d. represents major change of focus from previous life tasks B. Psychosocial changes in late adulthood 1. self-esteem threatened by physical changes a. graying hair b. wrinkles c. slow movement 2. autonomy threatened by a. change in income b. decreased ability to care for self 3. relationships and intimacy are threatened by a. death of spouse b. death of family and friends 4. coping with aging depends on a. health status b. life experiences c. finances d. education

Unit VII – Basic Skills
(18VAC90-26-40.A.2.a)
(18VAC 90-26-40.A.2.b)
(18VAC90-26-40.A.2.c)
(18VAC90-26-40.A.2.d)
(18VAC90-26-40.A.2.e)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Explain the beginning and ending steps for the nurse aide when providing care to a client.
2. Recognize changes in body functioning and the importance of reporting these to the appropriate supervisor.
3. Describe how the nurse aide should care for the client's room and his environment in the long-term care facility
4. Demonstrate how to correctly make an occupied and an unoccupied bed, including disposal of linen.
5. Demonstrate how to accurately measure, record and report vital signs, height and weight.
6. Demonstrate various methods to identify and report client pain.
7. Demonstrate accurate measurement, recording and reporting fluid intake and output.
8. Demonstrate accurate measurement and recording of food intake.

Objectives	Content Outline
Explain the beginning and ending steps for the nurse aide when providing care to the client as evidenced by Satisfactory rating on the Skills Record.	I. How to begin and end when providing care to client A. Beginning steps 1. before entering client's room, knock on the door a. client's room is his home 2. identify yourself a. client has right to know who is going to be caring for them 3. identify client a. shows respect b. use client's name, not "honey", "sugar", "Bubba" c. assures you have the correct client 4. wash your hands a. Standard Precautions b. prevent spread of infections 5. explain what you are going to do a. speak, clearly, slowly and directly to the client b. client has right to know what to expect c. encourages client independence and cooperation 6. provide for privacy a. client has right to privacy b. promotes client dignity c. pull privacy curtain or close the door 7. use good body mechanics a. raise bed to waist height

Objectives	Content Outline
	b. lock wheels on the bed c. if using a wheelchair, lock the wheels d. only use side rails if specifically ordered B. Ending steps 1. assure client is comfortable a. sheets are wrinkle-free and crumb-free b. helps to prevent pressure sores c. replace pillows and blankets d. client's body should be in good alignment 2. put bed in low position a. promotes client safety 3. if side rails were used as part of the procedure, return them to the position ordered for the client 4. remove privacy measures a. open privacy curtain b. open door c. bath blanket 5. place call bell within reach of client a. permits client to communicate with staff as needed 6. report any changes to supervisor a. physical or mental changes observed while providing care 7. wash your hands before leaving client room a. prevents spread of micro-organisms b. Standard Precautions
	II. Recognizing changes in body functioning and the im of reporting these changes to the appropriate supervisor
Identify changes in mental status that the nurse aide might observe as evidenced by participation in classroom discussion.	A. Changes in mental status 1. combativeness 2. agitation 3. restlessness 4. extreme or unusual verbalization 5. expression of fear 6. complaints of hallucinations 7. being very quiet or withdrawn 8. report changes to appropriate supervisor
Identify changes in physical appearance that the nurse aide might observe as evidenced by participation in classroom discussion.	B. Change in physical appearance 1. swelling (edema) of hands or feet 2. pallor or pale skin 3. blue lips, hands or feet 4. an expression of pain 5. change in a mole or wart

Objectives	Content Outline
	6. any change in bowel or bladder contents 7. any change in breast such as dimple or lump 8. any change in genitalia such as discharge 9. unusual grimace or drooling of saliva 10. report changes to appropriate supervisor
	C. Change in appetite 1. increase in appetite 2. decrease in appetite 3. report changes to appropriate supervisor
Identify signs of infection that the nurse aide might observe as evidenced by classroom discussion.	D. Signs of infection 1. elevated temperature 2. chills and/or sweating 3. skin hot or cold, flushed or bluish 4. area of skin that is inflamed (warm, red, swollen)
Identify signs and symptoms that should be reported to the appropriate supervisor during daily care as evidenced by accurate completion of clinical observation report.	E. Age-related changes to skin and what to report to appropriate supervisor 1. wrinkles 2. grey hair 3. age spots 4. fragile, dry skin 5. thickening of the nails 6. what to report a. skin that is abnormally pale, bluish, yellowish flushed b. rash, abrasion, bruising c. mole that has changed in appearance d. redness over a pressure point that does not go away within 5 minutes e. area over a pressure point that has become pale or white f. drainage from a wound g. wound that does not heal
	F. Age-related changes to the musculoskeletal system and what to report to appropriate supervisor 1. osteoporosis 2. loss of muscle mass 3. arthritis 4. what to report a. client has fallen b. area of body that is swollen, red, bruised or painful to touch c. complaints of pain when moving a joint d. range of motion for a joint has decreased e. client limps or has pain when walking

Objectives

Content Outline

G. Age-related changes to the respiratory system and what to report to appropriate supervisor
    1. short of breath
    2. more susceptible to respiratory infections (cold, pneumonia)
    3. what to report
        a. persistent cough
        b. cough produces sputum that is yellowish, greenish or pinkish
        c. sudden onset of difficulty breathing
        d. client experiences wheezing or gurgling respirations
        e. skin has blue or gray tinge

H. Age-related changes to the cardiovascular system and what to report to appropriate supervisor
    1. heart beats less effectively
    2. heart rate slows or speeds up
    3. fluid may accumulate in hands and feet
    4. orthostatic hypotension
    5. chest pain due to lack of oxygen to the heart muscle
    6. high blood pressure
    7. what to report
        a. complaints of chest pain or pressure
        b. difficulty breathing
        c. rapid, slow or erratic pulse
        d. blood pressure that is unusually low or high
        e. face, lips or fingers are bluish
        f. shortness of breath on exertion
        g. complaints of chest or leg pain on exertion
        h. unusual pain, swelling or redness in legs
        i. bluish or cool/cold areas on the legs or feet

I. Age-related changes to the nervous system and what to report to appropriate supervisor
    1. slowed reaction time
    2. poor balance
    3. difficulty remembering recent events
    4. loss of sensation in hands and feet
    5. what to report
        a. change in level of consciousness
        b. suddenly becomes confused or disoriented
        c. speech becomes slurred
        d. eyelid or corner of the mouth begins to droop

e. sudden onset of severe headache
f. sudden onset of numbness, tingling, loss of sensation in arm, leg or face

J. Age-related changes to the eyes and ears and what to report to appropriate supervisor
   1. eyes adjust more slowly to change in light
   2. becomes more difficult to read small print
   3. lens becomes cloudy and cataracts form decreasing ability to see
   4. less tears are produced causing eye to become dry and irritated
   5. what to report about the eyes
      a. drainage from eyes
      b. complaints of dryness
      c. redness in or around the eyes
      d. glasses that are broken or do not fit
   6. outer ear continues to grow
   7. hearing decreases
   8. what to report about the ears
      a. drainage from the ears
      b. changes in ability to hear
      c. hearing aide batteries that do not work

K. Age-related changes to the digestive system and what to report to appropriate supervisor
   1. poor teeth cause less efficient chewing
   2. decrease in saliva and stomach acids causes poor breakdown of food
   3. decrease motility in intestinal tract causes constipation
   4. what to report
      a. teeth that are loose or painful
      b. dentures that do not fit or are broken
      c. choking while eating
      d. complaints of constipation or abdominal pain
      e. changes in bowel patterns
      f. blood in stool

L. Age-related changes to the urinary system and what to report to appropriate supervisor
   1. kidneys less efficient at filtering waste from the blood
   2. loss of muscle tone increases risk of urinary inco particularly in women
   3. enlarged prostate in men causes
      a. difficulty starting urine stream

Objectives	Content Outline
	b. dribbling between voids c. increased risk of urinary tract infections 4. what to report a. complaint of pain or burning upon urination b. frequent complaints of urgency and then unable to void or voids small amount c. urine with a strong or unusual odor d. episodes of dribbling before getting to the toilet e. presence of blood in urine
	M. Age-related changes to the endocrine system and what to report to appropriate supervisor 1. adult onset diabetes mellitus 2. what to report a. increased thirst b. increased urination c. increased appetite d. drowsiness and confusion e. cold, clammy skin f. shaky with increased perspiration g. complaint of headache h. sweet smelling breath i. seizure j. loss of consciousness
	N. Age-related changes to the reproductive system and what to report to appropriate supervisor a. menopause b. breast cancer c. prostate cancer d. what to report a. unusual vaginal discharge b. change in breast tissue 1. dimpling, lump, thickening of skin c. discharge from breast or nipple d. discharge from penis e. pain or burning with urination for male client f. change in skin of the scrotum g. lump in scrotum
	III. Caring for the clients' environment
Discuss six (6) conditions that effect the client's environment as evidenced by participation in classroom discussion.	A. Conditions that effect client's environment 1. cleanliness a. reflection of quality of care b. this is client's home c. impedes spread of micro-organisms

Objectives	Content Outline
	d. everyone's responsibility, not housekeeping 2. odor control a. follow facility policy for handling of waste and soiled linens b. close laundry and waste receptacle lids c. empty urinals, bedside commodes, and bedpans promptly d. flush toilets promptly e. use air fresheners as appropriate, per facility policy f. assist client to maintain personal care and good oral hygiene g. be aware of your personal hygiene, particularly if you are a smoker 3. ventilation a. may create drafts b. position client away from draft c. provide sweaters, blankets and/or lap covers if needed to keep client warm 4. room temperature a. 71° to 81° is OBRA regulation for temperature in long-term care facility 5. lighting a. general lighting 1. light from the window 2. ceiling lights 3. ask client for preference 4. encourage light from windows during the day and closed curtains at night b. task lighting 1. overbed light 2. light focused on a chair for reading 6. noise control a. provide quiet times for afternoon nap or at night time for restful sleep b. answer call bells and telephones promptly
Identify the six (6) OBRA requirements for a client room in a long-term care facility as evidenced by minimum grade of 80% on the unit test.	B. Features of a long-term care room 1. OBRA requirements for room in long-term care facility a. one window b. call system c. odor free d. pest free e. bed wheels lock f. personal supplies are labeled and stored appropriately

Objectives

Describe the furnishings located in a typical client room in a long-term care facility as evidenced by minimum grade of 80% on unit test.

Content Outline

2. bed
    a. when client is unattended always keep bed in low position with the wheels locked
    b. adjustable height, positioning of head and feet
    c. basic bed positions
        1. Fowler's
        3. semi-fowler's
        4. Trendelenburg
        5. reverse trendelenburg
    d. practice how to use bed
        1. raise and lower bed
        2. lock the wheels
        3. raise and lower head
        4. raise and lower feet
    e. siderails
2. overbed table
    a. fits over bed or chair
    b. height can be adjusted
    c. holds personal care items and/or meal tray
    d. considered a "clean" area
    e. do not put used urinal or bedpan on overbed table
3. bedside table
    a. stores personal care items, basins, bedpans
    c. surface area should be kept neat and tidy
4. personal furniture
    a. clients encouraged to bring own furniture to make the room more like home
    b. chairs, chest of drawers, tables, wardrobes
    d. keep personal furniture well cared for, dusted and clean
5. call bell/intercom system
    a. communication link between client and staff
    b. call bell should always be kept within easy reach of client
6. privacy curtain/room dividers
    a. divide one room into multiple client areas
    b. use to provide privacy when giving client personal care

Objectives	Content Outline
Demonstrate the nurse aide's responsibilities for care of the client's environment as evidenced by satisfactory performance in the skills lab.	C. Nurse Aide's responsibilities for care of the client's environment 1. always knock before entering client's room 2. assist client to keep room neat and clean 3. clean up spills immediately 4. assist client to keep personal items in good condition 5. label all items upon admission 6. keep clutter to a minimum 7. always straighten up the client's area after meals and procedures 8. assist client to keep room at comfortable temperature 9. do not place urinals on tables used for eating 10. flush toilets and empty beside commodes and urinals as soon as they have been used 11. use lighting to provide good illumination so client can see to get around the room 12. keep noise in hallways to minimum especially at rest times to promote client ability to sleep/rest 13. always have call bell within easy reach of the client 14. use care when dealing with client's clothing and personal items so loss or misplacement does not occur 15. re-stock client's supplies every day 16. refill water pitcher every shift unless the client has a fluid restriction
Describe what the nurse aide should report to the supervisor regarding the client's room as evidenced by participation in classroom discussion.	D. What Nurse Aide should report to the supervisor 1. piece of equipment or furniture that is not working properly 2. client injured by piece of equipment or furniture in the room 3. staff injured by a piece of equipment or furniture in the room 4. suspicion that client is storing unwrapped food in his room 5. signs of pest or insects 6. client or family member complains that personal items are missing 7. personal item belonging to client is accidentally broken 8. room and/or bathroom is not properly cleaned 9. waste receptacles are not consistently emptied 10. there is an odor in the room that will not go away
	E. Making the bed 1. unoccupied bed a. no one is in the bed

Objectives	Content Outline
Describe the different types of linen the nurse aide uses to make a bed in a long-term care facility as evidenced by obtaining the correct linen before beginning to make the client's bed.	b. closed bed 1. when client is out of bed all day 2. completely made with bedspread, blankets and pillows in place c. open bed 1.linen is folded down to the foot of the bed 2.makes it easier for client to get into be by himself e. surgical bed 1. prepared for client returning to bed from a stretcher 2. occupied bed a. made while the client is in the bed 3. linen required to make a bed a. mattress pad 1. makes mattress more comfortable 2. protects mattress from liquid spills b. top and bottom sheets 1. bottom sheet is often fitted 2. top sheet is flat c. draw sheet 1. small, flat sheet placed over the middle of the bed 2.goes from client's shoulders to below buttocks 3. used to help lift or turn client 4. sides are tucked under the mattress d. bed protector 1. absorbent fabric-backed waterproof material 2. used with clients who are incontinent e. blankets 1. may be personal or provided by facility f. bedspread 1. adds decorative look to room 2. may be personal or provided by facility g. pillow and pillowcases 1. for comfort and for positioning client 2. pillows always covered with pillowcase h. bath blanket 1. keep client warm during bed bath or linen change
Identify various devices used on the bed in a long-term care facility as evidenced by minimum grade of 80% on unit test.	4. other bed equipment a. pressure-relieving mattresses 1. eggcrate mattress 2. alternating air mattress

Objectives	Content Outline
	b. bed board 1. wood board placed under the mattress to make bed more firm c. bed cradle 1. metal frame that prevents top linen from placing pressure on the feet and causing foot drop d. foot board 1. piece of wood placed at foot end of mattress to keep the feet in proper anatomical alignment
Demonstrate correct handling of linen as evidenced by Satisfactory rating on Skills Record.	5. how to handle linen a. wash hands b. collect linen in order they will be used on the bed c. do not take linen from one client room to another d. when carrying linen, take care not to touch linen to your uniform e. wear gloves to remove soiled linen f. when removing linen from the bed turn it from the ends of the bed toward the center of the bed g. NEVER place used linen on the floor h. do not have used linen come in contact with your uniform i. place used linen in receptacle per facility policy j. wash hands
Demonstrate how to make a closed bed as evidenced by satisfactory performance in skills lab.	6. make a closed bed a. wash hands b. obtain linen and place on chair or table in client's room c. flatten bed and raise to waist level d. loosen used linen and place in hamper or linen bag e. remake the bed starting with the bottom sheet with the seams down f. place end of bottom sheet flush with bottom end of mattress, tuck in at top of mattress and make mitered corners at top of mattress g. place draw sheet if appropriate h. place top sheet, seams up, with end of sheet flush with head of mattress, tuck in bottom of sheet, make mitered corners at foot of mattress

Objectives

Content Outline

I. place blanket on bed, flush with top of sheet, fold down blanket and sheet as one at head of bed about 6 inches, tuck blanket under mattress at foot of bed, make mitered corners at foot of bed
j. place clean pillowcase on pillow, and pillow at head of bed
k. cover pillow and blanket with bedspread and tuck under the pillow
l. return bed to low position
m. place call bell where client can reach it
n. dispose of used linen
o. wash hands

Demonstrate how to make an open bed as evidenced by Satisfactory performance in skills lab.

7. make an open bed
   a. follow steps a-i for closed bed
   b. standing at head of bed, grasp top sheet, blanket, bedspread and fold down to foot of bed and then bring them back up the bed to make a large cuff
   c. place pillow
   d. return bed to low position
   e. place call bell where client can reach it
   f. wash hands

Demonstrate making an occupied bed as evidenced by Satisfactory rating on Skills Record.

8. make an occupied bed
   a. identify yourself by name
   b. wash hands
   c. explain procedure to client
   d. provide for client privacy
   e. place clean linen on clean surface within reach
   f. adjust bed to waist height
   g. put on gloves
   h. loosen top linen from end of bed on side you will work on first
   i. unfold bath blanket over top sheet to cover client and remove top sheet keeping client covered at all times
   j. raise side rail on far side of bed to protect client from falling out of bed while you are making it
   k. after raising side rail, go to other side of bed and assist client to turn onto side away from you toward the raised side rail
   l. loosen bottom soiled linen, mattress pad, and protector on the working side
   m. roll bottom soiled linen toward client, soiled side inside and tuck it snugly against client's back
   n. place mattress pad on bed, attaching elastic corners on working side

Objectives

Content Outline

o. place and tuck in clean bottom linen. Finish with bottom sheet free of wrinkles.
p. smooth bottom sheet out toward client. Roll extra material toward client. Tuck it under client's body.
q. if using a draw sheet, place it on the bed and tuck in on your side, smooth it and tuck as you did with the other bedding
r. raise side rail nearest you. Go to the other side of bed, lower side rail on that side and help client turn onto clean bottom sheet
s. loosen sioled linen. Roll linen from head to foot of bed avoiding contact with your skin or uniform. Place in laundry hamper or bag. NEVER place linen on the floor.
t. pull clean linen through as quickly as possible starting with mattress pad. Pull and tuck in clean bottom linen just like the other side. Finish with bottom sheet free of wrinkles.
u. assist client to turn onto back keep client covered ad comfortable with pillow under head. Raise side rail.
v. Unfold top sheet and place over client centering it. Slip bath blanket or old sheet out from underneath and put in hamper or bag.
w. place blanket over top sheet, matching top edges. Tuck bottom edges of top sheet and blanket under bottom of mattress. Miter corners and loosen top linens over client's feet. Fold top sheet over blanket at top of bed by about 6 inches.
x. remove pillow and change pillowcase placing soiled one in hamper or bag.
y. remove and discard gloves
z. position client in comfortable position. Return bed to low position. Return side rails to appropriate position and place call light within client's reach.
aa. take laundry hamper/bag to proper area
bb. wash hands
cc. report any changes in client to nurse
dd. document procedure using facility guidelines

IV. Vital Signs (VS)

A. Purpose of VS
1. measurement of body functions that are automatically regulated
2. change may indicate body is out of balance
3. indicate if the body is healthy or not healthy

Objectives	Content Outline
	B. When are VS measured? 1. upon admission to long-term care facility (baseline VS) 2. weekly, monthly according to facility policy 3. before and after certain medications a. will be ordered by health care provider 4. after diagnostic procedure or surgery 5. after a fall 6. during an emergency
Demonstrate the use of a thermometer to accurately measure and record client's temperature as evidenced by satisfactory performance in skills lab and clinical.	C. Temperature 1. measures the warmth of the body a. adult oral temperature 97.6° - 99.6°
	Content Outline
	b. adult tympanic temp. is same as oral c. adult rectal temp. 98.6° – 100.6° d. adult axillary temp. 96.6° – 98.6° 2. may be affected by a. age – less fat and decreased circulation lowers the temperature b. exercise – exercise increases body temp. c. circadian rhythm – client has higher temp. during active times of the day d. stress – increases body temperature e. illness – increases body temperature f. environment – cold environment lowers body temp.(hypothermia), hot environment raises body temperature (hyperthermia) 3. signs of hypothermia a. shivering b. numbness c. quick, shallow breathing d. slow movements e. mild confusion f. changes in mental status g. pale/bluish skin 4. signs of hyperthermia a. perspiration b. excessive thirst c. change in mental status
Report abnormal readings or changes to the appropriate supervisor as evidenced by satisfactory performance in skills lab and clinical.	5. signs of elevated temperature due to infection a. headache b. fatigue c. muscle aches d. chills e. skin warm and flushed 6. types of thermometers a. oral – by mouth b. tympanic – in the ear c. rectal – by the rectum

Objectives	Content Outline
	d. axillary – under the arm in the armpit e. most facilities use digital thermometers 7. measure, record, and report temperature a. follow facility policy for taking temperature b. follow facility policy for recording c. report changes to supervisor
Identify specific factors that may affect the accuracy of the temperature reading as evidenced by participation in classroom discussion.	8. factors that can affect temperature a. that raise the temperature 1. eating/drinking something hot 2. smoking 3. wait 10-15 minutes to take temp. b. that lower the temperature 1. eating/drinking something cold 2. incorrect placement of thermometer 3. not waiting long enough for thermometer to read temperature 4. wait 10-15 minutes to take temp. 9. special considerations for taking temperatures a. do not force a rectal thermometer b. do not force tympanic thermometer
Describe the circulation of blood from the heart, to the periphery of the body and back to the heart as evidenced by a minimum grade of 80% on the unit test.	D. Anatomy of the cardiovascular system 1. heart a. muscle b. pumps blood throughout the body 2. arteries a. blood vessels that carry blood from heart to every part of the body b. transport oxygen to cells of the body 3. veins a. blood vessels that carry blood from the cells of the body back to the heart b. transport carbon dioxide from cells back to the lungs 4. capillaries a. tiny vessels that connect arteries to veins 5. blood a. red blood cells carry oxygen to the cells b. white blood cells fight infection c. platelets form clots to stop bleeding
	E. Pulse 1. description a. heart contracts pushing blood out of heart b. that push is the pulse or beat of the heart c. can be felt by applying pressure over an artery d. tells how many times the heart is contracting or beating in 1 minute e. normal adult rate 60-100 beats/min f. tachycardia > 100 beats/min

Objectives	Content Outline
	g. bradycardia < 60 beats/min 2. location of pulse points a. radial pulse is on thumb-side of the wrist b. brachial pulse on little finger side of the elbow space c. carotid – either side of the windpipe in the neck d. apical – left ventricle of heart, 5th intercostal space on left side of chest e. femoral – in groin where leg attaches to torso f. popliteal – in space behind the knee
Demonstrate how to count and record radial pulse as evidenced by Satisfactory rating on Skills Record.	3. measure, record, and report pulse a. follow the procedure for "Counts and records radial pulse" in the most current edition of Virginia Nurse Aide Candidate Handbook b. use stethoscope to listen to, then count and record apical pulse
Report any changes or abnormal pulse rates to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	c. report any changes or abnormal rate to appropriate supervisor
Identify specific factors that may affect the accuracy of the pulse rate as evidenced by participation in classroom discussion.	4. factors that affect pulse rate a. age – decreases pulse b. sex – males have lower pulse than females c. exercise – increases pulse d. stress – increases pulse e. hemorrhage (bleeding) – increases pulse f. medications – depending on medication may increase or decrease pulse rate g. fever/illness – increases pulse rate
Explain what the blood pressure measures as evidenced by a minimum grade of 80% on the unit test.	F. Blood Pressure (BP) 1. definitions a. measures force applied to walls of arteries as the heart contracts pushing blood away from the heart b. measured in mm Hg (mercury) c. systolic – top number when BP is reported and recorded 1. measures force applied to walls of arteries as the left ventricle contracts pushing blood away from the heart 2. normal adult range 100-119 mm Hg d. diastolic – bottom number when BP is reported and recorded 1. measures pressure in the arteries when the heart is resting between contractions 2. normal range 60-79 mm Hg e. pre-hypertension 1. between 120/80 – 139/89 2. client likely to develop high blood pressure

Objectives	Content Outline
	f. hypertension 1. high blood pressure 2. > 140/90 g. hypotension 1. low blood pressure 2. < 90/60 h. orthostatic hypotension 1. when client changes position from lying to sitting, or sitting to standing the BP drops 2. when BP drops, client becomes dizzy, lightheaded and may faint
	2. equipment needed to take BP a. stethoscope b. blood pressure cuff 1. size of cuff should match size of client's arm c. sphygmomanometer 1. electronic 2. aneroid d. alcohol wipe
Demonstrate how to measure and record blood pressure as evidenced by Satisfactory rating on Skills Record.	3. measure and record blood pressure a. follow the procedure for "Measures and records blood pressure" in the most current edition of Virginia Nurse Aide Candidate Handbook
Report any changes or abnormal blood pressure to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	b. report any changes or abnormal blood pressure to appropriate supervisor
	4. considerations for where to take BP a. do not take BP in arm with an IV (intravenous line) present b. do not take BP in arm with a shunt used for dialysis c. do not take BP in arm on same side as mastectomy surgery for breast cancer d. do not take BP in arm paralyzed due to stroke (CVA) e. do not take BP in extremity with an amputation f. do not take BP in an arm with a cast g. if both arms have a dialysis shunt or client has had double mastectomy take BP in thigh using the popliteal pulse
Identify specific factors that may affect the BP reading as evidenced by participation in classroom discussion.	5. factors affecting BP a. age – increases BP b. exercise – decreases c. stress – increases d. race – African-Americans more likely to have high BP than Caucasians e. heredity – familial tendency to high BP

Objectives	Content Outline
	f. obesity – increases BP g. alcohol – high intake may increase BP h. tobacco – may increase BP i. time of day – BP lower in morning and higher in the evening j. illness – diabetics and clients with kidney disease may have high BP
Identify specific factors that may affect the accuracy of BP reading as evidenced by participation in classroom discussion.	6. factors affecting accuracy of BP reading a. wrong size cuff b. not inflating cuff sufficiently c. releasing cuff pressure too quickly d. taking BP multiple times in rapid succession in same arm
	G. Respirations 1. Definitions a. inspiration – taking air and oxygen into the lungs (inhale), chest rises b. expiration – letting air and carbon dioxide out of the lungs (exhale), chest falls c. respiration – 1 complete inhalation and exhalation d. measured in breaths/minute e. normal adult respiratory rate 12-20 breaths/min f. apnea – absence of breathing g. dyspnea – difficulty breathing
Demonstrate how to count and record Respirations as evidenced by Satisfactory rating on Skills Record.	2. measure and record respirations a. follow the procedure for "Counts and records respirations" in the most current edition of Virginia Nurse Aide Candidate Handbook
Report any changes or abnormal respirations to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	b. report any changes or abnormal respiratory rate to appropriate supervisor
	H. Pain Management 1. definitions a. fifth vital sign b. different for every person c. some clients have higher pain tolerance than others c. Pain Scale – i. know facility's pain scale ii. some pain scales are 0-10 and some are 1-10 objective value to sensation of pain 2. questions to ask to understand client's pain a. where is the pain? b. when did pain start c. does the pain go away on rest? d. how long does pain last? e. describe the pain…sharp, shooting, dull, ache, burning, electric-like, constant, comes

Objectives	Content Outline
	and goes
Describe observations that the nurse aide can make to understand the client's pain level as evidenced by participation in classroom discussion.	3. observations nurse aide may make that indicate client is experiencing pain a. increased P, R, BP b. sweating c. nausea d. vomiting e. tightening the jaw f. frowning g. groaning on movement h. grinding teeth i. increased restlessness j. agitation k. change in behavior l. crying m. difficulty moving 4. report any complaints or observations of pain to appropriate supervisor 5.actions nurse aide can do to alleviate pain
Describe comfort measures the nurse aide can perform in response to the client's pain.	a. offer back rub b. assist to change position c. offer warm bath or shower d. encourage slow, deep breaths e. be patient, caring and gentle
	V. Height and Weight A. Height
Demonstrate how to measure and record height of a client as evidenced by a rating of Satisfactory on Skills Record.	1. usually performed on admission 2. assist to step onto the scale and measure height by extending height rod 3. if unable to stand, may use tape measure while client is lying on bed 4. record accurately in feet and inches
	B. Weight 1. performed on admission and at regular intervals afterwards, per facility policy 2. ambulatory client uses standing scale 3. wheelchair scale and/or bed scale may be available 4. measured in pounds or kilograms, per facility policy 5. uses a. data on nutritional status of client b. calculate correct medication dosage
Demonstrate how to measure and record weight of Ambulatory client as evidenced by a rating of satisfactory on skills record. Report any changes in weight to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	6. measure and record weight a. follow the procedure for "Measures and records weight of ambulatory client" in the most current edition of Virginia Nurse Aide Candidate Handbook b. report any changes in weight to appropriate supervisor

Objectives	Content Outline
Measure and record fluid intake as evidenced by Satisfactory rating on Skills Record.	VI. Measure and Record Fluid Intake and Output A. Measure and record fluid intake 1. fluid taken into the body a. fluid that client drinks b. liquids that are eaten: soup, jello, pudding, ice cream, popsicles 2. measurement a. milliliter (ml) b. ounce (oz) c. 1 oz = 30 ml 3. measure and record fluid intake a. convert all fluid measurements into milliliters b. add together all fluid taken into the body c. at end of shift record all fluid intake per facility policy d. fluid taken into the body should be approximately equal to the amount of fluid that the body eliminated
Identify the major anatomical structures of the urinary system as evidenced by minimum grade of 80% on unit test.	B. Urinary system 1. kidneys a. filter waste products and water out of blood to make urine 2. urethras a. carry urine from kidneys to bladder 3. bladder a. collects and hold urine 4. ureters a. carries urine from bladder to the outside of body 5. urine a. water and waste products that kidneys filtered out of the blood
Describe the fluids that can be recorded as fluid output as evidenced by minimum grade of 80% on unit test.	C. Fluid output 1. fluid that is eliminated by the body a.. urine b. vomit (emesis) c.. blood d.. wound drainage e.. diarrhea 2. measured in ml 3. at end of shift record all fluid output per facility policy 4. fluid taken into the body should be approximately equal to the amount of fluid that the body eliminated
Identify equipment used to measure fluid output as evidenced by satisfactory participation in skills lab.	D. Measure and record urinary output 1. equipment a. graduate

Objectives	Content Outline
	b. commode hat c. urinal d. catheter drainage bag 2. measuring output a. 1ml = 1cc (cc=centimeter) b. 30 ml = 1 oz c. always measure fluid output in graduate, not in urinal, commode hat or catheter drainage bag d. urinary output should not be less than 30ml per hour e. always wear gloves to measure output
Demonstrate accurate measurement and recording of urinary output as evidenced by Satisfactory rating on Skills Record.	3. measure and record urinary output a. follow the procedure for "Measures and records urinary output" in the most current edition of Virginia Nurse Aide Candidate Handbook b. report unusually low or high urinary output to appropriate supervisor
Report any changes in urinary output to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	
Identify factors that may affect the client's urinary output as evidenced by participation in classroom discussion.	4. factors affecting urinary output a. decreased intake of fluids b. fever (increased temperature) c. increased salt in diet d. excessive perspiration
	E. Measure and record food intake 1. know facility policy a. percentage methods – percentage of each food item 1. calculated by dietician 2. record percentage (%) of each item on meal tray eaten 3. add together all the percents and record total percent of meal eaten b. some facilities use percentage of entire meal rather than percentage of each item on meal tray 2. be accurate and consistent 3. at end of shift record all food intake per facility policy 4. report unusually small or large food intake to appropriate supervisor
Demonstrate accurate measurement and recording of food intake as evidenced by Satisfactory rating in skills lab.	
Report any changes in food intake to the appropriate supervisor as evidenced by satisfactory performance in skills lab.	

Unit VIII – Personal Care Skills
(18VAC90-26-40.A.3.a, b, c, d, e, f, g)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify the components of personal care.
2. Explain routine personal care for both morning and bedtime.
3. Describe the guidelines for assisting the client with personal care.
4. Demonstrate how to provide a modified bed bath.
5. Demonstrate how to provide mouth care.
6. Demonstrate how to clean upper or lower dentures.
7. Demonstrate proper grooming of a client.
7. Demonstrate how to provide fingernail care.
8. Demonstrate how to provide foot care.
9. Demonstrate how to dress client with weak side.
10. Demonstrate how to provide perineal care for a female client
11. Demonstrate how to measure and record urine output.
12. Demonstrate how to provide catheter care for a female client
13. Demonstrate how to assist the client with a bedpan.
14. Describe how to collect urine and stool specimens.
15. Demonstrate how to feed client who cannot feed self.
16. Measure and record food intake
17. Accurately describe actions of the nurse aide to prevent client dehydration.
18. Discuss pressure sores, including formation, staging, prevention and reporting responsibilities of the nurse aide.
19. Demonstrate the various positions for the client in bed.
20. Demonstrate moving and positioning a client in bed with and without a drawsheet.
21. Demonstrate transfer of client from be to wheelchair using a transfer belt.
22. Demonstrate assisting the client to ambulate using transfer belt.

Objectives	Content Outline
	I. Guidelines for assisting with personal care A. Definitions 1. hygiene a. methods of keeping the body clean 2. grooming a. hair, nail and foot care b. shaving facial hair 3. diaphoretic a. perspired, sweaty
Identify the components of personal care as evidenced by participation in classroom discussion.	B. components of personal care 1. bathing 2. oral hygiene 3. shaving 4. back rub 5. dressing and undressing 6. hair care 7. nail care

Objectives	Content Outline
	8. elimination 9. bed-making
Explain routine personal care for both morning and bedtime as evidenced by participation in classroom discussion.	C. Routine personal care 1. early AM care b. after waking and before breakfast c. going to the bathroom d. washing hands, face e. mouth care 2. morning (AM) care – preparing for the day a. take client to bathroom or assist with elimination b. assist to wash hands c. before or after breakfast (client preference) assist with mouth care/denture care d. assist with bathing e. provide a back rub f. helping client to dress in day-time clothes g. assisting client with hair care, shaving, hand care, foot care, make-up h. make bed i. tidy room 3. evening (PM) care – preparing for bedtime a. offer bedtime snack and fluid, if appropriate b. take client to bathroom or assist with elimination c. assist with bathing, if client preference; otherwise assist to remove make-up, if appropriate, wash hands and face d. help with mouth care/denture care e. help with hair care f. assist to put on night clothes g. provide back rub h. prepare bed for client i. tidy room
Describe the guidelines for assisting the client with personal care as evidenced by participation in classroom role-play or discussion.	D. Guidelines for assisting with personal care 1. promote client dignity a. address by name b. treat as an adult c. explain what you will be doing d. provide privacy during personal care 2. promote client independence a. encourage to perform tasks b. provide time for client to perform tasks 3. respect client preferences a. permit client to make choices regarding clothing, hair style, make-up b. allow client to choose when to take bath or perform mouth care 4. follow client's routine

Objectives	Content Outline
	a. routine may be comforting b. allows client choice in care 5. follow care plan instructions a. consistency among staff helps to prevent behavior problems b. assures that client receives all the care and assistance they require
Explain what the nurse aide is able to observe while assisting the client with personal care as evidenced by accurate reporting during classroom and skills lab role-play.	E. Observation during personal care 1. skin a. areas that are red, white, bluish b. areas of broken skin c. bruises d. edema e. condition of fingernails and toenails 2. mobility a. difficulty walking b. difficulty raising arms to dress 3. flexibility a. difficulty bending a joint 4. complaint of pain a. cause of pain b. description of pain c. duration of pain d. what causes pain to cease 5. change in level of consciousness a. drowsy b. confused c. disoriented to person, place, time d. not able to arouse
Identify the purposes of bathing as evidenced by a minimum grade of 80% on the unit test.	II. Bathing A. Purpose 1. clean the skin 2. eliminate body odor 3. relax and refresh client 4. exercise muscles 5. stimulate blood flow to skin 6. improves client self-esteem 7. nurse aide can observe skin
Identify the supplies required for bathing as evidenced by successful preparation for bathing skills in skills lab and in clinical.	B. Supplies 1. washcloths 2. bath towels 3. soap – client may have personal preference for type of soap used 4. hand lotion 5. deodorant C. Types of baths 1. shower 2. tub bath a. uses a whirlpool or bath tub

Objectives	Content Outline
	3. partial a. face, underarms, hands, perineal area b. can be performed in bathroom or while client is in bed 4. bed bath a. client unable to leave bed b. entire body washed while client in bed
Describe the safety guidelines the nurse aide should follow when assisting the client to bathe as evidenced by successful completion of role-play in classroom and skills lab.	D. Safety guidelines during bathing 1. follow nursing care plan for special instructions 2. if nurse aide cannot handle client alone, ask for help 3. keep client covered on way from room to bathing room 4. have bathing room warm before bringing client to room 5. follow facility policy for cleaning bathing area before and after client use 6. make sure floor in bathing area is dry before client walks on it 7. client should wear non-skid shoes to and from the bathing area 8. use non-slip mats in tub 9. hand rails and grab bars should be sturdy and secured to the walls 10. gather all supplies before entering the bathing area and put them where they are easily accessible 11. do not leave client unattended in bathing area 12. check water temperature before client tests water (should not be greater that 105°F.). Test on inside of wrist 13. wear gloves to bathe client if there is any broken skin or nurse aide is washing perineum 14. do not have electrical items (razors, hair dryers) near water source
Explain the importance of following the correct sequence of bathing as evidenced by participation in classroom discussion.	E. Order of bathing 1. clean to dirty to prevent transferring micro-organisms from one part of the body to another 2. eyes first – nose to temple 3. face 4. ears 5. neck 6. arms, underarms (axilla), hands – from torso outward 7. chest 8. abdomen 10 legs, feet – from torso downward 11. back 12. perineum 13. buttocks

Objectives	Content Outline
Demonstrate how to give a shower as evidenced by a Satisfactoryrating on the Skills Record during the clinical experience.	F. Giving a shower 1. Equipment a. bath blanket b. soap c. 2-4 washcloths d. 2-4 towels e. clean clothes f. non-skid footwear g. gloves h. lotion i. deodorant 2. make sure shower room is clean, including shower chair 3. explain procedure to client 4. with client's input gather clean clothing, personal toiletries 5. have client wear non-skid footwear 6. transport client to shower room, making sure client is fully covered and warm 7. lock wheels of shower chair when client has been transported to shower 8. test temperature of water before running water on client 9. put on gloves 10. assist client to undress, removing non-skid footwear last 11. encourage client to wash face, arms, chest, abdomen, and hands 12. wash client's back, legs, feet and perineum 13. rinse, being careful to remove all soap residue 14. cover client's back with towel after washing and rinsing to keep client warm 15. unlock shower chair wheels, roll client to dressing area and dry with bath towels, including under breasts and between the toes 16. place bath blanket around shoulders to keep client warm
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	17. apply deodorant and lotion per client's request and as needed 18. remove gloves and wash hands 19. assist client to put on clean clothes, including non-skid footwear 20. return client to room 21. assist with remainder of grooming: hair care, shaving, nail care 22. help client to comfortable positioning 23. place call bell within reach 24. wash hands 25. be courteous and respectful to client at all times 26. report any observations of changes in client's condition or behavior to appropriate supervisor
Accurately document performance of a shower on facility ADL Form as evidenced by Satisfactory rating on Skills Record.	

Objectives	Content Outline
	27. document on ADL (Activities of Daily Living) Form per facility policy
	G. Giving a tub bath
Demonstrate how to give a tub bath as evidenced by a Satisfactory rating on the Skills Record during the clinical experience.	1. equipment is the same as shower 2. make sure tub room is clean, including the bathtub 3. explain procedure to client 4. with client's input gather clean clothing, personal toiletries 5. have client wear non-skid footwear 6. ambulate or transport client to tub room, making sure client is fully covered and warm 7. lock wheels of tub chair or tub lift when client has been safely transported to chair or lift 8. test temperature of water and fill half-full with warm water 9. put on gloves 10. assist client to undress, removing non-skid footwear last 11. encourage client to wash face, arms, chest, abdomen, and hands 12. wash client's back, legs, feet and perineum 13. rinse, being careful to remove all soap residue 14. cover client's back with towel after washing and rinsing to keep client warm 15. remove client from tub and dry with bath towels, including under breasts and between the toes 16. place bath blanket around shoulders to keep client warm 17. apply deodorant and lotion per client's request and as needed 18. remove gloves and wash hands 19. assist client to put on clean clothes, including non-skid footwear 20. return client to room 21. assist with remainder of grooming: hair care, shaving, nail care 22. help client to comfortable positioning 23. place call bell within reach 24. wash hands 25. be courteous and respectful to client at all times 26. report any observations of changes in client's condition or behavior to appropriate supervisor 27. document on ADL (Activities of Daily Living) Form per facility policy
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	
Accurately document performance of a tub bath on facility ADL Form as evidenced by Satisfactory rating on Skills Record.	
	H. Giving a partial bath
	1. used on days client does not receive complete bath or shower 2. explain procedure to client

Objectives	Content Outline
Demonstrate how to give a partial bed bath as evidenced by a Satisfactory rating on the Skills Record during the clinical experience.	3. with client's input gather clean clothing, personal toiletries 4. have client wear non-skid footwear 5. transport client to bathroom, making sure client is fully covered and warm 6. lock wheels of chair when client has been transported to bathroom 7. if giving a partial bed bath, raise level of bed to waist-height of the nurse aide 8. test temperature of water at sink or before filling bath basin about half-full 9. put on gloves 10. assist client to undress, removing non-skid footwear last 11. encourage client to wash face, underarms, and hands 12. assist client to wash perineum remembering to wash front to back, rinse front to back and dry front to back 13. help client to rinse being careful to remove all soap residue 14. apply deodorant and lotion per client's request and as needed 15. remove gloves and wash hands
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	16. assist client to put on clean clothes, including non-skid footwear 17. return client to room 18. assist with remainder of grooming: hair care, shaving, nail care 19. help client to comfortable positioning 20. place call bell within reach 21. if partial bed bath was given, return bed to low position 22. wash hands 23. be courteous and respectful to client at all times 24. report any observations of changes in client's condition or behavior to appropriate supervisor
Accurately document performance of a partial bed bath on facility ADL Form as evidenced by Satisfactory rating on Skills Record.	25. document on ADL (Activities of Daily Living) Form per facility policy
Demonstrate how to give a complete bed bath as evidenced by a Satisfactory rating on the Skills Record during the clinical experience.	I. Giving a complete bed bath 1. supplies are the same as above with addition of bath basin 2. explain procedure to client 3. provide client privacy be pulling privacy curtain or closing client's door 4. with client's input gather clean clothing, personal toiletries 5. test temperature of water at sink before filling bath basin about half-full and taking to bedside 6. have client verify water temperature is OK 7. raise level of bed to waist-height of the nurse aide and lock wheels of bed

Objectives

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Content Outline

8. cover client with bath blanket to maintain warmth and remove night clothing
9. put on gloves
10. beginning with eyes, wash eyes with wet washcloth (no soap) using different area of washcloth for each eye, washing from the nose toward the temple
11. wash remainder of face
12. dry face with towel
13. keeping client covered with bath blanket, expose 1 arm placing a clean, dry towel under the exposed arm
14. with soap on the washcloth, wash arm, hand and underarm
15. rinse arm, hand, underarm and pat dry with towel and place under bath blanket
16. repeat process for 2nd arm
17. expose client's chest and abdomen and with soap on washcloth wash chest (including under the breasts) and abdomen
18. rinse and dry chest and abdomen and cover with bath blanket
19. expose one leg and foot and place clean, dry towel under leg
20. with soap on the washcloth, wash leg and foot (including between the toes) and rinse
21. dry leg and foot with towel that is underneath leg
22. cover leg and foot with bath blanket
23. repeat process for 2nd leg and foot
24. wash front of perineum, front to back
    a. use clean area of washcloth for each stroke
    b. using clean washcloth, rinse soap from perineum, front to back using clean area of washcloth for each stroke
25. dry perineum, front to back with towel
26. return bed to low position
27. empty bath basin and refill with clean, warm water
28. raise bed to waist level and raise side rail on opposite side of bed
29. turn client on side toward raised side rail and wash rectal area with clean washcloth and soap
    a. front to back with clean area of washcloth for each stroke
30. dry with towel
31. reposition client
32. apply deodorant and lotion per client's request and as needed
33. remove gloves and wash hands
34. assist client to put on clean clothes, including non-skid footwear, if appropriate
35. assist with remainder of grooming: hair care, shaving, nail care

Objectives	Content Outline
Accurately document performance of a complete bed bath on facility ADL Form as evidenced by Satisfactory rating on Skills Record.	36. help client to comfortable positioning 37. place call bell within reach 38. return bed to low position 39. empty, rinse, dry basin and store per facility policy 40. dispose of soiled washcloths, towels and linen per facility policy 41. be courteous and respectful to client at all times 42. report any observations of changes in client's condition or behavior to appropriate supervisor 43. document on ADL (Activities of Daily Living) Form per facility policy
Demonstrate how to give modified bed bath (face, 1 arm, hand and underarm) as evidenced by Satisfactory rating on Skills Record.	J. Give a modified bed bath 1. skill required for NNAAP testing a. follow the procedure for "Gives Modified Bed Bath" in the most current edition of Virginia Nurse Aide Candidate Handbook
Identify terms associated with oral hygiene as evidenced by a participation in classroom discussion.	III. Oral Hygiene A. Definitions 1. oral hygiene a. teeth b. gums c. tongue d. bridge e. dentures 2. periodontal disease a. diseases of the gums 3. plaque a. sticky, colorless deposit that forms on teeth b. develops when food containing carbohydrates is left on the teeth c. bacteria live in plaque and destroy the tooth enamel causing tooth decay 4. tartar a. plaque left on teeth more than 26 hours hardens into tartar b. promotes tooth decay and gum disease, gingivitis 5. gingivitis a. inflammation of gums caused by bacteria and plaque that remain on teeth b. can be prevented with regular brushing, flossing and cleaning by a dentist 6. periodontitis a. inflammation of gums becomes more severe b. gums pull away from teeth allowing bacteria and food to accumulate c. gums become infected d. teeth become loose and fall out or must be removed

Objective	Content Outline
	7. halitosis a. bad breath b. caused by poor oral hygiene c. bacteria and plaque build-up around unbrushed teeth producing odor 8. bridge a. may be permanent or removable b. bridge a gap between client's own teeth with a false tooth/teeth c. attach to client's own teeth 9. edentulous a. toothless 10. dentures a. removable replacement for teeth and gums b. all client's teeth are removed c. may have upper – replaces teeth in upper jaw d. lower denture – replaces teeth in lower jaw
Demonstrate an understanding of the importance of oral hygiene as evidenced by participation in classroom discussion.	B. Purpose of oral hygiene 1. Keep mouth clean 2. remove food and bacteria from teeth, tongue, gums 3. prevent tooth decay and gum disease 4. prevent bad breath
Describe observations that the nurse aide may make while providing oral hygiene to a client as evidenced by accurate documentation on client observation form during role-play in skills lab.	C. Observations to make while assisting with oral care 1. lips a. dry b. cracked c. bleeding d. chapped e. cold sores (fever blisters) 2. tongue and cheeks a. red, white or swollen areas b. sores or white spots 3. teeth a. loose b. cracked c. chipped d. broken 4. dentures a. chipped b. cracked c. fit poorly 5. breath a. bad breath that does not go away with brushing b. fruity aroma to breath 6. difficulty swallowing a. gagging b. choking

Objectives	Content Outline
	7. client complains of pain in mouth
Identify the guidelines for good oral hygiene as evidenced by a minimum grade of 80% on unit test.	D. Guidelines for good oral hygiene 1. brush teeth after each meal and at bedtime 2. floss once a day 3. rinse dentures after each meal 4. remove dentures at bedtime and soak overnight in soaking solution
	E. Equipment to provide oral care 1. toothbrush 2. toothpaste 3. emesis basin 4. gloves 5. towel 6. glass of water 7. denture cup for client with dentures
Demonstrate how to provide mouth care as evidenced by Satisfactory rating on skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document performance of mouth care on facility ADL form as evidenced by Satisfactory rating on Skills Record.	F. Provide mouth care 1. consider the toothbrush as a “clean” instrument throughout procedure 2. encourage client to be as independent as he can 3. independent client may only need assistance gathering supplies or transport to the bathroom 4. follow the procedure for “Provides Mouth Care” in the most current edition of Virginia Nurse Aide Candidate Handbook 5. document procedure on Activities of Daily Living form, per facility policy 6. report any observations of changes in client’s condition or behavior to appropriate supervisor
Demonstrate how to provide mouth care For an edentulous client as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document performance of mouth care on facility ADL form as evidenced by Satisfactory rating on Skills Record.	G. Provide mouth care for edentulous client 1. even though teeth are absent, mouth care is important 2. use foam-tipped applicators moistened with mouthwash or half-strength mouthwash/hydrogen peroxide to clean gums 3. use applicators to clean tongue 4. rinse mouth with mouthwash 5. document procedure on Activities of Daily Living form, per facility policy 6. report any observations of changes in client’s condition or behavior to appropriate supervisor
	H. Flossing teeth 1. purpose a. cleans food and bacteria from between teeth where toothbrush cannot reach 2. equipment

Objectives	Content Outline
	a. dental floss b. gloves c. towel d. water for client to drink e. emesis basin
Demonstrate how to floss a client's teeth as evidenced by Satisfactory practice in skills lab.	3. procedure a. identify yourself to client b. explain what you will be doing c. provide privacy d. wash hands e. gather supplies f. place client in upright sitting position with towel over chest 1. if client in bed, raise bed to waist-height and lower side rail closest to you g. put on gloves h. wrap ends of floss securely around each of your index fingers i. beginning with back teeth, using a sawing motion, move floss up and down between teeth j. gently slip floss into space between gum and tooth k. repeat on each side of the tooth l. after every 2 teeth, unwind floss and use a new area of floss m. offer client water to drink and provide emesis basin to spit the water into n. clean client's mouth with towel o. return bed to low position, replace side rail as appropriate p. place call bell within reach of client q. clean and return supplies to appropriate storage area r. remove and dispose of gloves s. wash hands t. document procedure on Activities of Daily Living form, per facility policy u. report any observations of changes in client's condition or behavior to appropriate supervisor
Demonstrate how to provide denture care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	I. Provide denture care 1. always wear gloves when handling dentures 2. dentures are very expensive, handle with care 3. always store in water a. prevents cracking 4. follow the procedure for "Cleans Upper or Lower Denture" in the most current edition of Virginia Nurse Aide Candidate Handbook

Objectives	Content Outlines
Accurately document performance of denture care on facility ADL form as evidenced by Satisfactory rating on Skills Record.	5. document procedure on Activities of Daily Living form, per facility policy 6. report any observations of changes in client's condition or behavior to appropriate supervisor
	J. Provide oral care for unconscious client 1. require frequent mouth care a. prevent mucous membranes from drying b. keep teeth and gums moist keep lips moist to prevent cracking 2. equipment a.. toothbrush or foam-tipped applicator b. toothpaste or cleaning solution c. gloves d. towel e. emesis basin f. lip lubricant 3. procedure a. identify yourself to client and explain what you will do, even though client is unconscious b. provide client privacy c. wash hands d. gather supplies e. raise bed to waist-height and lock wheels of bed f. lower side rail closest to you g. turn client on side, facing you h. put on gloves i. place towel under client cheek and chin j. place emesis basin next to cheek and chin to catch fluid from mouth k. using moistened toothbrush or foam-tipped applicator gently clean teeth, gums, tongue l. rinse and remoisten brush or applicator as needed m. when finished use towel to dry client's face n. remove towel and basin o. apply lip lubricant p. reposition client q. replace side rail to appropriate position r. return bed to low position s. place call bell within client's reach t. clean and store equipment u. dispose of linen v. remove gloves and wash hands w. document procedure on Activities of Daily Living form, per facility policy x. report any observations of changes in client's condition or behavior to appropriate supervisor
Demonstrate how to provide mouth care For an unconscious client as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document performance of mouth care on facility ADL form as evidenced by Satisfactory rating on Skills Record.	

Objectives	Content Outline
Identify the components of personal grooming as evidenced by a minimum grade of 80% on the unit test.	IV. Grooming A. Maintaining neat, attractive appearance 1. hair care 2. shaving 3. make-up 4. fingernail care 5. foot care
Explain how to shampoo a client's hair As evidenced by Satisfactory rating on the Skills record during clinical experience.	B. Hair care 1. shampooing client's hair a. always ask client if they want hair shampooed b. many facilities have beauty shop for female clients to use weekly or bi-weekly c. easiest to perform during shower 1. provide client cloth to cover/protect eyes 2. with hand-held shower head, wet hair with warm water 3. apply client's preferred shampoo and lather, gently massaging scalp 4. thoroughly rinse shampoo from hair 5. towel dry hair and wrap hair in towel to transport client back to room 6. document procedure on Activities of Daily Living form, per facility policy 7. report any observations of changes in client's condition or behavior to appropriate supervisor d. shampoo in bed 1. some facilities have shampoo basin for use in bed e. dry, powder shampoo may be used for bed-ridden client 2. daily hair care a. improves self-esteem b. permit client to chose how to style their hair c. brushing hair massages scalp d. prevents tangles 3. equipment a. client's own comb and/or brush b. mirror c. towel d. hair care items requested by client
Demonstrate how to provide hair care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.	4. procedure to provide hair care a. identify yourself to client and explain what you will be doing b. gather supplies c. wash hands d. provide for client privacy

Objectives	Content Outline
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	e. place towel over shoulders to collect hair that comes out while combing/brushing f. gently comb/brush hair starting at the ends and working toward the scalp g. remove tangles first h. then brush hair from scalp to ends of hair i. style as client prefers j. clean hair from comb and/or brush and return equ to appropriate storage k. dispose of towel per facility policy l. position client comfortably m. place call bell within client's reach n. wash hands o. document procedure on Activities of Daily Living form, per facility policy p. report any observations of changes in client's condition or behavior to appropriate supervisor
Accurately document performance of hair care on facility ADL form as evidenced by Satisfactory rating on Skills Record.	
	C. Shaving
Explain guidelines for nurse aide when shaving a client as evidenced by participation in classroom discussion.	1. guidelines for shaving men a. respect client preference 1. some men do not wish to shave daily b. always wear gloves when giving a shave c. before shaving with safety or disposable razor, soften facial hair with warm, moist cloth d. always shave in same direction as the hair grows e. follow client preference for shaving and after-shave products f. discard disposable razors in the biohazard container g. wash and comb beards and mustaches daily h. never cut or trim client's beard or mustache without their permission
	2. equipment a. electric razor 1. safest 2. does not require shaving cream or soap 3. prevents nicks and cuts 4. should be used if client receiving anti-coaggulant medications 5. do not use near water source or when oxygen is in use
Described the different types of razors including how the nurse aide would use each type as evidenced by satisfactory practice in the skills lab.	b. disposable razor 1. requires shaving cream or soap 2. may make nicks or cuts because they are very sharp c. safety razor 1. requires shaving cream or soap 2. blades need to be changed when become dull

Objectives	Content Outline
	3. dispose of old blades in biohazard container 4. may make nicks or cuts because they are very sharp d. 2 towels e. washcloth f. mirror g. shaving cream or soap h. gloves
	3. procedure for shaving male client a. identify yourself and explain what you will be doing b. gather supplies c. fill basin half-full of warm water for use with client in bed d. provide for client privacy e. if client is in bathroom, position him in front of mirror f. if client is in bed, raise bed to waist-height, lower side rail closest to you and raise head of bed to sitting position g. put on gloves h. for safety or disposable razor 1. drape towel over client's chest 2. moisten beard with warm, moist cloth 3. apply shaving cream or lathered soap to cheeks, chin and front of neck 4. holding skin taut shave in direction hair grows (downward on face, upward on neck) 5. rinse razor frequently to get rid of excess cream/soap/whiskers 6. offer mirror to client for approval 7. wash, rinse and dry face and neck 8. apply after-shave per client preference 9. remove and dispose of towel 10. remove gloves and wash hands i. for electric razor 1. do not use near the sink 2. place towel on client's chest 3. put on gloves 4. apply pre-shave lotion per client preference 5. holding skin taut shave with smooth, even, circular motions if razor has 3 heads, otherwise go back and forth in direction of hair growth (downward on face and upward on neck) 6. offer mirror to client for approval 7. apply after-shave per client preference 8. remove and dispose of towel 9. remove gloves and wash hands j. remove any loose hairs from client
Demonstrate how to shave a client as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document shaving on facility ADL form as evidenced by Satisfactory rating on Skills Record	

Objectives	Content Outline
	k. position client comfortably l. if in bed, return bed to low position m. place call bell within client's reach n. clean razor of hair and/or soap o. return equipment to appropriate storage p. document procedure on Activities of Daily Living form, per facility policy q. report any observations of changes in client's condition or behavior to appropriate supervisor 4. procedure for shaving a female client a. always obtain client consent b. some woman want to shave unwanted facial hair, underarm hair and/or leg hair c. follow same procedure as for male client
Explain why make-up may be important for the client.	D. Make-up 1. important for sense of well-bring and self-esteem 2. follow client's wishes regarding make-up 3. encourage independence but assist as required 4. many women also like to wear jewelry during the day: necklace, pin 5. take time follow client's preferences
Identify the importance of fingernail care as evidenced by participation in classroom discussion. Describe guidelines the nurse aide should Follow when providing nail care as Evidenced by Satisfactory rating on Skills Record during skills lab and clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. .	E. Fingernail care 1. purpose of nail care a. nails collect micro-organisms b. long, jagged nails can scratch client, care giver or another client c. improves self-esteem 2. guidelines for nail care a. do not cut with scissors or trim with nail clippers b. file nails straight across using emery board and shape the nail c. no shorter than the end of the finger d. never share nail equipment between clients 3. observations nurse aide may make a. pain or tenderness in hands/fingers b. dry, cracked skin 4. equipment a. orangewood stick b. emery board (nail file) c. lotion d. basin with warm water e. soap f. gloves g. towel

Objectives	Content Outline
Demonstrate how to provide fingernail care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical	5. provide fingernail care a. identify yourself by name b. wash your hands c. explain procedure to client d. provide for privacy with curtain, screen or door e. if client is in bed, adjust bed to safe level, usually waist high and lock the wheels f. fill basin halfway with warm water, no warmer than 105' and place basin at comfortable level for client g. put on gloves h. soak client's hands and nails in water at least 5 minutes i. remove one hand from water, wash with soapy wash cloth. Rinse. Pat dry with towel, including between fingers j. place hand on towel k. gently clean under each fingernail with the orangewood stick, wiping orangewood stick on towel after cleaning under each nail l. repeat steps i-k for the second hand m. wash and rinse both hands again and dry thoroughly between fingers n. shape fingernails with emery board or nail file o. finish with nail smooth and free of rough edges p. apply lotion from fingertips to wrists q. empty, rinse and dry basin before placing in designated supply area or turning to storage per facility policy r. place soiled clothing and linens in proper containers s. remove and discard gloves before washing your hands t. make client comfortable u. return bed to low position and remove privacy measures v. place call bell within reach of client w. wash hands x. document procedure on Activities of Daily Living form, per facility policy y. report any observations of changes in client's condition or behavior to appropriate supervisor
Accurately document performance of fingernail care on facility ADL form as evidenced by Satisfactory rating on Skills Record.	
Discuss the importance of foot care as evidenced by participation in classroom discussion.	F. Foot care 1. purpose a. prevent foot odor b. prevent infection c. prevent complications of diabetes mellitus d. provides nurse aide opportunity to observe feet and toes e. long toenails make wearing shoes uncomfortable
Identify guidelines for foot care as evidenced by Satisfactory rating on Skills Record during skills lab and clinical.	2. guidelines of foot care a. nurse aide may not cut toenails, corns or calluses b. always dry feet thoroughly, including between the toes

Objectives	Content Outline
Discuss observations that the nurse aide may make while providing foot care as evidenced by accurately documenting foot care practiced in skills lab and in clinical.	c. put on clean socks every day 3. observations the nurse aide may make during foot care a. dry skin b. breaks or tears in the skin c. ingrown nails d. red areas on the feet or toes e. drainage or bleeding f. change in color of skin or nails g. heels that are soft or whitish h. corns, blisters, calluses, warts i. complaints of pain, burning or tenderness in feet or toes j. rash k. unusual odor 4. equipment a. basin b. 3 towels c. soap d. lotion e. gloves f. washcloth g. clean socks
Demonstrate how to provide foot care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Accurately document performance of foot care on facility ADL form as evidenced by Satisfactory rating on Skills Record. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	5. provide foot care a. follow the procedure for "Provides Foot Care on One Foot" in the most current edition of Virginia Nurse Aide Candidate Handbook b. document procedure on Activities of Daily Living form, per facility policy c. report any observations of changes in client's condition or behavior to appropriate supervisor
Describe the importance of daily dressing as evidenced by participation in classroom discussion Discuss guidelines the nurse aide should follow when helping a client to dress as evidenced by satisfactory rating on Skills Record in lab and in clinical.	V. Dressing A. purpose 1. everyone should dress in clean clothes every day 2. promotes self-esteem 3. cleanliness helps to prevent odors B. Guidelines for dressing client 1. encourage client to be as independent as possible within their capabilities 2. provide client opportunity to make choices regarding what clothing to wear 3. allow client time to make decisions and choices 4. clothing should be appropriate to time of year, temperature of surroundings 5. all of client's clothing should be labeled with name and room number 6. handle client's clothing with care 7. report to supervisor any clothing that needs to be

Objectives	Content Outline
	repaired in any way 8. provide client privacy when dressing or undressing 9. report to supervisor or family clothing and shoes that are too big or too small 10. begin dressing on the weak side 11. begin undressing on the strong side 12. dresses that open in the front are easier to put on that ones that open in the back 13. slacks, skirts and pants with elastic waistbands are preferable 14. shoes should have non-skid soles
Identify assistive devices that are useful for clients when they are dressing themselves as evidenced by using these devices appropriately in skills lab and in clinical.	15. to promote client independence, assistive clothing devices may be required a. zipper pull b. extended shoe horn c. button hole helper d. long handled graspers e. Velcro openings
Explain observations the nurse aide may make when assisting the client to dress as evidenced by participation in classroom discussion.	C. Observations nurse aide may make when assisting client to dress 1. change in flexibility of joints 2. weakness of one side of body 3. loss of weight if clothing becomes loose 4. gaining weight if clothing becomes tight
Identify safety measures and precautions the nurse aide should be aware of when assisting the client to dress as evidenced by participation in classroom discussion.	D. Safety measures and precautions when assisting client to dress and undress 1. clothing should fit properly a. not too long b. not too tight c. not too loose 2. shoes should have non-skid soles 3. encourage client to sit when putting on socks/stockings and shoes 4. provide sweaters and long-sleeved tops if client complains of feeling cool or cold
Demonstrate how to dress client with affected(weak) right arm as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document dressing on facility ADL form as evidenced by Satisfactory rating on Skills Record.	E. Dress client 1. if client is independent, provide assistance as requested 2. if client needs assistance follow the procedure for “Dresses Client with Affected (weak) Right Arm” in the most current edition of Virginia Nurse Aide Candidate Handbook a. document procedure on Activities of Daily Living form, per facility policy b. report any observations of changes in client’s condition or behavior to appropriate supervisor

Objectives

Explain the anatomy and physiology of the urinary system as evidenced by being able to correctly identify each component part and its function.

Define the terms used in the urinary system as evidenced by participation in classroom discussion.

Content Outline

3. Care of client's personal clothing
    a. labeled with name and room number
    b. place in hamper for laundry when soiled or when removed at end of the day
    c. store clean clothes per facility policy
    d. report to supervisor and/or family clothing that needs to be mended
    e. report to supervisor and/or family clothing/shoes that no longer fit

VI. Toileting

A. Anatomy and Physiology of Urinary System

1. Kidneys
    a. each person has 2 kidneys, one on each side of the small of the back
    b. cleanse and filter the blood
    c. regulate the balance of water, sodium, potassium
    d. remove toxins and waste products from blood
    e. assists to regulate blood pressure
2. Urine
    a. fluid created by kidneys from the water and waste products filtered from the blood
3. Ureters
    a. thin tube that carries urine from each kidney to the bladder
4. Bladder
    a. collects urine
    b. can hold 200 – 400ml of urine
5. Internal sphincter
    a. muscle that holds the neck of the bladder closed, keeping the urine in the bladder
6. Urethra
    a. tube that carries urine from bladder to the outside of the body
    b. about 3- 4 inches long in females
    c. about 7 – 8 inches long in males
7. External sphincter
    a. muscle that contracts to prevent urine from exiting the urethra
8. Meatus
    a. opening to the outside of the body at the end of the urethra

B. Definitions

1. Process of passing urine from the body
    a. voiding
    b. micturating
    c. urinating

Objectives	Content Outline
	2. Urinary incontinence a. unable to control the internal sphincter b. involuntary passing of urine 3. Hematuria a. blood in the urine
Describe age-related changes seen in the urinary system as evidenced by accurately participating in classroom discussion.	C. Age-related changes to the urinary system 1. kidneys do not filter the blood as efficiently a. increase in blood pressure 2. sphincter muscle tone decreases a. increases risk of urinary incontinence 3. bladder is not able to hold as much urine before the sensation that it needs to empty a. more frequent urination 4. bladder does not empty completely a. increased risk of urinary tract infection
Identify normal characteristics of urine as evidenced by participating in classroom discussion.	D. Urine 1. color a. pale yellow – normal b. dark yellow to amber – dehydrated c. can be affected by food and medications 2. clarity a. should be clear b. cloudy – sign of infection 3. odor a. smells of ammonia b. foods can affect smell – asparagus 4. amount a. adults produce 1200-1500 ml/24 hours b. minimum is 30ml/hour 5. should not contain a. blood b. pus c. mucus d. bacteria e. glucose 6. report the following to the appropriate supervisor
Identify abnormal characteristics of urine that the nurse aide should report to the appropriate supervisor.	a. cloudy urine b. dark or rust-colored urine c. strong, offensive smelling urine d. fruity-smelling urine e. blood, pus, mucus in urine f. bacteria or glucose in urine g. complaints of pain or burning on urination h. frequent urinary incontinence i. client wakes up frequently during the night to urinate
	E. Guidelines to promote normal urination 1. provide privacy

Objectives	Content Outline
Explain the guidelines the nurse aide should follow to promote normal urination patterns as evidenced by participation in classroom discussion.	2. take to the bathroom, if possible 3. assist male clients to stand to void, if possible 4. if client must use bedpan, raise head of bed to sitting position 5. encourage adequate fluid intake 6. provide fresh water in easy reach of client 7. frequently offer clients fluids to drink 8. encourage activity and exercise 9. teach Kegel exercises to female clients 10. answer call bells promptly 11. take client to bathroom every 2 hours to avoid incontinence
Discuss common disorders of the urinary system, including their signs and symptoms, as evidenced by a minimum grade of 80% on the unit test.	F. Common disorders of the urinary system 1. urinary tract infection (UTI) a. usually a bacterial infection b. causes 1. wiping incorrectly and contaminating urethra with bowel movement 2. not emptying the bladder completely c. symptoms 1.urgency 2.complaints of pain or burning with urination 3.urinating frequently in small amounts 4.blood in urine d. measures to avoid UTI 1. wipe perineum front to back 2. drink plenty of fluids 3. Vitamin C helps to prevent UTI aa. orange juice bb. cranberry juice 4. take shower rather than tub bath e. report to nurse 1. complaints of pain or burning on urination 2. foul-smelling urine 3. dark-colored urine 4. blood in urine 5. client voids frequently in small amounts 2. Urinary retention a. most commonly seen in men b. often caused by enlarged prostate 1. benign prostatic hypertrophy (BPH) c. symptoms 1. unable to empty bladder completely 2. frequent urge to void 3. difficulty starting urine stream 4. weak flow of urine stream 5. dribbling after finished voiding 6. distended lower abdomen d. report any of the above 6 symptoms to the appropriate supervisor

Objectives	Content Outline
	3. Urinary incontinence a. involuntary loss of urine from the bladder b. decreased muscle tone at internal or external sphincter allows urine to "leak" c. symptoms 1. urine leaks when client coughs, sneezes, laughs 2. client cannot "make it to the bathroom in time" 4. chronic renal failure a. kidneys do not function correctly b. unable to filter waste products and toxins from blood c. unable to regulate water balance and blood pressure d. life-threatening e. most frequent causes 1. high blood pressure 2. diabetes mellitus f. symptoms 1. unexplained weight gain 2. itching 3. fatigue 5. end-stage renal disease (ESRD) a. kidney stop functioning b. client requires dialysis or kidney transplant 6.dialysis a. client's blood flow through a machine that filters out waste products, toxins and extra water b. usually performed 3times per week c. required to keep client alive
Identify equipment used with the urinary system as evidenced by satisfactory performance in skills lab when performing skills involving the urinary system.	G. Equipment used with the urinary system 1. urinal a. used by male clients b. placed between client's leg with penis in the urinal c. can be used standing, sitting or lying down d. do not store on same table used to serve meal tray e. provide privacy for use 2. bedpan a. used when client not able to get out of bed b. two types 1. regular aa. wide, rounded end placed under client's buttocks 2. fracture pan – used when client has had hip surgery aa. thin end is placed under client's buttocks

Objectives	Content Outline
	c. not very comfortable 3. bedside commode a. chair frame with a toilet seat and collection bucket b. kept at bedside for client's unable to walk into bathroom 4. catheter a. tube inserted through the urinary meatus into the bladder b. drains urine from the bladder c. 3 types aa. straight – temporary – removed as soon as bladder is emptied bb. indwelling – remains in bladder to continuously drain urine into a collection bag cc. condom – fits over the penis and drains urine into a drainage bag dd. Texas catheter is another name
Demonstrate how to provide perineal care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.	H. Care for client with urinary incontinence 1. can be emotionally traumatic for client and family 2. treat with respect and dignity 3. follow the procedure for "Provides Perineal Care (Peri-Care) for Female" in the most current edition of Virginia Nurse Aide Candidate Handbook 4. adaptations of peri-care for male client a. if client is not circumcised retract foreskin of penis b. hold penis by the shaft c. wash in circular motion from tip of penis down toward the body d. use clean area of washcloth for each stroke e. wash scrotum, then the groin f. rinse and dry g. turn client on side h. wash, rinse, dry rectal area
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document performance of perineal care on facility ADL form as evidenced by Satisfactory rating on Skills Record	5. document procedure on Activities of Daily Living form, per facility policy 6. report any observations of changes in client's condition or behavior to appropriate supervisor 7. management of urinary incontinence a. answer call bell promptly b. encourage fluids c. encourage client to walk or exercise d. toilet client q2hrs e. client wears incontinent pad or brief f. check pad or brief q2hr. for dryness and change if wet g. keep perineum clean and dry to prevent odor and skin breakdown h. change wet clothing immediately

Objectives

Demonstrate how to provide catheter care as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical.

Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.

Accurately document performance of catheter care on facility ADL form as evidenced by Satisfactory rating on Skills Record classroom discussion.

Content Outline

i. treat client with respect and dignity
j. male client may wear condom catheter

I. Care of client with an indwelling catheter
1. Guidelines for the nurse aide
a. always wear gloves when emptying catheter drainage bag
b. do not touch tip of the clamp to any object when draining the bag
c. do not touch the drainage spout to the graduate
d. drainage bag should always be lower that the level of the hips or bladder to prevent urine flowing back into the bladder
d. never hang the drainage bag from the side rail of the bed
f. hang drainage bag from bed frame
g. do not have the drainage bag on the floor
h. catheter tubing should not touch the floor
i. check catheter tubing frequently to assure it is not kinked
j. catheter tubing should drape over the thigh, not be under the leg
k. use catheter strap to position catheter over the thigh
l. do not place tubing over the side rail
m. always clean perineum front to back to prevent infection
n. keep perineum clean and dry to prevent infection
o. do not disconnect drainage tubing from the catheter
p. notify appropriate supervisor immediately if drainage tubing becomes disconnected

2. Care of the client with an indwelling catheter
a. follow the procedure for "Provides Catheter Care for Female" in the most current edition of Virginia Nurse Aide Candidate Handbook
b. document procedure on Activities of Daily Living form, per facility policy
c. report any observations of changes in client's condition or behavior to appropriate supervisor

J. Measuring urinary output
1. always wear gloves
2. always measure with a graduate
a. do not use lines on urinal or drainage bag to measure urine output
b. place graduate on counter top and bend knees to have urine level at your eye level to measure

Objectives	Content Outline
	3. measure in milliliters (ml) a. 1ml=1cc (cc= centimeter) b. 30 ml = 1 ounce (oz) 4. how to empty a drainage bag a. identify yourself and explain what you will be doing b. wash hands and put on gloves c. provide for privacy d. obtain graduate e. place paper towel on floor under graduate f. open clamp on drainage bag and allow urine to empty into graduate g. close clamp and return to housing on drainage bag h. measure urine in bathroom by placing graduate on counter top and reading at eye level i. empty urine into toilet and flush j. rinse and dry graduate and store per facility policy k. remove gloves and wash hands l. document output per facility policy m. report any observations of changes in client's urine and/or condition or behavior to appropriate supervisor
Demonstrate how to empty a urinary drainage bag as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document urinary output as evidenced by Satisfactory rating on Skills Record.	
	K. Urinary specimens 1. routine urine specimen a. not a sterile specimen b. can be obtained from bedpan, urinal or speci-hat (collector that fits over the porcelain bowl of the toilet and under the seat) c. equipment needed 1. specimen container and lid 2. completed label and lab slip 3. gloves 4. means to collect urine 5. supplies for perineal care d. procedure 1. identify yourself and explain what you need the client to do 2. provide for privacy 3. wash hands and put on gloves 4. assist client to toilet with speci-hat, BSC, or provide urinal or bedpan 5. instruct client to urinate but put toilet paper in plastic bag for disposal 6. remove gloves and wash hands 7. assist client to return to comfortable position in room 8. put on clean gloves 9. in bathroom, pour urine into specimen cup until cup is half full, keeping outside of cup
Discuss how to collect routine urine specimen as evidenced by participation in classroom discussion.	

Objectives	Content Outline
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	clean 10. place lid on cup and label immediately 11. rinse and dry any equipment used to collect urine 12. remove gloves and wash hands 13. place call bell within easy reach of client 14. document specimen collection per facility policy 15. report any observations of changes in client's urine and/or condition or behavior to appropriate supervisor
Accurately document specimen collection as evidenced by satisfactory participation in classroom discussion.	
Discuss how to collect clean-catch urine specimen as evidenced by participation in classroom discussion.	1. Clean-catch urine specimen (Mid-stream specimen) a. used to determine if there is bacteria in the urine b. client urinates a small amount to clean the urethra, stops, then collects sample c. procedure for collecting clean-catch specimen 1. identify yourself and explain what you need the client to do 2. provide for privacy 3. wash hands and put on gloves 4. assist client to bathroom 5. open specimen kit keeping inside of specimen from touching anything 6. instruct client to clean perineum aa. female – separate labia and clean front to back in 3 separate strokes with a clean towelette each time i. down the left side ii. down the right side iii. down the middle bb. male – clean head of penis with circular strokes using clean towelette for each stroke i. if uncircumcised, pull back foreskin and clean as above ii. return foreskin to unretracted position after urinating 7. ask client to urinate a small amount and then stop 8. place container and ask client to continue urinating, collecting until cup is about half full 9. instruct client to finish urinating and wipe with toilet paper as usual 10. place lid on specimen cup and clean outside of cup with paper towel 11. apply label and place cup in plastic bag provided 12. remove gloves and wash hands 13. assist client to comfortable position in room 14. place call bell within easy reach of client

Objectives	Content Outline
	15. document specimen collection per facility policy 16. report any observations of changes in client's urine and/or condition or behavior to appropriate supervisor
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document specimen collection as evidenced by Satisfactory participation in	
Explain the anatomy and physiology of the gastrointestinal system as evidenced by being able to correctly identify each component part and its function.	L. Anatomy and Physiology of the Gastrointestinal System (GI) – Digestive System 1. begins at the mouth and ends at the rectum 2. tongue moves food around the mouth 3. salivary glands – secrete saliva which begins the breakdown of food 4. teeth – break up food 5. esophagus – carries food to stomach 6. stomach – contains acid to break down food into chyme (semifluid mass of partly digested food) 7. chyme enters small intestines where it is propelled via peristalsis (wavelike motion that moves contents through small and large intestines) a. continues to be digested by bile from liver b. enzymes from pancreas c. about 90% of absorption of nutrients from food occurs in small intestines 8. large intestines – helps regulate water balance a. chyme takes 3-10 hours to become feces b. feces contain water, sold waste material, bacteria and mucus c. defecation – eliminating feces from the body 9. functions of the GI system a. ingestion – taking food/fluid into the body b. digestion – breakdown of food into nutrients to be absorbed c. elimination of waste products from the body
Describe age-related changes seen in the gastrointestinal system as evidenced by accurately participating in classroom discussion.	M. Age-related changes to the GI system 1. decreased taste (sweet is last taste to remain) 2. loss of teeth affects ability to chew 3. decreased saliva and digestive fluids slows digestion of food 4. medical conditions may cause difficulty swallowing 5. decreased absorption of vitamins and minerals 6. decreased rate of digestion leads to constipation
	N. Bowel elimination 1. called stool, feces, bowel movement 2. frequency a. varies by individual b. regularity prevents complications 3. color a. brown b. foods can cause color to change

Objectives	Content Outline
Identify normal characteristics of stool as evidenced by participation in classroom discussion.	c. iron medication changes color to black 4. consistency a. soft, moist, formed b. foods can cause change to consistency 5. not normally found in feces a. blood b. mucus c. pus d. worms
Discuss the importance of identifying abnormal characteristics of stool that the nurse aide should report to the appropriate supervisor.	6. report the following to the appropriate supervisor a. abnormally colored feces (white, black, bloody) b. hard, dry feces c. liquid stool (diarrhea) d. inability to have bowel movement (constipation) e. pain with bowel movement f. stool that contains blood, mucus, pus g. stool incontinence
Explain the guidelines the nurse aide should follow to promote normal bowel elimination patterns as evidenced by participation in classroom discussion.	O. Guidelines to promote normal bowel elimination 1. encourage adequate fluid intake 2. warm fluids stimulate peristalsis 3. diet with adequate fiber/roughage 4. promote regular exercise 5. provide good oral care to keep mouth and teeth healthy 6. provide privacy when using the bathroom 7. allow plenty of time for client to use bathroom 8. follow client's pattern for bowel elimination 9. laxatives may be used to stimulate bowel activity
Demonstrate how to help a client use a bedpan as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document use of a bedpan and the outcome on facility ADL form as evidenced by Satisfactory rating on Skills Record	P. Care of the client needing to use a bedpan 1. used by clients unable to get to the bathroom 2. follow the procedure for "Assists with use of Bedpan" in the most current edition of Virginia Nurse Aide Candidate Handbook 3. document procedure on Activities of Daily Living form, per facility policy 4. report any observations of changes in client's condition or behavior to appropriate supervisor
Discuss common disorders of the GI system, including their signs and symptoms, as evidenced by participation in classroom discussion.	Q. Common disorders of the GI system 1. heartburn a. acid reflux b. sphincter muscle where esophagus enters stomach has poor muscle tone allowing gastric acid to enter the esophagus c. causes pain in chest d. burning in esophagus e. bitter taste in mouth f. usually after meals 2. flatulence

Objectives	Content Outline
	a. gas or flatus b. too much air in GI tract c. caused by certain foods 1. beans 2. broccoli 3. high fiber 4. dairy products (lactose intolerance) d. exercise may provide relief e. lying on left side may be helpful 3. constipation a. difficult, painful elimination of stool b. stool is usually hard and dry c. symptoms 1. abdominal swelling 2. gas 3. irritability d. treatment 1. increase fluid intake 2. increase exercise 3. laxative, enema, suppository 4. diarrhea a. frequent liquid or semi-liquid stool b. causes 1. infections 2. irritating foods 3. medications c. treatment 1. BRAT diet (bananas, rice, apples, tea) 2. change diet 3. change medications 5. fecal incontinence a. involuntary passage or oozing of stool b. causes 1. loss of muscle tone at anal sphincter 2. loss of nerve control at anal sphincter 3. fecal impaction 4. treatment by changing diet, medication 5. bowel training 6. fecal impaction a. hard, dry feces accumulate in rectum and client cannot expel b. symptoms 1. no stool for several days 2. complaints abdominal pain 3. abdominal distension 4. nausea and vomiting 5. oozing liquid stool c. must be manually removed by nurse (RN or LPN) d. prevention 1. encourage adequate fluid intake 2. diet high in fiber

Objectives	Content Outline
	3. adequate exercise 4. regular toileting schedule
	R. Enemas and the nurse aide
	1. nurse aides may only give enemas that contain no additives
Explain the different types of enemas and when a nurse aide is permitted to give an enema as evidenced by participation in classroom discussion.	2. know and follow your facility policy regarding nurse aides administering enemas 3. types of enemas a. tap water – 500-1000ml tap water b. soapsuds – 500-1000ml tap water with castile soap added c. saline - 500-1000ml water with salt added d. pre-packaged (Fleets) – 120ml saline or oil e. nurse aide may NOT administer enemas with added medications
	S. Stool specimens
	1. Stool specimen a. purpose 1. identify parasites, microorganisms 2. blood
Discuss how to collect routine stool specimen as evidenced by participation in classroom discussion.	b. procedure 1. identify yourself and explain what you are going to do 2. place speci-hat in toilet 3. have client defecate in speci-hat or bedpan 4. wash hands 5. put on gloves 6. assist with perineal care 7. using 2 tongue blades place stool in specimen cup and close lid 8. attach label immediately 9. remove gloves and wash hands 10. position client comfortably in room 11. place call bell within reach of client 12. dispose of tongue blades per facility policy 13. document procedure on Activities of Daily Living form, per facility policy 14. report any observations of changes in client's condition or behavior to appropriate supervisor
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document specimen collection as evidenced by satisfactory participation in classroom discussion.	2. occult blood a. tests for blood in stool b. equipment 1. stool specimen 2. Hemoccult kit 3. tongue blade 4. paper towel 5. plastic bag 6. gloves

Objectives	Content Outline
Discuss how to perform test for occult blood as evidenced by participation in classroom discussion.	c. procedure 1. wash hands and put on gloves 2. open test card 3. use tongue blade to smear small amount of stool of each window of Hemoccult card 4. close windows and apply drop of Hemoccult solution to reverse side of window 5. observe for color to appear in window 6. dispose of tongue blade and Hemoccult card per facility policy 7. remove and dispose of gloves and wash hands 8. document and report results per facility policy
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document specimen collection as evidenced by satisfactory participation in classroom discussion.	T. Ostomies and the nurse aide 1. ostomy - opening from an area inside the body to the outside of the body 2. colostomy – intestine is brought to outside of abdomen a. stoma- opening in abdomen b. colostomy bag – appliance that covers the stoma and into which the stool drains c. no stool will be eliminated via the rectum
Explain why a client might have a colostomy As evidenced by participation in classroom discussion.	3. causes a. cancer of colon, rectum b. trauma – gunshot c. diverticulitis d. Crohn's disease
Describe care issues for a client with a colostomy including what observations the nurse aide should make as evidenced by satisfactory participation in classroom discussion.	4. care for client with ostomy a. treat client with respect b. be sensitive and supportive c. provide privacy for client or nurse to change bag d. observations nurse aide should report to the appropriate supervisor 1. color and consistency of stool 2. unusual odor 3. blood, pus, mucus in stool in bag 4. leaking around the seal of the bag 5. flatus accumulating in the ostomy bag 6. complaints of pain in abdomen 7. distended abdomen
	VII. Eating and hydration A. Basic nutrition 1. Purposes of GI (gastrointestinal) system a. ingestion – take in food b. digestion – breakdown food into nutrients the body can absorb and use c. elimination – eliminate parts of food not absorbed

Objectives	Content Outline
Describe the six (6) main nutrients in a healthy diet as evidenced by participation in classroom discussion.	2. Types of nutrients a. water 1. most important nutrient 2. essential for life 3. ingested as liquid but also as part of foods 4. 50-60% of body weight 5. transports waste products out of body 6. keeps us cool – perspiration 7. keeps mucous membranes moist 8. helps joints to move smoothly b. carbohydrates 1. source of glucose – food for the cells of the body 2. if not used for energy (food) for the body they are stored as fat 3. 1 gram carbohydrate = 4 calories 4. grains, cereals, fruit, some vegetables c. protein 1. contain the "building blocks" for the cells 2. found in fish, meat, nuts, bean, legumes, eggs and dairy products 3. help body to build new tissue and to rebuild tissue that is damages 4. 1 gram = 4 calories d. vitamins 1. fat soluble – only dissolve in presence of fat a. Vit. D, E, A, K 2. water soluble – dissolve in water a. B-vitamins, vit. C 3. essential for the body to function correctly e. minerals 1. help provide structure to the body 2. Calcium – builds bones and teeth 3. iron – required to transport oxygen throughout the body f. fat (lipids) 1. found in meat and oils, milk, cheese, nuts 2. make food taste good 3. take long time to breakdown giving the sensation of being "full" longer 4. most be present in the body to use Vit. D, E, A, K 5. 1 gram = 9 calories
Explain how to use My Plate as a guide for a healthy diet as evidenced by satisfactory completion of a diet plan for one week.	3. USDA My Plate a. general guide for types and quantities of foods to eat each day b. fruits and vegetables 1. half of plate 2. vegetables - fresh, frozen, dried canned, juice a) dark green vegetables

Objectives	Content Outline
	b) red and orange vegetables c) dry beans and peas d) starchy vegetables e) others 3. fruit – fresh, frozen, dried canned, juice c. grains 1. one quarter of plate 2. half should be whole grain d. protein 1. one quarter of plate 2. meat, poultry, seafood, eggs 3. beans, peas, soy products, nuts, seeds e. dairy 1. 3 cups each day 2. milk, yogurt, cheese, anything made with milk 3. skim or 1%
Identify various special diets that clients may receive as evidenced by satisfactory participation in classroom discussion.	3. Special diets a. <u>regular diet</u> 1. well-balanced diet without restrictions b. <u>soft diet</u> 1. restricts foods hard to chew or swallow 2. restricts raw fruits and vegetables 3. restricts high fiber and spicy foods c. <u>mechanical soft diet</u> 1. foods are chopped or blended to make them easier to chew 2. does not restrict spices, fat or fiber d. <u>pureed diet</u> 1. consistency of baby food 2. for client with difficulty chewing and/or swallowing e. <u>clear liquid diet</u> 1. only includes liquids you can see through 2. jello, apple juice, bouillon, water, coffee or tea without cream 3. does not provide enough nutrients to maintain health for prolonged period of time f. <u>full liquid diet</u> 1. clear liquids and any food that can be poured at room or body temperature 2. puddings, cream soups, yogurt, breakfast drinks g. <u>bland diet</u> 1. restricts spicy and acidic foods h. <u>fiber-specific diet</u> 1. may be high or low fiber depending on medical needs of client i. <u>low sodium diet (low NA diet)</u> 1. restrict amount of salt client may use 2. ordered for client with high blood pressure 3. may be “no added salt: diet (NAS) j. <u>diabetic diet</u>

Objectives	Content Outline
	1. ordered for clients with diabetes mellitus 2. may restrict caloric intake 3. restricts amount of sugar and carbohydrates k. <u>fluid restricted diet</u> 1. ordered for client with heart or kidney disease 2. identifies specific quantity of fluid client may have in 24 hour period l. <u>NPO</u> 1.nothing by mouth
Describe the three (3) consistencies of Thicken that may be ordered for clients with swallowing difficulties as evidence by participation in classroom discussion.	5. liquid modifications a. may be required for clients with difficulty swallowing "thin" fluid like water b. Thicken – works like corn starch to thicken the liquid c. nectar thick 1. consistency of thick fruit juice d. honey thick 1. consistency of honey e. pudding thick 1. consistency of pudding
Identify age-related changes that affect eating and nutrition as evidenced by satisfactory participation in classroom discussion.	B. Age-related changes to eating and nutrition 1. physical changes 1. dysphagia – difficulty swallowing 2. loss of teeth – difficulty chewing decrease saliva – difficulty swallowing 4. decrease sensations of taste and smell – food is less appealing 5. decreased ability to see – makes it difficult to feed oneself and food appears less appealing 2. decreased activity level 1. less appetite 2. increases risk of constipation 3. special diets a. foods not prepared with spices have less flavor b. pureed diets not very appealing to the eye 4. psychosocial a. decreased income makes it difficult to buy foods that client purchased earlier in life b. lack of social interaction may decrease appetite c. depression may decrease appetite 5. physical ailments a. medical conditions can make eating/cooking difficult b. Parkinson's Disease, stroke, certain cancers, Alzheimer's Disease 6. medications a. can alter the taste of food b. can leave bad taste in the mouth c. can decrease appetite

Objectives	Content Outline
	d. may cause nausea, diarrhea, constipation
Identify cultural considerations that affect eating and nutrition as evidenced by satisfactory participation in classroom	C. Cultural considerations for eating and nutrition 1. religious considerations 1. Jewish religion a. will not eat pork b. may require Kosher diet c. food specially prepared to religious specifications b. Muslim (Islam) 1. will not eat pork 2. may require halal diet 3 food specially prepared to religious specifications c. Hindu 1. will not eat beef d. Buddhist 1. many are vegetarian e. Mormon 1. may not drink caffeine – coffee, tea, cola 2. may not drink alcohol 2. social considerations a. vegan 1. will not eat any animal product 2. restricts eggs, dairy products, meat b. vegetarian 1. restrict meat, fish and poultry c. fasting 1. voluntarily gives up eating for a period of time 3. ethnic considerations a. some ethnic groups like food that is cooked with specific spices 3. Asian clients may prefer rice to potatoes
Identify specific observations concerning eating and nutrition that the nurse aide should report to the appropriate supervisor as evidenced by participation in classroom discussion.	D. Observations nurse aide should report concerning eating and nutrition 1. eats less that 70% of meals 2. complains of mouth pain 3. dentures do not fit 4. teeth are loose 5. difficulty chewing or swallowing 6. frequent coughing/choking while eating 7. needs help eating or drinking 8. weight loss – clothes become loose-fitting 9. weight gain – clothes become tight 10. complaints of constipation 11. edema (fluid accumulation) in hands/feet

Objectives	Content Outline
Explain guidelines for the nurse aide concerning eating and nutrition as evidenced by satisfactory practice in the skills lab.	E. Guidelines for nurse aide concerning eating and nutrition 1. check diet card on client's tray to make sure it is the correct tray for the correct client 2. season food following client's choices 3. assist client to fill out menu 4. if client does not like food on tray try to replace with food of his choice 5. encourage client to eat by making mealtime a pleasant exp 6. assist client to rinse mouth if client receives medication immediately before mealtime 7. assist client with adaptive devices to help him maintain his independence and feed himself 8. accurately record food and fluid intake for each meal 9. follow nursing care plan to assist client to maintain indepe at mealtime
Describe actions the nurse aide should take to prepare the client for mealtime as evidenced by satisfactory practice in skills lab and in clinical.	F. Preparing for mealtime 1. encourage client to toilet before going to the dining room 2. assist to wash hands and face, brush teeth 3. encourage client to wear glasses, hearing aides 4. provide pleasant area for eating a. encourage client to eat in dining room with other clients to promote social interaction 5. if eating in his room, clear a clean area for client's tray a. remove urinal/bedpan from view b. position in an upright position c. if positioned in a wheelchair, lock the wheels
Demonstrate how to serve client trays as evidenced by satisfactory practice in skills lab and in clinical.	G. Serving the tray 1. wash hands 2. check diet card of tray a. correct client b. correct diet 3. assist client to prepare food a. season food per client choice b. if client requests, cut food into bite-sized pieces c. open cartons, containers at client's request 4. provide client with appropriate assistive devices to promote client independence a. plate guard b. silverware with built-up handles c. sippy cup 5. decrease distractions by lowering TV/radio volume 6. allow client sufficient time to eat, do not rush 7. talk with client respectfully 8. for a visually impaired client identify the location of foods on the plate using the numbers on a clock-face

Objectives	Content Outline
	H. Guidelines for feeding client 1. assist client to wash hands 2. place a clothing protector over the client's chest 3. sit at the same level as client, facing the client 4. identify foods for the client 5. ask client in what order he would like to have his food 6. do not mix foods unless client requests 7. offer liquids between bites of food 8. do not touch food to test for hotness, place hand above food 9. do not force client to eat 10. provide client ample time to chew and swallow food before offering another bite 11. do not rush client
Demonstrate how to feed a client who cannot feed self as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document food and fluid intake as evidenced by Satisfactory rating on Skills Record.	I. Feed a client who cannot feed himself 1. follow the procedure for "Feed Client who Cannot Feed Self" in the most current edition of Virginia Nurse Aide Candidate Handbook 2. document procedure on Activities of Daily Living form, per facility policy 3. report any observations of changes in client's condition or behavior to appropriate supervisor J. Calculate food intake 1. know facility procedure for calculating food intake 2. some facilities use a percentage eaten of the entire plate of food 3. some facilities calculate percentage based on type of food eaten a. all of protein eaten = 30% b. all of carbohydrates eaten = 50% c. all of vegetable eaten = 20% 4. document and report food intake and fluid intake per facility policy
Describe actions to help prevent aspiration as evidenced by satisfactory practice in skills lab and in clinical.	K. Guidelines to help prevent aspiration 1. aspiration – taking food/liquid into the lungs 2. client should be in up-right position (90°) to eat 3. feed client slowly 4. reduce distractions 5. use Thicken in liquids per nursing care plan 6. cut food into small bites 7. alternate liquids and solid food 8. if client has paralysis, place food in non-paralyzed (non-affected) side of mouth 9. provide mouth care after client has finished eating 10. have client remain in up-right position about 30 minutes after finishes meal 11.report choking or gagging during meal to appropriate supervisor

Objectives	Content Outline
	L. Supplemental nutrition 1. used to increase caloric intake a. Ensure b. Sustacal c. Instant Breakfast 2. served between meals 3. include in daily intake and output
Define hydration, including actual amount of fluid required per day, as evidenced by a minimum grade of 80% on unit test.	M. Hydration 1. man cannot live without water 2. recommend 8-8oz glasses (2000-2500 ml) of fluid every day 3. dehydration a. lack of sufficient fluid intake b. may cause 1.constipation 2. UTI 3. change in level of consciousness
Describe signs and symptoms of dehydration as evidenced by satisfactory participation in classroom discussion.	N. Signs of dehydration the nurse aide should report to the appropriate supervisor 1. drinking less that 6-8oz glasses (1400ml) of fluid/day 2. complaints of thirst 3. dry, cracked lips 4. dry mucous membranes 5. sunken eyes 6. decrease urine output 7. urine is dark and strong smelling 8. complaints of constipation 9. loss of weight 10. weak, dizzy, light-headed 11. low blood pressure 12. complaints of headache 13. irritable 14. confusion 15. weak, rapid heartbeat
Accurately describe actions of the nurse aide to prevent client dehydration as evidenced by successful participation in classroom discussion.	O. Actions the nurse aide can take to prevent dehydration 1. provide clients with fresh water every shift and place pitcher where client can easily reach it 2. frequently ask client if they would like something to drink 3. offer fluids that client likes to drink 4. provide fluids at temperature client prefers 5. provide client with assistive devices if needed 6. keep accurate I/O records 7. follow nursing care plan and specific fluid 8. report to appropriate supervisor any signs of dehydration

Objectives	Content Outline
Identify signs and symptoms of fluid overload to report to the appropriate supervisor.	P. Signs of too much fluid (fluid overload) that the nurse aide should report to the appropriate supervisor 1. edema a. body retains fluid b. hands and feet swell c. rings and shoes become tight 2. weight gain 3. moist cough 4. shortness of breath on exertion 5. increased heart rate 6. skin on legs and feet becomes tight and shiny
Explain the anatomy and physiology of the skin as evidenced by being able to correctly identify each component part and its function.	VIII. Care of the Skin (Integumentary System) A. Anatomy and Physiology of the Skin 1. layers of the skin a. epidermis 1. outer layer 2. made up of dead cells 3. has no blood vessels 4. contains melanin – pigment that gives color to the skin b. dermis 1. inner layer 2. contains oil glands, sweat glands, hair follicles, blood vessels c. protects internal organs from injury d. produces Vitamin D when exposed to the sun 2. subcutaneous tissue a. layer of fat under the dermis b. blood vessels and nerve of the skin originate here c. nerves provide sense of touch 3. glands in the dermis a. oil glands (sebaceous glands) 1. secretes oily substance to prevent skin from drying and from harmful bacteria b. sweat glands 1. produce sweat 2. excrete waste products 3. help to cool the body 4. hair a. helps to keep body warm 5. nails a. protect ends of fingers and toes
Describe age-related changes seen in the skin as evidenced by accurately participating in classroom discussion.	B. Age-related changes of the skin 1. decrease in fat in subcutaneous layer a. wrinkles b. sagging skin c. client feels cooler 2. decrease in amount of melatonin a. gray hair

Objectives	Content Outline
	b. age spots 3. decreased production of oil and sweat a. skin becomes drier b. becomes thinner c. becomes fragile d. more prone to infections and tearing 4. nails thicken and become yellow C. Factors promoting health skin 1.good nutrition 2. adequate hydration 3. adequate sleep 4. adequate exercise D. Common disorders of the skin 1. Burns
Discuss common disorders of the skin, including their signs and symptoms, as evidenced by participating in classroom discussion.	a. first degree 1. involves epidermis 2.redness and pain b. second degree 1. involves dermis 2. red, painful, swelling, blistering c. third degree 1. dermis and underlying tissue 2. scarring 3. muscle and bone may be involved 4. pain, swelling, peeling d. causes 1. hot liquid 2. electrical equipment 3. hair dryer 4. heating pad 5. chemicals e. never put oil, lotion or butter on a burn f. cool and cover loosely g. notify supervisor immediately 2. Shingles a. related to chicken pox b. viral infection that follow path of a nerve c. blistery rash that appears as a single line on one side of the body d. very painful e. contagious for someone who has never had chicken pox f. keep rash covered g. wash hands frequently 3. wounds a. two types 1. open wound a. abrasion b. puncture wound

Objectives	Content Outline
	c. gunshot wound d. laceration 2. closed would a. bruise b. hematoma b. symptoms 1. pain 2. damage to the skin 3. discoloration of the skin 4. bleeding 5. fever, chills 6. difficulty breathing c. report any wounds to the appropriate supervisor immediately
	E. Pressure Sores (decubitus ulcers) 1. pressure points a. bony prominences b. heels c. shoulder blades d. elbows e. sacrum f. areas with very little fat between bone and skin 2. pressure sores a. breakdown of skin over a bony prominence b. harder to cure than to prevent c. caused by 1. immobility – lying on same area for prolonged period of time 2. weight of body prevents blood flow to tissue and tissue begins to die 3. lying on wrinkled linen 4. lying on an object in the bed 5. sitting on bedpan for prolonged time 6. wearing splint or brace that does not fit properly
Identify risk factors for developing pressure sores as evidenced by participating in classroom discussion.	d. risk factors for developing pressure sores 1. aging – skin becomes more fragile 2. poor nutrition and hydration 3. skin that has prolonged contact with water or moisture – causes epidermis to breakdown 4. cardiovascular and respiratory problems – decreases amount of oxygen reaching cells 5. skin exposed to friction and shearing - during turning and positioning
	e. signs of developing pressure sore 1. skin becomes whitish or reddened 2. skin is dry, cracked and/or torn 3. blisters, bruises
	*f. staging of pressure sores 1. Stage 1 a. skin intact, but red, blue or grey

Objectives	Content Outline
Describe the staging of pressure sores as evidenced by participating in classroom discussion. *For Information Only: Staging of pressure sores is within the scope of practice of an RN or LPN, not a nurse aide. Describe actions the nurse aide can take to prevent pressure sores as evidenced by satisfactory participation in skills lab role-play and clinical practice.	b. relieving pressure for 15-30 minutes does not return skin to normal coloration c. can be reversed if treated early 2. Stage 2 a. involves both epidermis and dermis b. looks like blister or shallow crater c. epidermis cracks or peels away d. open area is portal of microorganism to enter e. no dead tissue yet 3. Stage 3 a. both epidermis and dermis are gone b. looks like a deep crater c. drainage is present d. necrotic (dead) tissue may be visible e. takes weeks or months to completely heal 4. Stage 4 a. crater of damaged tissue extends down to the muscle or bone b. often becomes seriously infected c. takes months to heal d. may require skin graft 3. Actions to prevent pressure sores a. prevention is easier than treating and healing b. perform skin care on regular basis 1. during routine personal care 2. throughout the day as needed 3. use moisturizer on unbroken skin c. keep skin clean and dry 1. where skin comes in contact with skin a. under pendulous breasts b. between scrotum and legs c. between abdominal folds 2. clean and dry immediately after urinary or bowel incontinence a. replace soiled linen protectors and clothing with clean, dry linen and clothing b. assist client to wipe well, drying perineum 3. toilet q2hrs. to avoid incontinence d. keep linen clean, dry and free of wrinkles 1. if client eats in bed remove any crumbs from linen e. turn and reposition immobile clients at least q2hours f. encourage mobile clients to change position frequently g. during transfer and repositioning client 1. avoid dragging client across the linen by using draw sheet to turn and reposition client 2. use mechanical lift to transfer from bed to chair 3. use transfer board to transfer bedridden client from bed to stretcher 4. avoid bumping client against side rails or

Objectives	Content Outline
	wheelchair leg rests h. use positioning devices to keep pressure off areas at risk 1. foot boards 2. bed cradles 3. heel/elbow protectors 4. sheepskin pads to protect the back i. perform range of motion exercises on regular basis j. massage healthy skin to increase circulation 1. do not massage skin that is white, red, purplish k. encourage healthy diet and adequate hydration
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4. Observations to report to the appropriate supervisor a. change in skin coloration over a bony prominence or in a skin fold 1. whitish, red, grey, purplish b. dry, cracked, flaking skin, particularly on heels or elbows c. torn skin d. blisters, bruises, cuts e. client itches or scratches skin frequently f. broken skin anywhere on the body, including between the toes g. any change in an existing pressure sore 1. drainage 2. odor 3. peeling skin 4. change in color of skin 5. change in size of crater
Demonstrate how to perform a back massage as evidenced by satisfactory practice in skills lab and clinical.	F. Back Massage (back rub) 1. relaxes tired, tense muscles 2. improves circulation 3. check nursing care plan for instructions on when to perform 4. procedure for performing back rub a. identify yourself and explain what you are going to do b. wash hands c. put on gloves if there is an area of broken skin d. provide for privacy e. adjust bed to waist-height and lock bed wheels f. lower side rail closest to you g. position client on his side or back, if tolerated h. pour lotion on hands and rub hands together i. using full palm of your hand, start at base of spine and with firm, even stroke gently massage upward toward the shoulders j. at shoulders, circle hands outward and stroke along outside of back, down toward base of spine k. repeat circular motion for 3-5 minutes l. using circular motion, gently massage bony

Objectives	Content Outline
	prominences m. if bony prominences are red, massage around them, not over them n. if there is extra lotion, remove it o. redress and reposition client p. raise side rail, if appropriate q. return bed to low position r. place call bell in easy reach of client s. store lotion per facility policy and client request t. wash hands u. report to appropriate supervisor any changes in client or skin that you observed
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	
	IX. Transfer, positioning and turning A. Anatomy and Physiology of Musculo-Skeletal System 1. Skeleton a. long bones 1. arms and legs b. short bones 1. wrists and ankles c. flat bones 1. thin and often curved 2. skull and ribs d.. irregular bones 1. oddly shaped 2. spine and face e. joints 1. where 2 bones join together f. cartilage 1. fibers that permit limited movement between bones 2. acts as shock absorber between bones g. ligaments 1. stong fibrous bands attaching one bone to another 2. stabilize joint h. purpose of skeletal system 1. support the body 2. protect the body
Identify the structure and function of the skeletal system as evidenced by participating in classroom discussion.	
	2. Muscles a. skeletal muscles 1. attach to bones 2. allow for movement 3. client controls these muscles b. smooth muscles 1. line walls of blood vessels, stomach, bladder and hollow organs 2. controlled involuntarily c. cardiac muscle 1. forms the heart 2. cause heart to contract and relax
Identify the structure and function of the muscular system as evidenced by participating in classroom discussion.	

Objectives	Content Outline
	3. controlled involuntarily d. purpose of muscles 1. enables body to move, internally and externally B. Age-related changes to Musculo-Skeletal system 1. bones lose calcium a. become weak b. break easily c. osteoporosis 2. muscles weaken a. lose tone b. can not support the body or move bones 3. lose muscle mass a. causes weight loss 4. joints become less flexible a. decreases range of motion b. slows body movements 5. lose height a. space between vertebrae decreases C. Common Disorders of Musculo-Skeletal system 1. Osteoporosis a. bones break easily due to loss of bone tissue b. caused by 1. lack of calcium in diet 2. loss of estrogen 3. reduced mobility c. bones most commonly affected 1. vertebrae 2. pelvic bones 3. arm and leg bones d. signs and symptoms 1. low back pain 2. loss of height 3. stooped posture e. treatment 1. medication 2. exercise f. considerations for the nurse aide providing care 1. allow time for client to move 2. turn and reposition very carefully 3. follow special dietary orders 4. encourage and assist with mobility 5. report to appropriate supervisor any changes in client's ability to be active or to move 2. Arthritis a. painful inflammation of joints 1. stiff, swollen joints 2. decreases mobility of joints b. two types of arthritis 1. osteoarthritis
Describe age-related changes seen in the musculo-skeletal system as evidenced by accurately participating in classroom discussion.	
Discuss common disorders of the musculo-skeletal system, including their signs and symptoms and guidelines for the nurse aide, as evidenced by participating in classroom discussion.	

Objectives	Content Outline
	a. DJD – degenerative joint disease b. cartilage between joints decreases c. causes pain when bones rub together 2. rheumatoid a. considered an auto-immune disease b. causes deformity which can be disabling c. signs and symptoms 1. swollen and stiff joints 2. joints deformed d. treatment 1. rest 2. range of motion exercises 3. anti-inflammatory medications 4. weight loss 5. heat 6. total joint replacement surgery e. considerations for the nurse aide providing care 1. encourage activity per nursing care plan 2. range of motion exercises as ordered 3. assist with ADLs 4. encourage use of assistive devices to promote client independence 5. report the following to the appropriate supervisor a. unusual stiffness of joints b. swelling of joints c. client complaint of pain in joints d. decreased ability to perform range of motion exercises e. decreased ability of client to perform daily activities
Identify complications of immobility as evidenced by participating in classroom discussion.	D. Complications of immobility 1. physical discomfort 2. pressure sores 3. contractures 4. bones become brittle due to loss of calcium 5. pneumonia 6. blood clots, especially in the legs
Demonstrate the various positions for the client in bed as evidenced by satisfactory practice in skills lab.	E. Proper body alignment 1. positioned so spine is straight and not twisted 2. promotes comfort and good health 3. supine a. flat on back b. support head and shoulders with a pillow c. support arms and hands with pillow or rolled washcloth d. place pillow under calves so heels are elevated

Objectives	Content Outline
	off bed to prevent pressure sores e. use footboard to keep ankles flexed to promote anatomical position of feet and ankles 4. lateral a. lying on side b. pillow to support the head and neck c. pillow to the back to maintain side-lying position d. flex top knee and place pillow under the knee and lower leg for support e. pillow under bottom foot to keep toes from touch the bed 5. prone a. lying on the abdomen b. many clients do not like this position c. head turned to the side and placed on small pillow d. place pillow under abdomen to allow room for breasts and to allow chest to expand during inhalation e. do not leave client prone for a long period of time 6. Fowler's a. client on back with head of bed (HOB) elevated 45 - 60° b. semi-Fowler's – HOB elevated 30 - 45° c. high Fowler's – HOB elevated 60 - 90° d. raise knee gatch or place pillow under knees to help prevent client from sliding down the mattress 7. Sims' a. extreme side-lying position, almost prone b. head turned to side and supported with pillow c. lower arm positioned behind the back d. upper knee is flexed and supported with pillow e. pillow under each foot to prevent toes from touching bed 8. Trendelenburg a. head is lower than the rest of the body b. used to increase blood flow to the brain if client is in shock 9. reverse Trendelenburg a. mattress placed at an angle with the head higher than the foot of the mattress b. used for client's with digestive disorders 10. logrolling a. turning client onto side while keeping spine straight b. use a draw sheet and a helper
Demonstrate how to raise a client's head and shoulders as evidenced by satisfactory practice in skills lab and clinical.	F. Repositioning client 1. raising client's head and shoulders a. use good body mechanics b. raise bed to waist-height and lower side rail c. place closest hand and arm under client back to the far shoulder

Objectives	Content Outline
	d. place other hand and arm under client's closest shoulder e. gently raise head and shoulders on the count of three f. re-fluff, turn, and replace pillow g. make client comfortable, provide with call bell h. lower bed and replace side rail, as appropriate i. document procedure and report any client changes to appropriate supervisor
Demonstrate how to move a client up in bed as evidenced by satisfactory practice in skills lab and clinical.	2. assisting client to move up in bed a. practice good body mechanics b. raise bed to waist-height and lower side rail and head of bed c. place 1 arm under client's shoulders d. place other arm under client's knees and turn your feet toward the HOB e. have client bend knees f. on count of 3, have client push with feet while you lift body up in bed g. make client comfortable, raise HOB, return h. document procedure and report any client changes to appropriate supervisor
Demonstrate how to move a client up in bed using a draw sheet as evidenced by satisfactory practice in skills lab and clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	3. assisting client to move up in bed with a draw sheet a. practice good body mechanics b. raise bed to waist-height and lower side rail and head of bed c. have one nurse aide on each side of bed turned slightly toward HOB d. with 1 hand at the shoulder and 1 hand at the hips roll draw sheet toward client e. grasp roll of draw sheet with palms up f. on count of 3 both nurse aides lift the draw sheet and client toward the HOB g. unroll draw sheet and tuck edges under mattress h. make client comfortable, raise HOB, return bed to low position i. place call bell in client's reach j. wash hands k. document procedure and report any client changes to appropriate supervisor
Accurately document moving client up in bed on facility ADL form as evidenced by Satisfactory rating on Skills Record. Demonstrate how to position client on side as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Accurately document positioning client on side on facility ADL form as evidenced by Satisfactory rating on Skills Record.	4. position client on side a. follow the procedure for "Position Client on Side" in the most current edition of Virginia Nurse Aide Candidate Handbook b. document procedure on Activities of Daily Living form, per facility policy c. report any observations of changes in client's condition or behavior to appropriate supervisor

Objectives	Content Outline
	G. Transferring Client 1. assisting client to move from one location to another 2. weight-bearing a. client's ability to stand on one or both legs 3. gait belt or transfer belt a. device nurse aide uses to assist unsteady or weak client to transfer or ambulate
Demonstrate how to transfer client from bed to wheelchair using a transfer belt as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4. transfer client from bed to wheelchair using transfer belt a. follow the procedure for "Transfer Client from Bed to Wheelchair Using Transfer Belt" in the most current edition of Virginia Nurse Aide Candidate Handbook b. document procedure on Activities of Daily Living form, per facility policy c. report any observations of changes in client's condition or behavior to appropriate supervisor.
	5. mechanical lifts a. equipment used to lift and move clients b. Fair Labor Standards Act, Hazardous Occupation Order Number 7 1. prohibits minors under 18 from operating or assisting in the operation of most power-driven hoists, including those designed to lift and move patients c. should only be used by nurse aides 18 years of age and older d. nurse aide should receive training to use the specific lift in the facility e. at least 2 nurse aides should be present when a mechanical lift is used to move a client
Demonstrate how to transfer client from bed to wheelchair using a mechanical lift as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	f. practice good body mechanics g. raise bed to waist-height and lower side rail and head of bed h. position wheelchair next to bed with footrests removed and wheels locked i. lower side rail on side nearest nurse aide j. assist client to turn on side and place lift pad under client k. assist client to turn to opposite side and position lift pad under client without wrinkles l. roll mechanical lift to bedside with base at its widest point, the wheels locked and the overhead bar directly over the client m. with client on his back attach the straps to each side of the lift pad and the overhead bar n. fold client arms over chest to protect arms and elbows o. raise client about 2 inches off bed p. with assistance of 2nd nurse aide guide client to the wheelchair q. slowly lower client into chair, taking care with

Objectives	Content Outline
	arms and legs and making sure the client's hips are against the back of the wheelchair r. replace footrests and support client's feet on wheelchair footrests s. remove straps from overhead bar and lift pad t. make sure client is comfortable and is wearing non-skid footwear u. cover client's lap and legs with blanket or robe v. place call bell in client's reach w. wash hands x. document procedure and report any client changes to appropriate supervisor
	H. Ambulating a Client 1. walking a client 2. assistive devices a. transfer or gait belt b. walker c. cane d. crutches
Identify complaints and concerns the nurse aide should report to the appropriate supervisor related to ambulation as evidenced by participation in skills lab role play.	3. report to the appropriate supervisor a. complaints of dizziness b. shortness of breath c. chest pain d. rapid heart beat e. sudden complaints of head pain f. unusual pain on weight bearing g. changes in client's strength or ability to walk h. change in client attitude toward walking i. assistive equipment that is broken or not working correctly
Demonstrate how to ambulate client using Transfer/gait belt as evidenced by Satisfactory rating on Skills Record for skills lab and for clinical. Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. Accurately document ambulating client on facility ADL form as evidenced by Satisfactory rating on Skills Record.	4. assist client to ambulate using transfer belt a. follow the procedure for "Assist to Ambulate Using Transfer Belt" in the most current edition of Virginia Nurse Aide Candidate Handbook b. document procedure on Activities of Daily Living form, per facility policy c. report any observations of changes in client's condition or behavior to appropriate supervisor.

Unit IX – Individual Client's Needs, including Mental Health and Social Service Needs
(18VAC90-26-40.A.4.a, c, d, e, f, g)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Identify basic needs of clients, including physical and psychosocial needs.
2. Demonstrate guidelines for the nurse aide to assist the client to meet his psychosocial needs.
3. Demonstrate way the nurse aide can modify his behavior in response to the behavior of clients.
4. Demonstrate principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated.
5. Demonstrate skills supporting age-appropriate behavior by allowing the client to make personal choices and by providing and reinforcing other behavior consistent with the client's dignity.
6. Demonstrate appropriate responses to client behavior, including aggressive behavior, anger, combative behavior, inappropriate language, confusion, and inappropriate sexual behavior.
7. Utilize the client's family/concerned others as a source of emotional support.
8. Demonstrate strategies to provide appropriate clinical care to the aged and the disabled.

Objectives	Content Outline
Identify basic physical needs of the client as evidenced by participation in classroom discussion. Identify basic psychosocial needs of the client as evidenced by participation in classroom discussion.	I. Basic psychosocial needs A. Physical needs 1. food and water 2. protection 3. activity 4. rest and sleep 5. safety 6. comfort B. Psychosocial needs 1. recognition as a unique individual 2. love and affection 3. supportive environment 4. acceptance by others 5. independence 6. social interaction 7. security 8. success and self-esteem 9. spiritual expression 10. sexual expression C. Problems meeting these needs 1. physical loss of body functions and/or body parts 2. social losses a. spouse b. relatives c. friends 3. economic losses a. retirement b. health costs

Objectives

Demonstrate guidelines for the nurse aide to assist the client to meet his psychosocial needs as evidenced by satisfactory rating on Skills Checklist in skills lab and in clinical.

Identify defense mechanisms as evidenced by participating in classroom discussion.

Objectives

Content Outline

4. loss of personal control over decision making
    a. loss of driver's license
    b. loss of personal dwelling when enter a long-term care facility

D. Guidelines for the nurse aide to assist client in meeting psychosocial needs
    1. demonstrate caring, personal feeling for each client
    2. communicate a caring, personal feeling for each client
    3. promote client independence and personal control as much as possible
        a. allow to follow habits and make personal choices
        b. adjust client care to permit continuation of lifestyle as much as possible
        c. encourage use of personal belongings
        d. encourage self-care as appropriate
        e. encourage client to continue religious practices
        f. provide personal time for sexual expression
    4. provide client with explanations when providing care
        a. promote right to dignity
        b. respect right to refuse care
E. Common reactions when client is unable to meet psychosocial needs
    1. anxiety
    2. depression
    3. anger or aggression
    4. confusion or disorientation

II. Mental health

A. client able to make adjustments to maintain state of emotional balance
    1. stress
        a. anxiety, burden, pressure, worry
        b. causes
            1. loss of independence
            2. loss of significant other/s
            3. loss of economic resources
            4. loss of body part/function
            5. many causes
    2. defense mechanisms
        a. compensation
            1. substituting for the loss
        b. conversion

Content Outline

1. may use physical problem to avoid participating in an activity
2. "changes" the real reason into something else

c. denial
1. refuses to believe

d. displacement
1. shifting an emotion from one person to another less threatening person

e. projection
1. blaming someone else for own actions or feelings

f. rationalization
1. creating acceptable reasons for behavior or action

g. regression
1. demonstrate behaviors from an earlier time in life

h. repression
1. refusing to remember frightening or unpleasant memory

Describe the signs and symptoms of anxiety as evidenced by participating in classroom discussion.

III. Mental Illness

A. Anxiety
1. feeling of uneasiness, dread, worry
2. can be helpful response unless it persists and effects ability to cope with everyday life
3. signs and symptoms
a. rapid pulse
b. dry mouth
c. sweating
d. nausea
e. difficulty sleeping
f. loss of appetite
g. restless
h. irritable

Identify the behaviors associated with obsessive-compulsive disorder as evidenced by participating in classroom discussion.

B. Obsessive-Compulsive Disorder (OCD)

1. obsession
a. recurring unwanted thoughts

2. compulsion
a. rituals that client can not control
b. hand-washing
c. repeatedly checking door to make certain it is locked, for example

3. prohibiting the ritual increases the level of anxiety

C. Phobias

1. excessive, abnormal fear
a. fear of heights
b. fear of water

Objectives

Identify the signs and symptoms of depression as evidenced by participating in classroom discussion.

Describe the behavior associated with bipolar disorder as evidenced by participating in classroom discussion.

Describe the signs and symptoms associated with schizophrenia as evidenced by participating in classroom discussion.

Demonstrate ways the nurse aide can modify his behavior in response to the behavior of the client as evidenced by satisfactory participation in skills lab and classroom role-play.

Content Outline

c. fear of flying
d. fear of dogs
e. fear of closed in spaces

2. can be very debilitating

D. Depression

1. overwhelming sadness prohibits client from functioning
2. signs and symptoms
    a. lack of interest
    b. frequent crying
    c. fatigue
    d. weight loss
    e. sleep disturbances
    f. irritability
    g. frequent physical complaints
    h. feelings of worthlessness
    i. feelings of hopelessness

E. Bipolar Disorder

1. severe mood swings
    a. manic phase
    1. everything is wonderful
    2. hyperactive
    b. depression phase
    1. excessive sadness
    2. not enough energy to participate in ADLs

2. caused by chemical imbalance in brain

F. Schizophrenia

1. loss of contact with reality
2. signs and symptoms
    a. delusions
        1. false ideas of who or what is around client
        2. delusions of grandeur
        3. delusions of persecution
        4. paranoia
    b. hallucinations
        1. false sensations that are real to client
        2. hearing voices
        3. seeing things that are not really there
        4. may involve any of the 5 senses
    c. disorganized speech
        1. flight of ideas
    d. catatonic behavior
        1. may stop in mid-sentence and stare

IV. Guidelines to modify the nurse aide's behavior in response to the behavior of clients

A. Know the client

1. Greet client when entering the room
2. encourage self-care as appropriate
3. encourage independence with ADLs and activities
4. allow client to make choices

Objectives	Content Outline
	5. offer to come back at a later time 6. remember the aide is not the cause of the client's behavior 7. do not take client's actions and behavior personally 8. stop when client resists what you are doing B. Be aware of your actions 1. monitor your body language 2. stay calm 3. do not yell at or argue with client 4. use silence appropriately 5. treat client like an adult, not a child 6. use appropriate eye contact 7. be respectful of client 8. provide privacy, if appropriate for client 9. review reality with client 10. answer questions about time, place, people honestly
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	C. report unusual behavior to appropriate supervisor 1. change in ability to perform ADLs 2. change in mood 3. behavior that is extreme, dangerous or frightening to other clients 4. hallucinations or delusions 5. comments about suicide 6. client not taking medications or hiding medications 7. any activity that causes a change in client's behavior
Demonstrate principles of behavior management by reinforcing appropriate behavior and causing inappropriate behavior to be reduced or eliminated as evidenced by satisfactory participation in classroom and skills lab role-play.	V. Behavior management techniques A. Principles of behavior management 1. ABCs a. Antecedent – what precedes the behavior b. Behavior c. Consequence – what is the consequence of the behavior d. to change the behavior, change either the antecedent or the consequence 2. speak with the 3 s's a. slowly b. softly c. simply – avoid medical terminology 3. cueing – graduated guidance a. provide guidance to perform a skill and then gradually let client perform task on his own 4. mirroring - modeling a. have client mirror or copy what you are doing

Objectives	Content Outline
	5. directing a. instructing the client to do a specific behavior 6. redirecting a. change client focus from one behavior to another more appropriate behavior 7. schedule care when client is least agitated B. Reward steps that lead to final desired behavior 1. plan what behavior is to addressed 2. behavior is broken down into small steps 3. each step completed is rewarded C. Three (3) types of rewards 1. primary rewards a. food 2. social rewards a. smile b. words of praise 3. physical rewards a. touch b. hug c. pat on the arm 4. rewards must be given in a way that would normally occur in the environment 5. rewards should suit the preferences of the client receiving the reward
Demonstrate strategies to reinforce appropriate behavior as evidenced by satisfactory participation in class and skills lab role-play.	D. Strategies to reinforce appropriate behavior 1. remain calm 2. maintain client's routine 3. maintain client's toileting schedule 4. encourage independence 5. provide privacy 6. encourage socialization 7. respond positively to appropriate behavior
Demonstrate strategies to reduce inappropriate behavior as evidenced by satisfactory participation in class and skills lab role-play.	E. Strategies to reduce client's inappropriate behavior 1. ignore behavior if it is safe to do so 2. remove behavior triggers 3. focus on the familiar 4. avoid caffeine 5. allow to pace in a safe place 6. do not argue with client 7. try distraction – redirect behavior 8. do not take behavior personally 9. continue to reinforce appropriate behavior
Identify age-appropriate strategies to reinforce client dignity as evidenced by participating in classroom discussion.	IV. Supporting age-appropriate behavior A. Age-appropriate strategies 1. participate in planning own care 2. encourage to make independent choices 3. maintain privacy 4. maintain confidentiality

Objectives	Content Outline
	5. encourage client to have own possessions 6. encourage participation in social activities 7. encourage participation in recreational activities 8. respect client's decisions and choices
Identify guidelines for nurse aide to reinforce client dignity as evidenced by satisfactory role-play in class and skills lab.	B. Guidelines for nurse aide to reinforce client dignity 1. address client in a dignified manner 2. take time to listen to what client has to say 3. converse with client as with an adult 4. do not ignore or humor client 5. respect client's privacy 6. explain what you are going to do 7. treat client as you would want to be treated 8. encourage client to make choices 9. client has right to refuse treatment, medications, activities
	VI. Responding appropriately to client's behavior A. Aggressive behavior 1. common causes a. pain b. lack of sleep c. fear d. medication side effects e. too hot or too cold f. hunger g. unable to communicate h. forgetting i. being approached by unknown clients and/or staff
Identify warning signs that frequently precede aggressive behavior as evidenced by participating in classroom discussion.	2. Warning signs preceding aggressive behavior a. fear b. restlessness c. pacing d. clenching fists e. clenching jaw f. yelling g. trying to leave facility h. throwing things
Demonstrate strategies to respond to aggressive behavior as evidenced by participating in classroom discussion.	3. Strategies to respond to aggressive behavior a. stay calm b. avoid touching client c. try to identify the trigger for the behavior d. take threats seriously e. get help f. do not argue with client g. protect yourself and others from harm h. report observations to appropriate supervisor

Objectives	Content Outline
Identify warning signs that frequently precede angry behavior as evidenced by satisfactory participation in classroom discussion.	B. Angry behavior 1.common causes a. disease b. fear c. pain d grief e. loneliness f. loss of independence g. change in daily routine 2. warning signs preceding angry behavior a. yelling b. throwing things c. threatening d. sarcasm e. pacing f. narrowed eyes g. clenched, raised fists h. withdrawal i. silent, sulking
Demonstrate strategies to respond to Angry behavior as evidenced by satisfactory Participation in classroom discussion.	3. strategies to respond to angry behavior a. be pleasant and supportive b. try to find cause of anger c. listen to client d. observe body language e. think before speaking f. do not argue with client g. speak in normal tone of voice h. treat client with respect i. respond promptly to requests j. report behavior to supervisor 4. strategies if anger escalates a. stay a safe distance away from client b. provide for safety of other clients c. leave client alone if it is safe to do so d. summon help
Identify signs of combative behavior as evidenced by satisfactory participation in classroom discussion.	C. Combative behavior 1. common causes a. disease affecting the brain b. escalating anger or frustration c. medication side effects 2. combative behavior a. hitting b. shoving c. kicking d. throwing things e. insulting others
Demonstrate strategies to respond to combative behavior as evidenced by satisfactory participation in classroom discussion.	3. strategies to respond to combative behavior a. immediately call for help b. keep yourself and others at a safe distance from the client c. stay calm

Objectives	Content Outline
	d. be reassuring e. try to find the trigger for the behavior f. do not respond to insults g. do not hit back h. follow the direction of the supervisor i. when behavior is under control sit with client to provide comfort, if instructed by supervisor j. report behavior to supervisor D. Inappropriate language 1. examples a. cursing b. name calling c. yelling d. sexually suggestive language
Demonstrate strategies to respond to inappropriate language as evidenced by satisfactory participation in role-play in class and in skills lab.	2. strategies to respond to inappropriate language a. remain calm b. do not take the language personally c. do not argue with the client d. politely tell client that language is inappropriate e. do not respond emotionally to the language f. if appropriate, permit client to have private time g. tell client you will return when he has had opportunity to calm down h. report behavior to supervisor E. Confused/disoriented behavior 1. inability to think clearly a. disoriented to time, place and/or person b. unable to focus on a task c. temporary or permanent
Identify common causes of confusion and/or disorientation as evidenced by participating in classroom discussion.	2. common causes a. low blood sugar b. stroke c. head trauma/injury d. dehydration e. nutritional problems f. fever g. sudden drop in body temperature h. lack of oxygen i. medication side effects j. infection k. illness l. loss of sleep m. seizure n. constipation o. difficulty hearing

Objectives	Content Outline
Demonstrate strategies to respond to confused and/or disoriented behavior as evidenced by satisfactory participation in role-play in class and in skills lab.	3. strategies to respond to confusion/disorientation a. do not leave client alone b. stay calm c. provide quiet environment c. speak slowly, softly, simply d. introduce yourself every time you encounter client e. reality orientation f. repeat directions as needed g. break ADL tasks into simple steps h. do not rush client to complete tasks i. keep client's routine j. observe client's body language as well as listen to what client is saying k. tell client when you are leaving room l. encourage use of glasses and hearing aides m. allow client to make choices n. encourage independence as appropriate o. report observations to the appropriate supervisor
	F. Inappropriate sexual behavior 1. examples a. sexual advances or comments b. inappropriate touching of staff c. inappropriate touching of themselves d. removing clothing in public e. masturbation in public 2. common causes a. illness b. dementia c. confusion d. medication side effects
Demonstrate strategies to respond to inappropriate sexual behavior as evidenced by participating in classroom discussion.	3. strategies to respond to inappropriate sexual behavior a. do not over-react b. be matter-of-fact c. distract the client d. do not judge behavior e. if client wants to talk, listen f. client has right to express sexuality, provide privacy g. report inappropriate behavior to supervisor
Identify the role of family/concerned others as a source of emotional support for the client as evidenced by satisfactory participation in classroom discussion.	VII. Family/concerned others as source of emotional support A. Role of family/concerned others on the health care team 1. provide love, support, self-esteem for client 2. lessen loneliness of client

Objectives	Content Outline
	3. participate in care planning, if desired by client 4. participate in care decisions on behalf of client 5. provide vital information to assist staff in planning appropriate behavior management plan as needed
Demonstrate strategies to meet the emotional needs of the client and the family/concerned others as evidenced by satisfactory participation in classroom discussion and role-play in class and skills lab.	B. Strategies to meet emotional needs of client and families/concerned others 1. be kind and respectful 2. ask appropriate questions 3. answer questions from client and family/concerned promptly and appropriately 4. listen 5. provide competent care to gain confidence of family/concerned others and client 6. create permanent assignments so client and family/concerned others can develop relationship with caregiver 7. allow client to contact family/concerned others as desired
Demonstrate strategies to encourage Family/concerned others to provide Emotional support to the client as Evidenced by satisfactory participation In classroom discussion.	C. Strategies to encourage family/concerned others to provide emotional support to client 1. invite family to care conferences as appropriate 2. send newsletters informing of up-coming events and special occasions 3. make space for families/concerned to celebrate private events (birthday, anniversary, etc.) 4. be friendly and respectful to visiting family/concerned others 5. keep facility welcoming, clean and odor-free
Demonstrate appropriate clinical care of the aged as evidenced by satisfactory ratings in the skills lab and in the clinical setting.	VIII. Providing appropriate clinical care to the aged and disabled A. Clinical care for the aged 1. respect client rights at all times 2. provide for privacy 3. maintain confidentiality 4. know each client as an individual 5. provide care within the nurse aide scope of practice, as assigned 6. promote client independence 7. keep client free from pain and discomfort 8. follow nursing care plan 9. observe and report physical and/or behavioral changes to appropriate supervisor B. Developmental disabilities 1. definition a. present from birth b. restricts physical and/or mental ability c. client has difficulty with language, mobility and/or learning

Objectives	Content Outline
Describe the effects developmental disabilities may have on the client as evidenced by satisfactory participation in classroom discussion .	2. examples a. cerebral palsy – caused by oxygen deficit at birth b. autism c. mental retardation 3. functions limited by developmental disabilities a. affect b. self-care c. learning d. mobility e. self-direction f. expressing language g. expressing understanding
Identify various physical disabilities the nurse aide may find in a long-term care facility as evidenced by satisfactory participation in classroom discussion.	C. Physical disabilities 1. examples a. visual impairment b. hearing impairment c. amputee d. cerebral vascular accident (CVA/stroke) 2. functions limited by physical disability a. depends on part of the body affected
Demonstrate appropriate clinical care of the disabled as evidenced by satisfactory ratings in the skills lab and in the clinical setting.	D. Guidelines for clinical care for the disabled 1. treat as adults regardless of behavior 2. praise and encourage 3. be patient 4. maintain privacy 5. maintain confidentiality 6. keep free from pain and discomfort 7. encourage client independence 8. encourage client to make personal choices 9. help teach ADLs as appropriate 10. repeat words and directions as needed 11. allow time to process what you have said 12. encourage participation in restorative care 13. follow nursing care plan 14. observe and report any physical and/or behavioral changes to appropriate supervisor

Unit X – Special Needs Clients
(18VAC90-26-40.A.5.a, b, c, d)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Describe age-related changes of the nervous system.
2. Discuss common disorders of the nervous system, including the care of the client.
3. Describe age-related changes to the eye.
4. Discuss common disorders of the eye, including the care of the client.
5. Demonstrate understanding of behavior of the visually impaired client, including how to respond to this behavior.
6. Describe age-related changes of the ear.
7. Discuss common disorders of the ear, including care of the client.
8. Demonstrate understanding of behavior of the hearing impaired client, including how to respond to this behavior.
9. Demonstrate understanding of behavior of the cognitively impaired client, including how to respond to this behavior.
10. Demonstrate how to communicate with the cognitively impaired client.
11. Demonstrate techniques for addressing the unique needs and behaviors of cognitively impaired clients.
12. Demonstrate methods to reduce the effects of cognitive impairment.
13. Describe complications of diabetes mellitus, include care of the client.
14. Describe care of the client experiencing hypoglycemia and hyperglycemia.
15. Describe care of the client experiencing hypothyroidism and hyperthyroidism

Objectives	Content Outline
Explain the anatomy and physiology of the nervous system as evidenced by being able to correctly identify each component part and its function.	I. Nervous System A. Anatomy and Physiology 1. Neuron a. cell that sends and receives information b. dendrite – short extension from the neuron cell body that receives information c. axon – long extension from the cell body that sends information d. synapse – space between axon of one neuron and the dendrite of the next e. myelin – covering of some of the axons 2. 2 divisions of the nervous system a. central nervous system (CNS) 1. brain and spinal cord b. peripheral nervous system (PNS) 1. nerves outside of brain and spinal cord 3. Central nervous system a. brain 1. cerebrum – largest part of brain a. controls voluntary movement of muscles b. processes information received from sensory organs c. allows us to speak, remember, think and feel emotions 2. cerebellum a. helps coordinate brain's commands to muscles

Objectives	Content Outline
	b. assists with balance 3. brain stem a. connects spinal cord to brain b. regulates body temperature, blood pressure, respirations and heartbeat b. spinal cord 1. extends from base of brain to about the level of the naval 2. surrounded and protected by the vertebrae 3. carries messages from the brain to and from the body 4. Peripheral nervous system a. sensory nerves 1. carry information from the internal organs and the outside world to the spinal cord and into the brain b. motor nerves 1. carry commands from brain down spinal cord and to the muscles and organs of the body 5. function of the nervous system a. regulates what goes on inside the body in response to external stimuli b. allows body to interact with the world around us 1. senses – touch, hearing, sight, smell, taste
Describe age-related changes seen in the nervous system as evidenced by accurately participating in classroom discussion.	B. Effect of aging on the nervous system 1. slower conduction time a. slower reflexes b. increased risk of falling c. short-term memory loss d. decreased sense of touch e. some hearing loss f. decreased vision, sense of smell and sense of taste
Discuss common disorders of the nervous system, including their signs and symptoms, as evidenced by participating in classroom discussion.	C. Common disorders of the nervous system 1. cerebrovascular accident (CVA, stroke) a. caused by blocked blood vessel or a ruptured blood vessel in the brain b. signs and symptoms 1. dizziness 2. confusion 3. loss of consciousness 4. seizure 5. facial droop on one side 6. drooping of one eyelid 7. blurred vision 8. sudden, intense headache 9. loss of bowel and/or bladder control 10. numbness, tingling on one side of the body

Objectives	Content Outlines
	11. weakness and/or paralysis on one side of the body 12. inability to speak 13. elevated blood pressure c. guidelines for caring for client recovering from a CVA 1. encourage independence by using assistive devices as appropriate 2. promote self-esteem 3. allow client time to respond by providing ample time for tasks 4. assist with range of motion to maintain muscle tone and joint mobility 5. be aware of changes in or loss of sensation when providing or assisting with personal care 6. assist with nutrition and fluid intake as appropriate to maintain weight and avoid constipation 7. do not refer to a "bad" body part 8. place food in the strong or unaffected side of the mouth when feeding client 9. keep communication simple and use a communication board if appropriate 10. if client forgets about paralyzed body part, gently remind him when transferring or repositioning client 11. reposition client q2hrs to prevent pressure sores and contractures 12. be aware client emotions can suddenly change 13. encourage client progress 14. encourage client to socialize and participate in activities d. notify appropriate supervisor of the following 1. change in level of consciousness 2. change in ability to use a body part 3. change in degree of sensation 4. signs of dehydration 5. weight loss 6. signs of depression 2. Parkinson's Disease a. client progressively deteriorates b. signs and symptoms 1. uncontrollable tremors 2. mask-like facial expression 3. drooling 4. pill-rolling 5. rigid muscles 6. shuffling gait 7. stooped posture

c. guidelines for caring for client with Parkinson's Disease
    1. assist with ambulation to prevent falls
    2. when ambulating encourage client to stand as straight as possible and to pick up his feet
    3. allow client ample time to complete simple tasks
    4. assist with ADLs as appropriate
    5. provide assistive devices to help with eating
    6. encourage socialization and participation in activities to prevent depression
d. notify the appropriate supervisor of the following
    1. severe trembling
    2. severe muscle rigidity
    3. mood swings
    4. sudden incontinence
    5. dehydration
    6. signs of depression

3. Seizures
    a. caused by short-circuit in brain's electrical pathways
        1. head trauma
        2. tumor in the brain
        3. high fever
        4. alcohol and/or drug abuse
        5. deficiency of oxygen to the brain at birth
    b. signs and symptoms
        1. change in level of consciousness
        2. tonic-clonic muscle movements
        3. staring
    c. guidelines for care of the client having a seizure
        1. lower client to floor and protect the head from injury
        2. allow the rest of the body to move
        3. do not attempt to put anything in client's mouth
        4. when seizure is finished position client on side in the recovery position
        5. when client recovers assist into clean, dry clothes if appropriate
        6. be matter-of-fact and supportive of client to promote self-esteem
        7. notify supervisor immediately
            a. report time seizure began
            b. how long it lasted
            c. describe seizure

Objectives	Content Outline
	4. multiple sclerosis (MS) a. progressive disorder that effects the nervous system's ability to communicate with muscles and control movement b. occurs in young adults most often c. signs and symptoms 1. numbness and tingling 2. muscle weakness 3. extreme fatigue 4. tremors 5. decreased sensation in extremities 6. blurred or double vision 7. poor balance 8. difficulty walking because the feet drag 9. bowel and/or bladder incontinence 10. paralysis in late stages of disease d. guidelines for caring for the client with MS 1. assist with ambulation to prevent falls 2. allow client ample time to complete tasks and ADLs 3. offer frequent rest periods during tasks and ADLs 4. turn, reposition, and provide skin care q2hrs to prevent pressure sores 5. assist with range of motion to maintain muscle tone and joint mobility 6. encourage socialization and participation in activities to prevent depression e. notify the appropriate supervisor of the following 1. skin that is red, pale or looks like the beginning of a pressure sore 2. joints that do not move as easily as they did 3. complaints of burning on urination, frequenc of urination, urine that is concentrated or foul smelling 4. change in level of consciousness 5. signs of depression 5. head and spinal cord injuries a. causes 1. concussion – banging injury to the brain 2. accidents b. sign and symptoms 1. headache 2. unequal pupils 3. drowsy 4. seizure 5. change in level of consciousness c. guidelines for care of the client with head or spinal cord injury 1. turn, reposition and give skin care q2hrs to maintain skin, preventing

Objectives	Content Outline
	pressure sores and contractures 2. perform range of motion exercises on a regular basis 3. encourage as much independence with ADLs as is appropriate 4. encourage hydration 5. provide assistive devices as necessary to promote independence and self-esteem 6. follow bowel and bladder schedule 7. encourage client to socialize and participate in activities to prevent depression d. report to the appropriate supervisor the following 1. skin that looks as though a pressure sore is forming 2. joints that do not move as easily as they did 3. complaints of burning on urination, frequency of urination, urine that is concentrated or foul smelling 4. change in level of consciousness 5. signs of depression
Explain the anatomy and physiology of the eye as evidenced by being able to correctly identify each component part and its function.	B. The Eye 1. organ of sight a. sclera – white of the eye b. cornea – clear part of sclera that allows light to enter into the eyeball c. lens – clear structure that refracts (bends) the light to focus on the retina b. retina – inner-most part of the eyeball 1. contains receptors (rods and cones) that convert light into nerve impulses that travel to the brain where the impulses are processed
Describe age-related changes seen in the eye as evidenced by accurately participating in classroom discussion.	2. effects of aging on the eye a. decreased number of receptors in the retina b. lens becomes cloudy and opaque c. lens becomes less flexible, unable to properly focus the light on the retina d. decrease in tear production
Demonstrate an understanding of the visually impaired client as evidenced by satisfactory role-play in the skills lab and satisfactory performance in the clinical setting.	3. common disorders of the eye a. conjunctivitis (pink eye) 1. infection and inflammation of the eyelid 2. signs and symptoms a. eye is red, itchy b. eye tears a lot c. white or yellow discharge from the eye 3. guidelines for caring for the client with pink eye

Objectives	Content Outline
	a. wash hands before and after caring for the client b. keep your hands away from your face and eyes c. encourage client to avoid touching or rubbing his eyes and to use a tissue if he must 4. report the following to the appropriate supervisor a. discharge for eyes b. complaint of burning or itching in the eyes b. cataracts 1. lens becomes cloudy preventing light from entering into the eye and decreasing vision 2. treated by surgery to remove the lens and replace it with an artificial lens 3. guidelines for caring for the client with a cataract a. provide extra light in room or when performing tasks such as reading b. sit facing a bright window, turn and sit with back toward window c. encourage to be as independent as possible d. assist with ADLs as appropriate c. glaucoma 1. increased pressure inside the eye a. can lead to blindness if not treated 2. signs and symptoms a. decreased vision b. nausea/vomiting c. seeing “halo” around lights d. blurred vision d. age-related macular degeneration (AMD) 1. receptors in center of retina are destroyed a. client can only see the periphery of the field of sight e. guidelines for caring for the client with vision impairment 1. encourage use of their glasses 2. check glasses daily to assure they are clean 3. wash glasses with warm water and dry with soft towel. Never dry with a paper towel 4. knock before entering client’s room 5. identify yourself whenever enter client’s room 6. announce to client when you are leaving client’s room 7. leave furniture where client knows where it is 8. use numbers of a clock to tell client where an item is located or where food is located on his plate
Respond appropriately to the behavior of the visually impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	

Objectives	Content Outline
	9. when assisting client to ambulate, walk slightly ahead of client and allow client to hold your arm or elbow f. report to appropriate supervisor the following 1. glasses that are in need of repair
	C. The Ear 1. Anatomy and Physiology of the Ear a. outer ear 1. tympanic membrane – ear drum 2. cerumen – ear wax b. middle ear 1. equalizes air pressure 2. 3 small bones – malleus, incus and stapes c. inner ear 1.cochlea – contains receptors for hearing 2. vestibule 3. semicircular canals – help keep our balance
Explain the anatomy and physiology of the ear as evidenced by being able to correctly identify each component part and its function.	2. function of the ear a. hearing b. balance
	3. effects of aging on the ear a. tympanic membrane becomes stiff b. 3 small bones don't vibrate as easily c. sensory receptors in cochlea decrease d. decreased hearing
Describe age-related changes seen in the ear as evidenced by accurately participating in classroom discussion.	4. common disorders of the ear a. otitis media 1. infection of the middle 2. signs and symptoms a. ear pain b. fever c. discharge from the ear d. difficulty hearing 3. report to appropriate supervisor the following a. discharge from the ear b. complaints of ear pain c. complaints of difficulty hearing d. fever
Demonstrate an understanding of the hearing impaired client as evidenced by satisfactory role-play in the skills lab and satisfactory performance in the clinical setting.	b. Meniere's Disease 1. disease of the inner ear 2. signs and symptoms a. dizzy b. tinnitus – ringing in the ears c. temporary hearing loss d. nausea/vomiting e. guidelines for care of client with Men Disease

Objectives

Content Outline

1. lie down
2. keep eyes from moving
3. allow client ample time to complete ADLs

c. deafness

1. conductive hearing loss
   a. sound waves prevented from reaching receptors in cochlea
2. sensorineural hearing loss
   a. receptors unable to transmit nerve impulses or to receive stimuli
3. hearing aids
   a. battery operated device to amplify sound
   b. very expensive, handle with care
   c. guidelines for caring for hearing aide
      1. treat with care
      2. turn off when not in use
      3. store in labeled container in a cool, dry place
      4. check batteries frequently to ensure they are in working order
      5. do not get batteries wet
      6. remove hearing aid before bathing, showering or shampooing hair
   d. report to supervisor dead batteries, hearing aid that needs repair

d. guidelines for caring for the client with hearing impairment

1. reduce or eliminate background noise
2. encourage client to wear hearing aid and verify that hearing aid is turned on
3. check that batteries for hearing aid are functional
4. face client when speaking
5. use note pad to write important directions
6. consider learning sign language

Respond appropriately to the behavior of the hearing impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.

II. Cognitive Impairment – **Memory Care**

A. introduction

1. inability to think, to remember or to reason
2. causes
   a. delirium – temporary confusion
   b. depression
   c. dementia

Define the terms used with cognitive impairment as evidenced by participation in classroom discussion.

Objectives

Describe how an unmet need might cause behavior changes
Describe basic unmet human needs that will most likely Cause behavior problems in:
An alert, oriented resident
A confused resident
Psychosis, dementia, and combative residents
State the steps of behavioral management
Discuss how the nurse aide functions with the Health care team for behavior management
Describe 1 step for increasing appropriate behavior and 1 step for reducing inappropriate behavior

Discuss the three stages of Alzheimer's Disease as evidenced by participating in classroom discussion.

Content Outline

3. dementia in long-term care
   a. brain atrophies, nerve fibers become tangled and covered with a sticky protein
   b. progressive
   c. not reversible
   d. there is no cure
   e. many causes
      1. brain injury
      2. AIDS
      3. prolonged substance abuse
      4. CVA
      5. Parkinson's Disease
      6. Alzheimer's Disease (AD)

f. types of dementia
1. over 100 different types
2. most common type Alzheimer's Disease

B. Alzheimer's Disease (AD)
1. three (3) stages
   a. stage 1- early/mild
      1. short-term memory loss
      2. disorientated to time
      3. loses interest in work and hobbies
      4. unable to concentrate
      5. decreased attention span
      6. mood swings
      7. rude behavior
      8. tends to blame others
      9. poor judgment
      10. poor personal hygiene and safety awareness
   b. stage 2 - middle/moderate
      1. increased disorientation
      2. increased memory loss – may forget family and friends
      3. slurred speech
      4. difficulty finding the right words
      5. difficulty following directions
      6. loses ability to read, write or do math
      7. unable to perform own ADLs without assistance
      8. unable to recognize common items like comb or eating utensils
      9. becomes incontinent
      10. restless, wanders, paces, sundown syndrome
      11. difficulty sleeping
      12. poor impulse control – inappropriate language, sexually aggressive
      13. hallucinations (experiences sensations that are not real) and/or delusions (false ideas

Objectives	Content Outline
	about who one is or what is going on around them) c. stage 3 – late/severe 1. total disorientation to time, place and persor 2. total dependence on others for care 3. completely incontinent 4. verbally unresponsive 5. confined to bed unable to walk 6. unable to recognize family or self 7. difficulty swallowing and eating 8. seizures 9. coma 10. death
Demonstrate an understanding of the behavior of the cognitively impaired client as evidenced by satisfactory role-play in the skills lab and satisfactory performance in the clinical setting.	C. Behaviors associated with dementia 1. wandering or pacing a. causes 1. over-stimulating environment 2. feeling scared or lost 3. looking for someone or something 4. need to go to the bathroom 5. hunger 6. forgetting how or where to sit
Respond appropriately to the behavior of the cognitively impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	b.. appropriate responses to wandering or pacing 1. provide safe place for wandering/pacing 2. maintain toileting schedule 3. offer snacks 4. redirect to other activities 5. redirect to other exercise 6. for nighttime wandering, minimize daytime napping 7. provide reassurance 2. agitation a. causes 1. frustration 2. insecurity 3. new people or new places 4. changes in routine 5. over-stimulating environment b. appropriate responses to agitation 1. eliminate triggering behavior 2. keep calm 3. speak slowly and simply 4. reduce noise and stimulation in environment 5. redirect to a familiar activity 6. reassure client that he is safe 3. hallucinations and delusions a. hallucinations – hearing/seeing things that are not there b. delusions – false ideas about who one is or what is going on around one d. appropriate responses to hallucinations/delusion

1. if they are harmless, ignore them
2. do not argue because they are real to the client
3. redirect client to other activities
4. report behavior to appropriate supervisor

4. violent behavior
   a. hitting, attacking, threatening to self and/or others
   b. causes
      1. frustration
      2. over-stimulation
      3. change in routine
   c. appropriate responses to violent behavior
      1. notify supervisor immediately
      2. decrease environmental stimulation
      3. step out of reach and remain calm
      4. protect yourself and others
      5. never hit back
      6. speak slowly and simply
5. catastrophic reactions
   a. unreasonable, exaggerated reaction
      1. may be inappropriate language
   b. causes
      1. fatigue
      2. change of routine
      3. over-stimulation in environment
      4. pain or discomfort
      5. hunger or need to toilet
   c. appropriate responses to catastrophic reactions
      1. remove triggers
      2. use calming techniques
      3. do not leave the client alone
      4. block blows
      5. never hit back
      6. stay out of reach
      7. protect yourself and others
      8. call for help
      9. notify supervisor immediately
6. pillaging, rummaging and/or hoarding
   a. pillaging – taking items that belong to someone else
   b. rummaging – going through drawers, closets, personal items that belong to oneself or to others
   c. hoarding – collecting more items than one needs and never throwing anything away
   d. appropriate responses to pillaging, rummaging and/or hoarding
      1. do not judge client- these behaviors are out of their control
      2. label all of client belongings
      3. check hiding places periodically
      4. notify family so they are aware of behavior
      5. set aside special drawer for rummaging or

hoarding

7. sundown syndrome
    a. client becomes restless and agitated in late afternoon, evening or night
    b. causes
        1. hunger
        2. fatigue
        3. change in routine
        4. new situation
    c. appropriate responses to sundowning
        1. provide adequate lighting before it gets dark
        2. avoid stressful situations in afternoon or evening
        3. discourage daytime naps
        4. follow a bedtime routine
        5. plan calming activity just before bedtime
        6. eliminate caffeine from diet
        7. give soothing back rub
        8. redirect behavior to a calm activity
        9. maintain daily exercise routine
        10. notify supervisor of behavior
8. perseveration
    a. repeat words, phrases or questions over and over again
    b. may repeat same activity over and over again
    c. appropriate responses to perseveration
        1. remember that client is unaware of behavior
        2. respond each time to a question
        3. remain calm
        4. do not attempt to silence or stop client
        5. redirect client to another activity
9. inappropriate social behavior
    a. cursing, yelling
    b. banging on furniture, slamming doors, etc.
    c. causes
        1. pain
        2. constipation
        3. frustration
        4. desire for attention
    d. appropriate responses to inappropriate social behavior
        1. remain calm
        2. speak slowly, simply, softly
        3. try to determine cause of the behavior
        3. report behavior to supervisor
10. inappropriate sexual behavior
    a. removing clothing, inappropriate touching of self or others
    b. causes
        1. client is hot
        2. need to toilet
        3. attempting to remove soiled clothing

Objectives	Content Outline
	4. pleasant sensation c. appropriate responses to inappropriate sexual behavior 1. stay calm and professional 2. try to find reason for behavior 3. direct client to private area 4. distract client 5. report behavior to supervisor
Demonstrate strategies for communicating with the cognitively impaired client as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	D. Strategies for communicating with the cognitively impaired client 1. always introduce yourself to client 2. be careful with touching client, as this may frighten or upset client 3. maintain eye contact when speaking with client 4. allow client ample time to respond 5. speak slowly, simply, softly 6. reduce environmental noise 7. give directions one at a time, not a list of directions 8. repeat directions and answers as often as needed 9. if client does not seem to understand what you are saying, try using different words 10. watch for body-language clues that indicate what client needs or is trying to say 11. always describe what you are doing 12. break tasks into simple steps 13. use pictures or a communication board 14. post reminders such as calendars, signs, activity boards, pictures 15. frequently offer praise 16. if language is offensive, ignore it or gently try to redirect client to another activity 17. do not talk to or about client as though he is a child 18. use validation therapy a. acknowledge the client's reality b. do not argue with client c. attempt to distract client and redirect attention to another, more appropriate activity
Demonstrate techniques for addressing the unique needs and behaviors of client's with cognitive impairment as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	E. Techniques to address unique needs of the cognitively impaired client 1. bathing a. schedule bathing when client is least agitated b. adhere to the schedule c. gather all supplies before beginning procedure d. use sponge bath if client becomes upset with tub bath or shower e. have bathroom warm and well-lit f. make sure water is warm g. provide for privacy and safety h. encourage independence by giving client washcloth i. explain everything you are doing

j. be calm and reassuring throughout procedure

2. grooming and dressing
   a. assist with grooming to maintain self-esteem and dignity
   b. use clothing that opens in the front, has elastic waistbands, Velcro instead of buttons
   c. choices may agitate client therefore do not give client too many choices when selecting clothes. May be best to offer only one outfit to wear

3. toileting
   a. establish toileting schedule and adhere to it
   b. toilet q2hrs or more often if necessary
   c. toilet before meals and before bedtime
   c. place sign on bathroom door so client will recognize it
   d. keep bathroom lit
   e. assist client to clean self after toileting
   f. change client's clothing if they become soiled
   g. keep skin clean and dry
   h. document bowel movements
   i. reassure family and friends if they are upset by client's incontinence
   j. encourage fluid intake to avoid dehydration

3. eating
   a. establish a meal schedule and adhere to it
   b. encourage independence at mealtime with the use of assistive devices
   c. dining area should be well-lit, pleasant, with a minimum of background noise (turn off TV)
   d. seat client with others to promote socialization
   e. food should look pleasant and appealing
   f. food and drink should not be very hot or very cold
   g. keep table setting simple
      1. no patterns on the tablecloth or plates
      2. do not put unnecessary plates, glasses or silverware on the table
   h. finger foods are acceptable
   i. offer plenty of fluids
   j. give simple directions
   k. use cueing to give client idea of how to feed self
   l. allow ample time for client to feed self
   m. give client smaller meals at more frequent intervals if wandering interferes with meals
   n. report to appropriate supervisor
      1. choking or difficulty swallow
      2. changes in intake and/or output

4. general health issues
   a. assist to wash hands at frequent intervals
   b. be alert to risk for falls and reduce risks for client
   c. be diligent with skin care
   d. observe for non-verbal cues regarding pain or

Objectives	Content Outline
	discomfort and report to appropriate supervisor e. promote self-esteem by encouraging independence in activities where possible f. provide daily/weekly calendar g. encourage participation in activities and socialization h. reward behavior with smiles, hugs and praise 5. therapies used with cognitively impaired clients a. reality orientation 1. calendars 2. clocks 3. signs 4. lists b. validation therapy 1. acknowledge client's reality 2. do not agrue 3. redirect activity to more appropriate behavior c. reminiscence therapy 1. reminds client of past experiences and people d. remotivation therapy 1. promote self-esteem, socialization 2. groups to focus on specific topic
Demonstrate methods to reduce the effects of cognitive impairment as evidenced by satisfactory role-play in skills lab and satisfactory performance in the clinical setting.	
Identify strategies the nurse aide can use to keep a positive, empathetic attitude when caring for clients with cognitive impairment as evidenced by participation in classroom discussion.	A. Care for the care-giver 1. do not take behavior personally 2. consider what client is feeling 3. work with client as they are today 4. work as a team making sure everyone follows the nursing care plan 5. work with and support family members 6. take care of yourself
	III. Diabetes Mellitus A. The endocrine system 1. regulates many body functions 2. made up of glands that secrete hormones directly into the blood stream 3. glands a. pituitary gland – 7 hormones including growth-stimulating hormone b. thyroid –controls metabolism c. parathryoids – regulates body's use of calcium d. thymus – regulates immune system e. adrenals – regulates BP and fight vs flight f. pancreas – produces insulin to regulate blood sugar g. ovaries – female sex hormones h. testes – male sex hormones
Describe age-related changes seen in the endocrine system as evidenced by accurately participating in classroom discussion.	4. age-related changes in the endocrine system a. levels of hormones decrease 1. menopause in women

Objectives	Content Outline
	a. levels of insulin decrease b. body handles stress less efficiently
	5. common disorders of the endocrine system a. diabetes mellitus b. hypothyroidism
Discuss common disorders of the endocrine system, including their signs and symptoms, as evidenced by participating in classroom discussion.	B. Diabetes mellitus (DM)
	1. insulin a. the key that opens the door to allow glucose to enter the cell b. cells use glucose for energy/food c. without glucose, cells will die d. without insulin, glucose stays in the blood and cannot get into the cells
Describe the difference between Type 1 and Type 2 diabetes mellitus as evidenced by Participating in classroom discussion.	2. type 1 – insulin dependent diabetes mellitus (IDDM) a. pancreas produces little or no insulin b. must have outside source of insulin (injection)
	3. type 2 – non-insulin dependent diabetes mellitus (NIDDM) a. pancreas produces insulin but the body has become resistant to its own insulin b. may take oral hypoglycemic tablet c. may be treated with diet and exercise d. may require injection of insulin
Identify signs and symptoms of diabetes mellitus as evidenced by participating in classroom discussion.	4. signs and symptoms of DM a. increased thirst b. increased urination c. increased hunger d. fatigue e. elevated blood sugar f. blurred vision g. slow-healing cuts or sores h. numbness/tingling in hands/feet i. increased number of infections
Discuss hypoglycemia, including the signs and symptoms and the care of the client experiencing hypoglycemia as evidenced by satisfactory participation in classroom discussion.	5. complications of DM a. hypoglycemia 1. signs a. change in level of consciousness b. skin cool and clammy c. complaint of headache d. shaky e. nauseated 2. causes a. skipped a meal b. too much exercise c. received too much insulin 3. notify supervisor immediately 4. if conscious, give orange juice or peanut butter crackers or follow facility policy b. hyperglycemia 1. signs

Objectives	Content Outline
Discuss hyperglycemia, including the signs and symptoms and the care of the client experiencing hyperglycemia as evidenced by satisfactory participation in classroom discussion.	a. skin warm and flushed b. breath has fruity smell c. blood sugar is elevated 2. causes a. over-eating b. not enough exercise c. did not receive enough insulin 3. notify supervisor immediately
Describe long-term complications of diabetes mellitus as evidenced by participating in classroom discussion.	c. damage to blood vessels 1. damage to blood vessels in the retina leads to blindness 2. damage to blood vessels in the kidneys leads to kidney failure and dialysis 3. damage to blood vessels in the feet and legs leads to amputation d. damage to nerves 1. numbness and tingling in hands and feet 2. loss of sensation in fingers and toes
Discuss guidelines for the nurse aide caring for the client with diabetes mellitus as evidenced by satisfactory role-play in class and satisfactory performance in the clinical setting.	6. guidelines for the care of the client with DM a. maintain meal schedule b. encourage client to follow diet and not eat concentrated sweets c. monitor blood sugar per facility policy d. inspect client's feet and toes everyday for blisters, reddened areas e. client should always wear well-fitting shoes when ambulating f. if client has loss of sensation in hands assist them with activities such as eating, writing or holding objects g. if client has loss of sensation in feet assist with ambulation h. never cut client's toenails, only a podiatrist i. always dry between client's toes after washing feet
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	7. what to report to the appropriate supervisor a. a missed meal b. complaints of increased thirst c. complaints of increased urination, particularly at night d. complaints of blurred vision e. change in level of consciousness f. skin that is cool and clammy g. skin that is warm and flushed h. observing client eating concentrated sweets between meals i. cuts, bruises, sores that do not seem to be healing j. blisters, sores, redness, cracks on toes or feet k. increased incidence of infections
	C. hypothyroidism 1. description

Objectives	Content Outline
	a. lack of thyroid hormone b. causes body metabolism to slow down
Identify signs and symptoms of hypothyroidism as evidenced by participating in classroom discussion.	2. signs and symptoms a. fatigue b. weakness c. weight gain d. constipation e. intolerant of the cold f. dry skin g. hair thins and/or begins to fall out h. brittle hair and fingernails i. pulse slows j. blood pressure decreases k. temperature is lower l. goiter (enlarged thyroid) m. voice becomes hoarse n. depression
Discuss guidelines for the nurse aide caring for the client with hypothyroidism as evidenced by participating in classroom discussion.	3. guidelines for care of the client with hypothyroidism a. offer sweater, blanket to keep client comfortable when complains of being cold b. set room thermostat a little higher to provide warmth c. be extra careful when grooming hair and nails d. provide frequent rest periods, as necessary, during ADLs e. encourage fluid intake
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor. .	4. report the following to the appropriate supervisor a. unusual complaints of coldness b. unusual complaints of fatigue c. hair that breaks or appears to be falling out d. complaints of constipation e. changes in voice f. neck becoming larger g. decrease in vital signs from baseline h. increase in weight
Identify signs and symptoms of hyperthyroidism as evidenced by participating in classroom discussion.	D. hyperthyroidism 1. thyroid gland produces too much thyroid hormone 2. body processes speed up 3. body metabolism increases 4. signs and symptoms a. nervousness b. restlessness c. fatigue d. bulging or protruding eyes e. tremors of the hands f. intolerance to heat g. excessive perspiration h. rapid pulse i. high BP j. increased appetite with weight loss

Objectives	Content Outline
	k. enlarged neck (goiter) 5. guidelines for care of the client with hyperthyroidism a. assist to dress in cooler clothing b. lower thermostat in room c. assist at mealtime if appropriate 6. what to report to appropriate supervisor a. unusual complaints of being warm/hot b. nervousness c. unusual tremors of hands d. eyes that appear to be bulging e. excessive perspiration f. increase in vital signs g. weight loss h. change in appetite i. change in size of neck

Unit XI – Basic Restorative Services
(18VAC90-26-40.A.6.a, b, c, d, e, f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Discuss the role of the nurse aide in rehabilitation and restorative care.
2. Describe ways to teach, with supervision, a client to participate in self-care.
3. Demonstrate the use of assistive devices when transferring client from bed to chair or bed to stretcher.
4. Discuss the assistive devices the client may use when ambulating.
5. Identify assistive devices the client may have to help with eating.
6. Identify assistive devices the client may have to help with dressing.
7. Demonstrate passive range of motion for the knee and ankle.
8. Demonstrate passive range of motion for the shoulder.
9. Discuss observations the nurse aide should report to the supervisor when performing passive range of motion exercises.
10. Identify positioning devices the nurse aide may use when turning and positioning a client.
11. Demonstrate positioning a client on his side in bed.
12. Demonstrate positioning a client in the chair.
13. Describe caring for and using prosthetic devices.
14. Describe caring for and using orthotic devices.
15. Demonstrate how to put elastic stockings on the client.
16. Describe the role of the nurse aide in bladder training.
17. Describe the role of the nurse aide in bowel training.

Objectives	Content Outline
	I. Definitions A. Disability 1. impaired function a. physical b. emotional c. both at the same time 2. may be permanent or temporary 3. goal of care a. assist client to learn to manage disability b. gain as much independence as possible
Describe the purpose of rehabilitation as evidenced by participation in classroom discussion.	B. Rehabilitation 1. occurs after accident, illness or injury 2. assist client with disability to achieve highest possible level of functioning a. physical b. emotional c. economic 3. holistic care a. treating the entire person b. physical and psychological
Identify members of the rehabilitation team as evidenced by participating in classroom discussion.	C. Members of the rehabilitation team 1. physiatrist – physician specializing in rehabilitation 2. other physicians

Objectives	Content Outline
	3. therapists a. speech therapy b. physical therapy c. occupational therapy 4. social workers 5. discharge planners 6. nurses 7. nurse aides 8. client 9. client's family D. Goals of rehabilitation team 1. assist client to maintain and/or regain ability to perform ADLs 2. promote client independence 3. assist client adaptation to disability 4. prevent complications of disability
Describe restorative care as evidenced by participation in classroom discussion.	E. Restorative Care 1. actions of health care workers 2. goals a. assist client maintain health, strength, function b. increase independence 3. includes a. treatment b. education c. prevention of complications
Discuss the role of the nurse aide in rehabilitation and restorative care as evidenced by participating in classroom discussion.	II. Guidelines of Rehabilitation and Restorative Care A. Understand diagnosis and disability 1. be aware of client limitations 2. know client abilities 3. follow nursing care plan B. Display patience with client and significant others 1. small improvements may be significant 2. respond appropriately and offer praise C. Display positive attitude 1. staff sets the tone for the day D. Listen to client's thoughts and feelings 1. emotional needs are important E. Provide for client privacy 1. avoids distractions 2. allows client to practice new skills without an audience F. Promote client independence 1. accomplishing a task by himself improves client self-esteem G. Promote personal choice 1. supports self-esteem H. Encourage physical activity 1. helps prevent complications of disability 2. encourages social interaction

Objectives	Content Outline
	I. Be aware client may have setbacks J. Report the following to appropriate supervisor 1. lack of motivation 2. signs of withdrawal or depression 3. change in ability, both increased or decreased 4. decrease in client strength 5. change in ability to perform range of motion
	III. Methods to teach client to participate in self-care program A. Nurse aide project positive attitude 1. be enthusiastic 2. nurse aide's attitude will encourage client
Describe ways to teach, with supervision, a client to participate in self-care as evidenced by satisfactory participation in role-play in classroom and skills lab.	B. Establish reasonable goals with client's participation 1. what does client want to achieve 2. how will client work toward goal 3. how will client know when goal has been achieved 4. begin at client's current level of function 5. use cueing, mirroring, behavior reinforcement
Describe reasons why client may not want to participate in self-care as evidenced by satisfactory participation in classroom discussion.	C. Reasons for client to refuse 1. fear of hurting themselves 2. fear of failure 3. feeling of hopelessness 4. not understanding why self-care is helpful 5. not understanding why self-care is necessary
	IV. Assistive devices A. definition 1. devices to make specific tasks easier 2. promote independence
Identify assistive devices the nurse aide may use for transferring clients, including bed to chair and bed to stretcher, as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	B. Transferring client 1. transfer belt (gait belt) for ambulation and transfer bed to wheelchair 2. slide board to transfer client from bed to stretcher 3. mechanical lift to transfer client from bed to chair
Identify assistive devices the nurse aide may use to assist the client to ambulate as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	4. U.S. Department of Labor Fair Labor Standards Act (FLSA) Hazardous Occupation Order No. 7 a. prohibits minors under 18 from operating or assisting in the operation of most power-driven hoists, including those designed to lift and move clients b. www.dol.gov/whd/regs/compliance /whc i. US Department of Labor Wage and Hour division website ii. page 2

Objectives	Content Outline
Demonstrate how to assist the client to ambulate with assistive devices as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	C. Ambulating client 1. transfer belt (gait belt) 2. cane a. C-cane: handle in shape of a "C" b. Quad cane: has 4 rubber-tipped feet 3. walker a. provides more support than cane 4. crutches a. used when client has limited weight bearing on one leg D. Guidelines for canes, walkers, and crutches 1. check assistive device for any defect or damage prior to use 2. client should always wear non-skid shoes that fit correctly when ambulating 3. clothing should fit properly, not be too long or too loose fitting 4. promptly clean spills and clutter from floors where client will be walking 5. encourage client to stand as straight as possible when walking 6. do not rush client 7. do not use walker to hang items 8. client should use cane in strong hand 9. when assisting client to walk, stay near client on the weak side 10. have chair available for client to use if he experiences pain or discomfort while ambulating 11. after walking, return client to chair or bed, in the low position, with call bell in easy reach
Identify assistive devices the nurse aide may use to assist the client to eat as evidenced by satisfactory role-play in skills lab.	E. Assistive devices for eating 1. plate guard 2. utensils with built-up handles 3. utensils with curved handles 4. utensils that have a Velcro strap to hold utensil in client's hand 5. sippy cup 6. cup holders
Identify assistive devices the nurse aide may use to assist the client to dress as evidenced by satisfactory role-play in skills lab.	F. Assistive devices for dressing/grooming 1. zipper pulls 2. Velcro fasteners instead of buttons 3. long-handles shoe horn 4. long-handled graspers 5. button hole hooks 6. elastic shoelaces 7. denture brush 8. long handled bathing sponge

Objectives	Content Outlines
Define terms associated with range of motion as evidenced by participating in classroom discussion.	V. Range of Motion Exercises A. Definitions 1. abduction a. move away from the body's midline 2. adduction a. move toward the body's midline 3. extension a. straighten the body part 4. flexion a. bend the body part 5. dorsiflexion a. bend body part backward 6. pronation a. turn body part downward 7. rotation a. turn the joint 8. supination a. turn body part upward 9. contraction a. joint remains in permanently bent position b. caused by lack of movement c. prevented by 1. proper positioning 2. range of motion exercise to joint
Describe benefits of exercise as evidenced by Participating in classroom discussion.	B. Benefits of exercise 1. increase muscle strength 2. maintain joint mobility 3. prevent contractures 4. improve coordination to help prevent falls 5. improve self-image to prevent depression 6. maintain/reduce weight 7. improve circulation to prevent leg ulcers
	C. Range of motion exercises 1. active range of motion exercise (AROM) a. client exercises own joints without assistance 2. passive range of motion exercise (PROM) a. staff exercises client's joints without assistance from the client 3. promotes self-care and client independence
Demonstrate passive ROM to lower extremity as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	D. Perform passive range of motion (PROM) for lower extremity 1. follow the procedure for "Performs passive range of motion (PROM) for one knee and one ankle" in the most current edition of Virginia Nurse Aide Candidate Handbook
Demonstrate passive ROM to upper extremity as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	E. Perform passive range of motion (PROM) for upper extremity 1. follow the procedure for "Performs passive

Objectives	Content Outlines
	range of motion (PROM) for one shoulder" in the most current edition of Virginia Nurse Aide Candidate Handbook F. Signs to stop or withhold range of motion exercises 1. pain in the joint 2. red, swollen joint G. Ways to maintain range of motion 1. therapeutic positioning to maintain good body alignment 2. use of positioning devices 3. range of motion exercises on a regular schedule
Discuss the guidelines for range of motion exercises as evidenced by satisfactory participation in classroom discussion.	H. Guidelines for range of motion exercises 1. follow client's nursing care plan 2. use proper body mechanics when performing range of motion exercises to protect your body 3. provide range of motion exercises to both sides of client's body beginning at the head and working down the body a. head and neck are usually not exercised unless specifically ordered 4. support the extremity above and below the joint during range of motion 5. do not exercise joint that is bandaged or has dressing, cast, IV tubing 6. never exercise a joint that is red, bruised, has open sore, draining fluid 7. provide for privacy when doing range of motion exercises 8. do not exercise joint to point of discomfort a. hyperextension can cause damage to joint 9. maintain client in good body alignment 10. talk with client while performing range of motion
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	I. Report the following to the appropriate supervisor 1. joint that is red, swollen, painful, draining 2. complaints of pain during range of motion exercise 3. lack of motivation 4. signs of withdrawal or depression 5. change in ability, both increased or decreased 6. decrease in client strength 7. change in ability to perform range of motion
Identify positioning devices the nurse aide may use when turning and position clients In bed and in the chair as evidenced by Satisfactory rating on Skills Record in skills lab and in clinical.	VI. Turning and positioning in bed and chair A. Positioning devices 1. backrests a. pillow b. special wedge-shaped foam pillows

Objectives	Content Outline
	c. provide support, comfort d. maintain proper body alignment 2. bed cradles/foot cradles a. keep sheets/blankets from pushing down on the client's toes and feet 3. footboards a. padded boards or device placed against client's feet to keep ankles and foot in proper alignment b. prevent foot drop 4. heel/elbow protectors a. padded protectors wrapped around foot and ankle (heel) or elbow and arm (elbow) b. prevents rubbing, irritation and pressure on the heel or elbow c. heel protector maintains proper body alignment for ankle d. heel protector prevents foot drop 5. abduction wedges a. keep hips in proper position after hip surgery 6. trochanter roll a. rolled blanket or towel placed on outside of leg b. prevent hip and leg from turning outward 7. handroll a. rolled washcloths placed in palm of hand b. keep hand and/or fingers in proper alignment c. prevents contractures of finger, hand or wrist B. Turning client in bed 1. protects against problems of immobility a. blood clots in the legs b. pneumonia c. contractures d. depression e. urinary tract infection 2. prevents pressure sores a. turn and reposition every 2 hours around the clock 3. comfort 4. position client on side a. follow the procedure for "Positions on side" in the most current edition of Virginia Nurse Aide Candidate Handbook 5. use positioning devices for proper body alignment and comfort
Demonstrate positioning client on his side as evidenced by satisfactory rating on Skills Record in skills lab and in the clinical setting.	
Demonstrate positioning client in a chair as evidenced by satisfactory rating on Skills Record in skills lab and in the clinical setting.	C. Position client in chair 1. feet on floor or wheelchair footrests 2. hips touching back of chair 3. use positioning devices to maintain body alignment and comfort

Objectives	Content Outline
	4. place call bell within client's reach
	VII. Prosthetic and Orthotic Devices
	A. Prosthetic devices
	1. definition
	a. artificial replacement for legs, feet, arms or other body part
	2. examples
	a. artificial arm or leg
	b. artificial eye
Describe caring for and using prosthetic devices as evidenced by participating in classroom discussion.	3. caring for and using prosthetic devices
	a. handle with extreme care – they are very expensive
	b. follow instructions when applying and removing prosthesis
	c. assist client as needed to apply prosthesis
	d. follow nursing care plan and manufacturer's instructions
	e. make sure skin is always clean and dry under prosthesis
	f. use special stockings under an artificial leg or arm
	g. if client experiences phantom pain, be supportive
	h. do not react negatively to sight of anatomical stump or prosthesis
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4. report the following to the appropriate supervisor
	a. redness, swelling of stump or extremity
	b. drainage, bleeding or sores of any kind on the stump or extremity
	c. phantom pain, phantom sensation, stump pain
	d. decreased ability to move extremity
	e. cyanosis of any part of the extremity
	f. any difficulty applying or using prosthesis
	B. Orthotic devices
	1. definition
	a. device applied over a body part for support and protection
	b. keep joint in correct alignment
	c. improve function of body part
	d. prevent contractures of body part
	e. splints and braces
	2. examples
	a. splints
	b. shoe inserts
	c. knee/leg braces
	d. surgical shoes
	e. elastic stockings
Describe caring for and using orthotic devices as evidenced by participating in classroom discussion.	3. caring for and using orthotic devices
	a. do not immerse in water
	b. do not use hot water to clean

Objectives	Content Outline
	c. clean with warm, damp cloth d. check braces and splints for wear and tear e. wash elastic stocking in warm, soapy water after removal every day f. gradually increase wearing time of device g. if device causes pain remove and notify supervisor h. observe area around, under device
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4. report the following to the appropriate supervisor a redness, swelling of body part b. drainage, bleeding or sores of any kind on the body part c. complaints of pain d. decreased ability to move body part e. cyanosis of the body part f. any difficulty applying or using orthotic device g. orthotic device that needs repair
Describe the purpose of elastic stockings as evidenced participating in classroom discussion.	C. Anti-embolic (elastic) stockings 1. purpose a. cause smooth, even compression of the leg b. allows blood to move through the arteries and veins c. improves blood circulation in lower extremities d. prevent swelling of legs and feet e. reduce fluid retention f. reduce blood clots in legs
Demonstrate correct application of elastic stockings as evidenced by Satisfactory rating on Skills Record in skills lab and in the clinical setting.	1. require a physician's order 2. sized to fit client a. measure length of leg b. measure girth of leg 3. apply elastic stocking a. follow the procedure for "Applies one knee-high elastic stocking" in the most current edition of Virginia Nurse Aide Candidate Handbook 4. daily observations a. use open area at toes to observe client's toes b. look for cyanosis, bluing of toes/nailbeds c. document application of stocking and observations per facility policy 5. risks of elastic stocking a. turning down the top of the stocking may impede circulation b. stockings should be applied first thing in the morning when legs are smallest c. apply stockings while legs are elevated, before client gets out of bed d. make sure there are no wrinkles or twist in stocking after it is applied

Objectives	Content Outline
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	6. report the following to the appropriate supervisor a. toes or feet that are bluish and/or cool to touch b. complaints of pain or discomfort in the feet or legs c. red areas on heels, toes, calf of the leg
Describe the process for bladder training as evidenced by satisfactory participation in classroom discussion.	VIII. Bladder and Bowel Training A. Goal 1. relearn control of urinary elimination pattern 2. control involuntary urination (incontinence) B. Guidelines for bladder training 1. identify pattern of elimination 2. establish schedule for use of bathroom, at least every 2 hours 3. explain training schedule to client 4. follow schedule consistently 5. keep accurate record of elimination to help establish a routine 6. toilet client before beginning long procedures and after procedure is completed 7. toilet client before meals and before bedtime 8. answer call bell promptly 9. provide privacy when client emptying bladder 10. do not rush client 11. assist client to maintain good perineal hygiene 12. encourage or increase fluid intake, if permitted 13. toilet about 30 minutes after fluid intake 14. if client has difficulty urinating try running water in the sink, leaning forward slightly to place additional pressure on the bladder
Describe the process for bowel training as evidenced by satisfactory participation in classroom discussion.	15. assist with change of clothing if accident occurs 16. be positive with success and understanding with accidents C. Guidelines for bowel training 1. identify pattern of elimination 2. establish schedule for use of bathroom 3. explain training schedule to client 4. follow schedule consistently 5. provide diet that stimulates the bowels a. high in fiber b. plenty fresh fruits and vegetables c. adequate hydration 6. provide exercise as tolerated 7. provide privacy when in the bathroom provide encouragement 8. answer call bell promptly 9. do not rush client 10. assist with change of clothing if accident occurs

11. be positive with success and understanding with accidents

Unit XII – Respiratory System, Cardiovascular System, HIV/AIDS, Cancer, and Care of the Client When Death is Imminent
(18VAC90-26-40.A.2.g)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Discuss care of client with a common respiratory disorder, including what the nurse aide would report to the appropriate supervisor.
2. Describe care of the client receiving oxygen therapy.
3. Discuss care of client with a common circulatory disorder, including what the nurse aide would report to the appropriate supervisor.
4. Discuss HIV/AIDS, including signs and symptoms and nursing care.
5. Identify the American Cancer Society signs of cancer.
6. Discuss cancer, including nursing care for the client with a diagnosis of cancer.
7. Discuss how attitudes about death may affect the nurse aide providing care to the dying client.
8. Identify the stages of grief.
9. List the physical changes that occur when death is imminent.
10. Discuss care measures, including physical and psychosocial measures, for the client when death is imminent.
11. Discuss care measure for the family when death is imminent.
12. Demonstrate postmortem care.

Objectives	Content Outline
Explain the anatomy and physiology of the respiratory system as evidenced by being able to correctly identify each component part and its function.	I. Respiratory System A. Anatomy 1. airway a. mouth b. nasal cavities c. throat – pharynx d. voice box – larynx 1. epiglottis – flap that closes off opening to trachea when client swallows e. trachea – windpipe f. bronchi – 2 branches of the trachea 1. one to right lung, one to left lung 2. lungs a. where respiration occurs b. exchanges carbon dioxide from the body for oxygen from the environment c. bronchioles d. alveoli – where gas exchange actually occurs e. inhalation – breathe air and oxygen into the lungs f. exhale – breathe out carbon dioxide B. Ventilaion 1. diaphragm a. muscle separating chest from abdomen

Objectives	Content Outline
	b. during inhalation diaphragm contracts making room for lungs to expand and negative pressure to pull air from environment into the lungs c. during exhalation diaphragm relaxes and causes positive pressure in the lungs to push the air out of the lungs 2. respiratory rate a. controlled by central nervous system b. medulla oblongata of the brain has control C. Function of respiratory system 1. cleanse inhaled air 2. supply oxygen to body cells 3. remove carbon dioxide from cells 4. produce sound associated with speech
Describe age-related changes seen in the respiratory system as evidenced by accurately participating in classroom discussion.	D. Effects of aging on the respiratory system 1. less efficient ventilation a. lung strength decreases (do not expand and contract as easily) b. alveoli become less elastic (do not empty on exhalation) c. alveoli decrease in number d. diaphragm becomes weaker e. airways become less elastic 2. lung capacity decreases 3. muscles of the rib cage become weaker making it harder to expand the chest during inhalation 4. cough reflex becomes less effective making the cough weaker 5. decrease in effectiveness of ventilation causes less oxygen in the blood 6. decreased lung capacity cause voice to weaken
Discuss common disorders of the respiratory system, including their signs and symptoms, as evidenced by participating in classroom discussion.	E. Common disorders of the respiratory system 1. chronic obstructed pulmonary disease (COPD) a. client becomes progressively worse with time b. no cure c. acute bronchitis – inflammation of lining of bronchi 1. cause – infection 2. symptoms a. production of yellow or green sputum and b. difficulty breathing 3. last a short time d. chronic bronchitis 1. cause – inflammation of bronchial lining a. cigarette smoking b. environmental air pollution 2. symptoms a. chronic cough producing thick, whitish sputum 3. restricts air flow

Objectives	Content Outline
	4. scars lungs e. emphysema 1. alveoli become over-stretched 2. carbon dioxide remains trapped in the alveoli 3. causes a. cigarette smoking b. chronic bronchitis 4.symptoms a. short of breath b. coughing c. difficulty breathing f.. signs and symptoms of COPD 1. coughing/wheezing 2. difficulty breathing (dyspnea) 3. short of breath especially during exercise 4. cyanosis 5. complaints of chest tightness or pain 6. confusion 7. weakness 8. loss of appetite and weight 9. fear and anxiety g. guidelines for COPD 1. use pillows to assist client to sit up and lean slightly forward to facilitate breathing 2. plan periods of rest during ADLs to prevent client from getting overly tired 3. practice good hand washing to protect client from infections 4 encourage a healthy diet 5.provide plenty of fluids to help keep client well hydrated 6.be supportive and calm if client is anxious and fearful 7.provide waste can close to client to help with appropriate disposal of used tissues 8.if client is receiving oxygen, follow instructions on use of oxygen
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	h. report the following to the appropriate supervisor 1. signs and symptoms of colds or the flu a. fever b. chills c. complaints of feeling achy 2.confusion 3.change in breathing patterns 4.shortness of breath on exertion 5.change in color or consistency of sputum 6.complaints of chest pain or tightness 7.insomnia due to anxiety or fear 2. asthma a. chronic

Objectives	Content Outline
	b. causes 1. allergens, including cigarette smoke 2. infection 3. cold air c. signs and symptoms 1. wheezing 2. coughing 3. complaints of tightness in the chest 4. difficulty breathing d. report the following to the appropriate supervisor 1. changes in respirations and/or pulse 2. wheezing 3. shortness of breath 4. cyanosis 5. complaints of chest pain or chest tightness 6. refusal to use inhaler when needed 3. pneumonia a. acute inflammation of lungs b. cause 1. infection – viral, bacterial or fungal 2. chemical irritant c. signs and symptoms 1. high fever 2. chest pain during inhalation 3. coughing 4. difficulty breathing 5. shortness of breath 6. chills 7. increased pulse 8. thick, colored sputum d. report the following to the appropriate supervisor 1. changes in vital signs 2. complaints of difficulty breathing 3. complaints of chest pain or discomfort 4. unusual sputum production 5. sputum that has a distinct color
Describe the use of various types of oxygen therapy equipment as evidenced by satisfactory participation in classroom discussion.	F. Oxygen therapy 1. administration of oxygen to improve oxygen levels in the body a. normal blood oxygen level is 95-100% b. clients with certain disease processes have different optimal blood oxygen levels 2. methods of delivery a. oxygen 1. compressed air – green oxygen tank or in wall unit 2. air condenser – connects to electrical outlet and pulls oxygen out of room air b. appliance 1. nasal cannula – 2 nasal prongs and tubing that

Objectives	Content Outline
	goes around the ears and cinches under the chin. Tubing is attached to oxygen source 2. mask – mask fits over nose and mouth and attaches to tubing attached to oxygen source c. medication 1. oxygen is medication 2. requires physician's order 3. ordered in liters/minute 4. nurse aide may only monitor administration of oxygen
Discuss the guidelines for caring for the client receiving oxygen therapy is evidenced by satisfactory role-play in skills lab and classroom.	3. guidelines for oxygen delivery a. no smoking can take place in same room as oxygen administration b. post No Smoking signs outside of room and in client's room c. any spark can cause a fire in presence of oxygen, including static electricity from wool, and from dry air in winter d. perform frequent skin care to areas in contact with oxygen equipment (under the nose, behind the ears) e. observe these areas for redness, drainage f. use water-based lubricant to keep nostrils and lips moist and to prevent skin cracking g. monitor oxygen delivery device frequently to assure client is receiving correct amount of oxygen h. encourage activity as tolerated by client i. provide emotional support to client j. know where fire alarms and extinguishers are located
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	4.report the following to the appropriate supervisor a. sores or crusty areas on or under client's nose b. dry, red areas on skin in contact with oxygen tubing c. shortness of breath d. changes in respirations and/or pulse e. changes in respiratory patterns f. changes in character or color of sputum g. cyanosis h. complaints of chest pain or tightness
Explain the anatomy and physiology of the circulatory system as evidenced by being able to correctly identify each component part and its function.	II. Cardiovascular System A. Anatomy 1. blood a. red blood cells 1. carry oxygen to the individual cells and carbon dioxide to the lungs b. white blood cells 1. part of immune system 2. attack invading micro-organisms (infection) c. platelets

Objectives	Content Outline
	1. assist the blood to clot d. plasma 1. fluid portion of blood 2. heart a. pump that circulates blood throughout the body b. has 4 chambers 1. right atrium – blood from the body enter heart through right atrium and flows into the right ventricle 2. right ventricle – blood goes from right ventricle to the lungs where carbon dioxide leaves the blood and is replaced with oxygen 3. left atrium – blood returns to the heart from the lungs and enters the left atrium 4. left ventricle – blood flows from the left atrium into left ventricle which pumps oxygen-rich blood to the body 3. arteries a. arteries carry oxygen-rich blood to the cells b. exception are pulmonary arteries which carry deoxygenated blood from right ventricle to lungs 4. veins a. carry deoxygenated blood from the cells back to the heart (right atrium) 5. capillaries a. connect arteries to veins at the cellular level b. where actual exchange of oxygen from the arteries to the cells and pick-up of carbon dioxide to return to the heart B. Functions of the circulatory system 1. blood a. carry oxygen, nutrients and chemicals to cells b. remove carbon dioxide and waste products from cells c. controls acidity of body d. control body temperature e. fight infection and foreign bodies within the body 2. heart a. pump blood to every cell in the body
Describe age-related changes seen in the circulatory system as evidenced by accurately participating in classroom discussion.	C. Effects of aging on the circulatory system 1. heart muscle weakens and pumps less effectively 2. blood vessels become clogged with cholesterol and clots and become less efficient at circulating blood 3. blood vessels become less elastic 4. blood flow decreases
Discuss common disorders of the circulatory system, including their signs and symptoms, as evidenced by participating in classroom discussion.	D. Common disorders of the circulatory system 1. hypertension – high blood pressure a. BP greater than 140/90 b. causes 1. arteries become less elastic (hardening of the arteries)

Objectives	Content Outline
	2. arteries become more narrow 3. kidney disease 4. stress and/or pain 5. side effect of medication c. signs and symptoms 1. headache 2. blurred vision 3. dizziness d. if untreated 1. may cause kidney damage 2. may cause rupture of blood vessel in the brain (cerebrovascular accident – CVA– stroke) e. treatment 1. medication 2. diet with controlled sodium (salt) and/or fat intake 2. coronary artery disease (CAD) a. arteries that provide blood to heart muscle become blocked with fatty deposits or blood clots and the heart muscle does not receive enough oxygen b. heart muscle deprived of oxygen causes chest pain – angina 1. may occur with activity or at rest 2. described a. pressure/tightness in chest b. pain radiating down left arm c. pain in back, neck, jaw, shoulder 3. symptoms a. sweaty b. trouble breathing c. complexion pales d. cyanosis of lips, nail beds e. complaints of dizziness
Discuss the guidelines for caring for the client experiencing angina as evidenced by satisfactory participating in classroom discussion.	4. guidelines for client experiencing angina a. have client lie down and rest b. notify supervisor immediately c. reduce stressors d. encourage rest periods during ADLs e. avoid large meals close to bedtime f. avoid exposure to weather extremes g. report to supervisor 1. complaints of chest pain, 2. shortness of breath that occurs with activity or at rest
	c. when muscle cells begin to die – myocardial infarction (MI or heart attack) 1. area of the heart is permanently damaged 2. signs and symptoms a. same as angina
Discuss the guidelines for caring for the client experiencing an MI as evidenced by participating in classroom dicussion.	3. guidelines for client having an MI a. a medical emergency

Objectives	Content Outline
	b. notify supervisor immediately c. have client lie down d. remain calm and stay with client e. remove constrictive clothing f. if client becomes unresponsive, begin CPR g. report to supervisor 1. complaints of chest pain, 2. shortness of breath that occurs with activity or at rest 3. peripheral vascular disease (PVD) a. decreased blood supply to extremities (arms, hands, legs, feet) b. causes 1. narrowed blood vessels 2. blood vessels less elastic 3. blockages in blood vessels 4.decreased amount of blood being pumped by heart 5. inflammation of veins in legs c. signs and symptoms 1. pain in legs when walking or during activity 2. pain in legs that remains after activity is stopped 3. cyanosis in hands and/or feet 4. cyanotic nail beds 5. extremities that are cool to touch 6. swelling of the hands and/or feet 7. sores on arms, hands, legs, feet that do not heal in expected time frame
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	d. report the following to the appropriate supervisor 1. complaints of pain or discomfort in extremities with activity or at rest 2. change in skin color of extremities 3. change in warmth of extremities 4. change in pulse or blood pressure 5. edema in feet and/or hands 6. increase in weight 7. output that is significantly less that intake 8. complaints of headache 9. complaints of blurred vision 10. complaints of chest pain 11. change in level of consciousness 4. congestive heart failure (CHF) a. when one or both sides of heart pumps ineffectively and blood begins to back up in the heart and in the arteries and veins b. signs and symptoms 1. fatigue 2. swelling (edema) in hands and feet 3. difficulty breathing 4. shortness of breath not relieved by rest 5. persistent cough

Objectives	Content Outline
	6. decreased activity tolerance 7. increased pulse 8. irregular pulse 9. chest pain 10. dizziness 11.change in level of consciousness 12. weight gain 13. increased urination 14. swelling of the abdomen
Discuss the guidelines for caring for the client experiencing CHF as evidenced by participating in classroom discussion.	c. guidelines for caring for the client with CHF 1. include rest periods during ADLs 2. daily weights 3. record intake and output daily 4. follow care plan for diet and fluid intake 5. use elastic stockings as ordered 6. position client so breathing is comfortable
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	d. report the following to the appropriate supervisor 1. change in level of consciousness 2. change in activity tolerance 3. change in vital signs 4. shortness of breath with activity or at rest 5. coughing and/or wheezing 6. weight gain 7. increase in urination 8. unusual swelling in hands, feet, legs
	III. Client with AIDS (Acquired Immune Deficiency Syndrome)
	A. description 1. human immunodeficiency virus (HIV) attacks immune system 2. damages or destroys cells of immune system 3. weakens and disables immune system
	B. causes 1. exposure to HIV infected blood and/or body fluids
Discuss HIV/AIDS, including signs and symptoms and guidelines for care, as evidenced by participating in classroom discussion.	C. signs and symptoms 1. flu-like symptoms 2. swollen glands 3. headache 4. fever 5. weight loss 6. night sweats 7. difficulty breathing 8. cold sores 9. frequent infections of skin, respiratory system and mouth 10. change in mental status

Objectives	Content Outline
Discuss the guidelines for caring for the client with HIV/AIDS as evidenced by participating in classroom discussion.	D. guidelines for care of client with HIV/AIDS 1. practice Standard Precautions and encourage client and significant others to practice Standard Precautions 2. disinfect surfaces in client's room and bathroom on a regular basis 3. discourage visitors who have infections or colds from visiting 4. observe client's skin on regular basis 5. keep skin clean and dry 6. turn and reposition q2hrs. 7. provide rest periods during ADLs 8. provide mouth care at frequent intervals 9. monitor VS 10. measure and record weight, intake and output 11. follow nursing care plan 12. encourage independence as much as possible 13. provide emotional support 14. provide private time with families and visitors
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	E. report the following to the appropriate supervisor 1. change in appetite 2. weight loss 3. mouth sores 4. difficulty swallowing 5. changes in the skin 6. changes in VS 7. bleeding from any body opening 8. unusual behavior – anxiety, depression, mood swings, suicidal thoughts
Discuss cancer, including signs and symptoms and guidelines for care, as evidenced by participating in classroom discussion.	IV. The Client with Cancer A. Definitions 1. tumor a. abnormal growth of tissue 2. benign a. slowly growing tumor that is easily treated 3. malignant a. abnormal cells that do not function properly b. divide rapidly c. invade nearby tissue 4. cancer a. abnormal cells growing in an uncontrolled manner 5. metastasis a. cancer cells spread from their original location to a new location 6. biopsy a. removal of a sample of tissue to test for cancer B. Risk factors for cancer 1. inheritance a. race b. gender

Objectives	Content Outline
	c. family history 2. environmental factors a. history of smoking b. alcohol use c. exposure to chemical and food additives 3. lifestyle factors a. diet/obesity b. lack of exercise c. exposure to sun
Identify the American Cancer Society signs of cancer as evidenced by participating in classroom discussion.	C. American Cancer Society signs of cancer 1. fever 2. fatigue 3. unexplained weight loss 4. pain 5. skin changes 6. new mole or change in existing mole/wart 7. change in bowel/bladder function 8. sore that does not heal/unusual bleeding/discharge 9. thickening in breast, scrotum 10. indigestion, difficulty swallowing 11. nagging cough or hoarseness
Discuss the guidelines for caring for the client with cancer as evidenced by participating in classroom discussion.	D. Guidelines for care of client with cancer 1. manage pain a. reposition at frequent intervals b. offer back rubs c. provide rest periods during ADLS d. report pain to supervisor for medication 2. skin care a. observe skin on regular basis b. keep skin clean and dry c. turn and reposition q2hr. 3. oral care a. provide mouth care at regular intervals b. use soft toothbrush or swabs 4. schedule rest periods 5. provide small, frequent meals 6. encourage fluid intake 7. weigh client on regular basis 8. provide nutritional supplements as ordered 9. monitor vital signs 10. provide emotional support for changes in self-image 11. encourage participation in activities to promote socialization 12. encourage participation in support groups
Discuss the importance of reporting abnormal observations or changes to the appropriate supervisor.	E. Report the following to the appropriate supervisor 1. pain or increase in pain 2. changes in vital signs 3. any changes to the skin a. new lesions

Objectives	Content Outline
	b. rashes c. red areas 4. odors 5. changes in ability to ambulate 6. chest pain 7. difficulty breathing 8. change in appetite or weight loss 9. sores or pain in mouth 10. bleeding from any opening in the body 11. nausea or vomiting 12. change in bowel or bowel patterns 13. change in urine or urinary patterns 14. change in level of consciousness
	V. Care of the client when death is imminent
Identify an understanding of the student's own feelings about death and dying as evidenced by participation in classroom discussion.	A. Feelings about death and dying 1. cultural a. fear of unknown b. anticipation of what has been promised 2. religious a. anticipate after-life b. no after-life c. reincarnation d. punishment 3. personal experience
Describe the stages of grief as evidenced by participating in classroom discussion.	B. Stages of grief 1. denial a. refuse to accept diagnosis 2. anger a. occurs when realize they are going to die b. may be expressed at self, family, staff 3. bargaining a. bargain with God or a higher power 4. depression 5. acceptance a. may appear detached from situation 6. not everyone passes through all the stages of grief before they die 7. nurse aide must remember not to take client's behavior personally
	C. Rights of the dying client 1. to have visitors 2. to privacy 3. to be free of pain 4. to honest, accurate information 5. to refuse treatment
List physical changes that occur when death is imminent as evidenced by satisfactory participation in classroom discussion.	D. Physical changes of the dying client 1. changes in vital signs

Objectives	Content Outline
	a. increased pulse b. shallow, irregular respirations c. gurgling, rattling sound to respirations d. decreased BP 2. changes in skin a. bluish b. mottled c. sweaty d. becomes cool to touch 3. urine production decreases 4. incontinent of urine and/or stool 5. client may not want to eat or drink 6. difficulty swallowing 7. decreased muscle tone 8. decreased vision 9. change in level of consciousness 10. hallucinations 11. hearing is the last sense
Discuss care measures for the client when death is imminent as evidenced by participation in role-play in skills lab and classroom discussion.	E. Guidelines for meeting the physical needs of the dying client 1. care of the skin a. turn and reposition q2hrs. b. keep skin clean and dry c. change soiled clothing and linen immediately 2. care of mucous membranes a. oral care q2hrs if needed b. moisten lips and mucous membranes as needed c. using warm, wet washcloth gently clean eyes of any accumulated crust d. apply water-based lubricant to nostrils if client is receiving oxygen therapy 3. positioning a. use positioning devices to assure proper body alignment b. turn and reposition q2hr. c. notify supervisor of pain d. elevate head of bed if client having difficulty breathing 4. comfort measures a. back rub b. soft music c. keep room well ventilated d. use soft lighting, adequate to see but not glaring e. remove soiled linens and bedpans immediately f. encourage and assist family/significant others to visit g. do not leave client alone h. remember that dying client may still have

Objectives	Content Outline
	intact sense of hearing
Discuss psychosocial and spiritual care measures for the client when death is imminent as evidenced by participation in classroom discussion.	F. Guidelines for meeting the psychosocial and spiritual needs of the dying client 1. do not isolate or avoid the dying client 2. provide opportunity for dying client to talk 3. be non-judgmental about client and anything he tells you 4. allow client to express his views on death and dying 5. respect client's wishes for visits from spiritual leaders 6. provide privacy for client and family/friends 7. maintain confidentially regarding anything client and/or family shares 8. provide care with compassion, understanding, patience, empathy
Discuss care measures for the family when death of the client is imminent as evidenced by participation in classroom discussion.	G. Care for the family of the dying client 1. communicate what is happening to the client 2. provide space for family members to be by themselves 3. provide time for family members to be with the client 4. permit family members to care for dying client, if they so desire 5. allow family members to verbalize feelings in a non-judgmental environment 6. permit family to follow religious rituals of their choice 7. do not be afraid to show your own emotions
Demonstrate proper procedure for postmortem care as evidenced by Satisfactory rating on Skills Record in skills lab and in clinical setting.	H. Postmortem care 1. provide for privacy 2. explain procedure to family and request they leave the room 3. remove any tubes, drains, catheters 4. gently close the eyes 5. bathe body and comb hair 6. place in clean gown or pajamas 7. place in proper body alignment 8. elevate head slightly 9. make client's room neat and tidy for the family 10. turn lights down for family 11. provide privacy and time for family to grieve 12. prepare body for funeral home to transport 13. follow facility policy for handling and removal of personal items 14. Have a witness for any personal items that is given to a family member 15. document procedure following facility policy

Unit XIII – Admission, Transfer and Discharge
(18VAC90-26-40.A.7.e.)
(18VAC90-26-40.A.2.d.)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Describe preparation of the client room prior to admission.
2. Identify areas of orientation that must be provided to the client during the admission process.
3. Describe how to care for client's personal belongings.
4. Discuss the observations that the nurse aide should make during the admission process.
5. Document the admissions process, including care of client's personal belongings, observations and vital signs.
6. Demonstrate preparing client for transfer.
7. Identify responsibilities of nurse aide during the discharge of the client.
8. Demonstrate discharge of the client, including care of personal belongings and assisting to transport to the pick-up area

Objectives	Content Outline
Describe preparation of client room prior to admission as evidenced by satisfactory participation in classroom discussion.	I. Admission to long-term care facility A. prepare the room 1. admission pack a. wash basin b. bedpan/urinal c. toiletry items d. water pitcher/cup 2. assemble vital sign equipment a. stethoscope b. bp cuff c. thermometer 3. open curtains/blinds 4. adjust room temperature 5. bed in low position with wheels locked
Identify areas of orientation that must be provided to the client during admission as evidenced by satisfactory participation in classroom discussion.	B. orientation to facility 1. introduce yourself, including your title 2. identify how you will work with client providing care 3. introduce roommate, if there is one 4. be friendly, polite 5. include family and significant others 6. review client rights 7. review facility rules a. meal times b. smoking policy c. visitation policy d. how to complete menu 8. tour facility a. dining area b. bathing area c. activity room and schedule d. chapel

Objectives	Content Outline
	C. orientation to client's room a. how to use the bed b. call bell c. bathroom/emergency light d. lights e. TV f. how to use telephone
Describe how to care for client's personal belongings as evidenced by satisfactory participation in classroom discussion.	D. care of personal belongings 1. complete client inventory sheet a. describe all belongings completely and accurately 2. assist to label all personal items, including clothing 3. assist to unpack personal items
	E. admission process 1. wash hands 2. explain to client what you will be doing 3. provide for privacy 4. if appropriate, ask family to wait outside the room
Discuss the observations that the nurse aide should make during the admission process as evidenced by satisfactory role-play in class and skills lab.	5. obtain baseline vital signs, height, weight 6. observe a. condition of skin b. mobility c. behavior d. ability to communicate
Document the admissions process, including care of client's personal belongings, observations and vital signs as evidenced by satisfactory participation in role-play in class and skills lab.	7. fill water pitcher with fresh water 8. have family return to room 9. make client comfortable 10. place call bell within reach and demonstrate how to use it 11. wash hands 12. document vital signs, height, weight
Discuss the importance of reporting abnormal observations or findings to the appropriate supervisor.	13. report any abnormal findings to appropriate supervisor
	II. Transfer of client A. prepare client
Discuss important factors in preparing client for transfer from his room and/or facility as evidenced by satisfactory participation in classroom discussion.	1. inform client of transfer as soon as you know 2. assist client to prepare for moving belongings 3. accompany client to new unit 4. provide report to new unit personal a. vital signs b. condition of skin c. mobility d. ability to communicate
Demonstrate preparing client for transfer as evidenced by satisfactory participation in skills lab role-play.	4. introduce client to new unit staff 5. assist client to unpack belongings on new unit 6. make client comfortable 7. have call bell in easy reach 8. wash hands

Objectives	Content Outline
	9. document procedure 10. report any changes in the client to the appropriate supervisor
Discuss care of the client room after transfer has occurred as evidenced by satisfactory participation in classroom discussion.	B. care of room after transfer 1. strip bed 2. place all linen, used and unused in laundry hamper 3. inform housekeeping service that room is empty and ready for terminal cleaning
Identify responsibilities of nurse aide during the discharge of the client as evidenced by satisfactory participation in classroom discussion.	III. Discharge A. responsibilities of nurse aide 1. explain what you will be doing to client 2. provide for privacy 3. compare admission client inventory sheet to items being packed for discharge 4. carefully assist client/family to pack belongings 5. assist client to dress in personal clothing 6. assist client to say “Good-byes” to staff 7. using wheelchair, take client to area where family vehicle is waiting 8. lock wheels on wheelchair 9. assist client into vehicle, engage seatbelt and close door 10. return to unit with wheelchair 11. wash hands 12. document procedure
Demonstrate discharge of the client, including care of personal belongings and assisting to transport to the pick-up area as evidenced by satisfactory participation in skills lab role-play.	B. care of room after discharge 1. strip bed 2. place all linen, used and unused in laundry hamper 3. inform housekeeping service that room is empty and ready for terminal cleaning

Unit XIV – Legal and Regulatory Aspects of Practice for the Certified Nurse Aide
(18VAC90-26-40.A.8)
(18VAC90-26-40.A.10)
(18VAC90-26-40.A.7.f)

Unit Objectives:

At the end of this unit, as evidenced by a minimum grade of 80% on the unit test, the student will be able to:

1. Discuss professional behaviors of the nurse aide.
2. Review methods of conflict management.
3. Discuss the role of the Virginia Board of Nursing.
4. Discuss the OBRA requirements.
5. Discuss the different types of abuse, including the signs of abuse.
6. Discuss inappropriate nurse aide behavior, including abuse, neglect and misappropriation of client property.
7. Describe strategies the nurse aide may use to avoid inappropriate behavior.
8. Discuss the role of the mandated reporter as described in the Code of Virginia.
9. List reasons for the Virginia Board of Nursing to begin disciplinary proceedings for a certified nurse aide as identified in Regulation 18VAC90-25-100.
10. Identify the consequences of abuse, neglect and/or misappropriation of client property for a nurse aide
11. Discuss the consequences of using social media, cell phones, and/or texting that involves the resident's images residents
12. Discuss responsibilities of the certified nurse aide to the Virginia Board of Nursing.
13. Discuss responsibilities of employers of certified nurse aides to the Virginia Board of Nursing.
14. Describe the application process for the NNAAP exam.
15. Describe what the nurse aide graduate is required to bring to the NNAAP test site the day of the test.

Objectives	Content Outline
Discuss professional behaviors of the nurse aide as evidenced by satisfactory participation in classroom discussion and role-play.	I. Professional behaviors of a nurse aide A. positive attitude B. maintain confidentiality and privacy 1. client information 2. staff information C. be polite and cheerful D. listen to clients E. perform assigned duties 1. in timely manner 2. to the best of your ability F. do not give or accept gifts from clients G. follow facility policies and procedures H. take directions and constructive criticism I. practice good personal hygiene J. dress neatly and appropriately K. be punctual to work L. be respectful 1. to clients 2. to staff 3. to visitors M. be dependable 1. report to work on assigned shifts 2. call in following facility policy if you will be late or are sick

Objectives	Content Outline
	3. complete assignments without having to be prompted 4. if you volunteer to perform a task, do it N. be dedicated to your position 1. take pride in your work O. treat clients the way you would want to be treated 1. regardless of diagnosis 2. regardless of race 3. regardless of gender 4. regardless of ethnicity P. always use appropriate language 1. do not curse 2. do not use slang 3. do not use medical terminology that client does not understand
Discuss a Code of Ethics for the nurse aide as evidenced by satisfactory participation in classroom discussion.	II. Nurse Aide Code of Ethics A. preserve life, ease suffering and work to restore client's health B. consider client's physical, mental, emotional and spiritual needs C. loyalty to employer, clients and co-workers D. provide quality care regardless of client's religious beliefs E. demonstrate equal courtesy and respect to everyone F. respect client confidentiality and dignity G. perform only those procedures that you have been trained to perform H. be willing to learn new skills and keep old skills current I. care for client as you were taught J. always be clean and professional in appearance
Review methods of conflict management as evidenced by satisfactory participation in classroom discussion.	III. Conflict management A. report conflicts to appropriate supervisor 1. conflicts between clients 2. conflicts between client and staff 3. conflicts among staff B. respect client's rights 1. right to complain without fear for their safety or care 2. right to have assistance in resolving grievances and disputes 3. right to contact the Ombudsman C. resolve conflict in professional manner 1. remain calm 2. do not be aggressive or argumentative 3. do not use inappropriate language 4. do not take client's behavior personally 5. do not act inappropriately

Objectives	Content Outline
List two (2) regulatory agencies that are involved with nurse aides as evidenced by participation in classroom discussion.	IV. Regulatory agencies for nurse aides A. Nurse Aide Training and Competency Evaluation Program (NATCEP) 1. makes rules for training and testing 2. Federal Government Omnibus Budget Reconciliation Act (OBRA) 1987 3. individual state programs assure federal rules are followed in facilities receiving Medicare/Medicaid funds 4. establishes registry to track nurse aides working in that individual state
Discuss the role of the Virginia Board of Nursing as evidenced by participation in classroom discussion.	B. Virginia Board of Nursing 1. member agency of Department of Health Professions 2. protects the welfare of the public 3. enforces the Virginia Nurse Practice Act 4. establishes and enforces Regulations for Nurse Aide Education Programs (18VAC90-26-10 et seq.) a. approves nurse aide education programs b. establishes curriculum requirements for nurse aide education programs 5. establishes and enforces Regulations Governing Certified Nurse Aides in Virginia (18VAC90-25-10 et seq.) a. establishes certification process for nurse aides b. establishes nurse aide competency standards c. maintains the Nurse Aide Registry d. denies, revokes, suspends or reinstates certification for nurse aides e. otherwise discipline nurse aide certificate holders in Virginia
Describe abuse, including the signs of abuse that the nurse aide might observe, as evidenced by satisfactory participation in classroom discussion.	V. Inappropriate behavior for the nurse aide A. abuse 1. causing physical, mental or emotional pain to client 2. failure to provide food, water, care and/or medications 3. involuntary confinement or seclusion 4. withholding Social Security checks and/or other sources of income 5. intentional mismanagement of client's money 6. types of abuse a. verbal b. financial c. assault – threatening to harm client d. battery – touching client without their permission

Objectives	Content Outline
	e. domestic abuse – within the family f. sexual abuse 7. signs of abuse a. bruising, swelling, pain or other injuries b. fear and anxiety c. sudden changes in client's personality or behavior
Give examples of inappropriate nurse aide behavior, including neglect and misappropriation of client property, as evidenced by satisfactory participation in classroom discussion.	B. neglect 1. harming client physically, mentally, emotionally by failing to provide care C. misappropriation of client's property 1. deliberate misplacement , exploitation, or wrongful use of client's belongings or money without the client's consent 2. may be temporary or permanent
Describe strategies the nurse aide can use to avoid inappropriate behavior as evidenced by satisfactory participation in classroom discussion.	D. how to avoid inappropriate behavior 1. remain calm 2. do not take client's behavior personally 3. always remember there is no excuse for abusing a client 4. if you are feeling overwhelmed with assigned duties or a certain client a. discuss it with supervisor b. get help from co-workers c. make arrangements to take a break and compose yourself 5. if you see a co-worker who is feeling overwhelmed a. offer support and assistance b. encourage co-worker to report situation c. report situation to supervisor
Discuss the role of the mandated reporter as described in the Code of Virginia, including who is a mandated reporter, what must be reported, to whom it must be reported, and the penalty for not reporting as evidenced by participation in classroom discussion.	VI. Mandated reporter Authority (§63.2-1606 of Virginia Code) A. who is a mandated reporter 1. any person licensed, certified, or registered by health regulatory boards listed in § 54.1-2503, except persons licensed by the Board of Veterinary Medicine 2. Any mental health services provider as defined in §54.1-2400.1 3. any emergency medical services personnel certified by the Board of Health pursuant to § 32.1-111.5 4. any guardian or conservator of an adult 5. any person employed by or contracted with a public or private agency or facility and working with adults in an administrative, supportive, or direct care capacity

Objectives

Content Outline

6. any person providing full, intermittent or occasional care to an adult for compensation, including but not limited to companion, chore, homemaker and personal care workers
7. any law-enforcement officer

B. What to report
1. required to report <u>suspected</u> abuse, neglect, or exploitation of adults 60 years or older or incapacitated adults 18 years or older
2. name, age, address or location of the person Suspected being abused and as much about the suspected situation as possible
3. to be reported immediately

C. where to report
1. report suspected finding to supervisor
2. local departments of social services in the city or county where the adult resides or the Virginia Department of Social Services APS hotline at 1 (888) 832-3858

D. rights of mandated reporters
1. A person who makes a report is immune from civil and criminal liability unless the reporter acted in bad faith or with a malicious purpose.
2. A person who reports has a right to have his/her identity kept confidential unless consent to reveal his/her identity is given or unless the court orders that the identity of the reporter be revealed.
3. A person who reports has a right to hear from the investigating local department of social services confirming that the report was investigated.

E. failure to report suspected abuse
1. punishable by a civil money penalty of not more than $500 for the first failure and not less than $100 nor more than $1,000 for subsequent failures
2. failure to report may also subject a mandated reporter to administrative action by the appropriate licensing authority
3. not obligated to report if mandated reporter has actual knowledge the same matter has been already reported to APS hotline

VII. Disciplinary proceedings against a Certified Nurse Aide

A. regulation 18VAC90-25-100
1. disciplinary provisions for nurse aides
2. examples of allegations investigated by Virginia Board of Nursing
a. unprofessional conduct
1. abuse

List reasons why the Virginia Board of Nursing would begin disciplinary proceedings for a Certified Nurse Aide as evidenced by participation in classroom discussion.

Objectives	Content Outline
	2. neglect 3. abandoning client 4. falsifying documentation 5. obtaining money or property of a client by fraud, misrepresentation or duress 6. entering into an unprofessional relationship with a client 7. violating privacy of client information 8. taking supplies or equipment or drugs for personal or other unauthorized use b. performing acts outside the scope of practice for a nurse aide in Virginia c. providing false information during a Virginia Board of Nursing investigation
Identify the consequences of abuse, neglect, and exploitation conviction as evidenced by participation in classroom discussion.	B. consequences of abuse, neglect, exploitation conviction 1. permanent bar to employment in health care 2. revocation of certification 3. possible imprisonment
Discuss responsibilities and requirements of certified nurse aides per Virginia Board of Nursing regulations as evidenced by participation in classroom discussion.	VIII. Responsibilities of certified nurse aide to the Virginia Board of Nursing (BON) (18VAC90-25 -10 et seq) A. Requirements of approved nurse aide education program B. notify BON of name change C. notify BON of address change D. renew certification every year E. Disciplinary provisions
Discuss responsibilities of employers of nurse aides to the Virginia Board of Nursing as evidenced by participation in classroom discussion.	IX. Responsibilities of employers of certified nurse aides to the Virginia Board of Nursing A. notify BON of unprofessional/unethical conduct by the nurse aide B. notify BON of disciplinary actions taken against a certified nurse aide
Describe the process of applying for the NNAAP examination as evidenced by successfully completing the NNAAP application.	X. Obtaining Certification A. Academic requirements 1. Successfully complete nurse aide education program approved by Virginia Board of Nursing 2. enrolled in Registered Nurse or Practical Nursing education program and have completed at least one (1) clinical course with a minimum of 40 clinical hours providing direct client care 3. completion of Registered Nurse or Practical Nursing education program 4. previously certified nurse aide in Virginia who

Objectives	Content Outline
	allowed certificate to expire B. Required accompanying documentation 1. copy of certificate of completion from nurse aide education program 2. letter (on official educational program letterhead) from the program director documenting attendance in nursing education program C. Complete Examination Application 1. receive from nurse aide education program 2. download from Pearson VUE a. www.pearsonvue.com 3. call NACES a. 800-758-6028 4. completed application valid for twelve (12) months from the date of approval or the original receipt date 5. failure to accurately answer questions on application is considered falsification of an application and grounds for denial of certification or disciplinary action by the Board of Nursing even after successful completion of the NNAAP exam. D. Submit in one package 1. application 2. required accompanying documentation 3. fee E. Exam scheduling 1. NACES will schedule the test date 2. you will receive, in the mail, Authorization to Test Notice F. Day of the NNAAP exam 1. arrive 30 minutes early 2. provide proper identification a. one (1) current picture identification b. one additional current identification c. both identifications must have a signature d. name on both identifications must be identical to name on NNAAP application 3. also bring a. three (3) no. 2 pencils b. eraser c. watch with a second hand
Describe what the nurse aide graduate is required to bring to the testing site the day of the NNAAP exam as evidenced by satisfactory participation in classroom discussion.	

Refer to the latest version of the NNAAP Candidate Handbook

SKILLS LISTINGS

HAND HYGIENE (HAND WASHING)

1. Address client by name and introduces self to client by name
2. Turns on water at sink
3. Wets hands and wrists thoroughly
4. Applies soap to hands
5. **Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down**
6. Cleans fingernails by rubbing fingertips against palms of the opposite hand
7. **Rinse all surfaces of wrists, hands, and fingers, keeping hands lower than the elbows and the fingertips down**
8. Uses clean, dry paper towel/towels to dry all surfaces of hands, wrists, and fingers then disposes of paper towel/towels into waste container
9. Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container or uses knee/foot control to turn off faucet
10. Does not touch inside of sink at any time

APPLIES ONE KNEE-HIGH ELASTIC STOCKING

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Client is in supine position (lying down in bed) while stocking is applied
4. Turns stocking inside-out, at least to the heel
5. Places foot of stocking over toes, foot, and heel
6. Pulls top of stocking over foot, heel, and leg
7. Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints
8. **Finishes procedure with no twists or wrinkles and heel of stocking, if present, is over heel and opening in toe area (if present) is either over or under toe area**
9. Signaling device is within reach and bed is in low position
10. After completing skill, wash hands

ASSISTS TO AMBULATE USING TRANSFER BELT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. **Before assisting to stand, client is wearing shoes**
3. Before assisting to stand, bed is at a safe level
4. Before assisting to stand, checks and/or locks bed wheels
5. **Before assisting to stand, client is assisted to sitting position with feet flat on the floor**
6. Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
7. Before assisting to stand, provides instructions to enable client to assist in standing including prearranged signal to alert client to begin standing

8. Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
9. On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidate's hands are in upward position), and maintaining stability of client's legs
10. Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the belt
11. After ambulation, assists client to bed and removes transfer belt
12. Signaling device is within reach and bed is in low position
13. After completing skill, wash hands

ASSISTS WITH USE OF BEDPAN

1. Explains procedure speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before placing bedpan, lowers head of bed
4. Puts on clean gloves before handling bedpan
5. **Places bedpan correctly under client's buttocks**
6. Removes and disposes of gloves (without contaminating self) into waste container and washes hands
7. After positioning client on bedpan and removing gloves, raises head of bed
8. Toilet tissue is within reach
9. Hand wipe is within reach and client is instructed to clean hands with hand wipe when finished
10. Signaling device within reach and client is asked to signal when finished
11. Puts on clean gloves before removing bedpan
12. Head of bed is lowered before bedpan is removed
13. Avoids overexposure of client
14. Empties and rinses bedpan and pours rinse into toilet
15. After rinsing bedpan, places bedpan in designated dirty supply area
16. After placing bedpan in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
17. Signaling device is within reach and bed is in low position

CLEANS UPPER OR LOWER DENTURE

1. Puts on clean gloves before handling denture
2. Bottom of sink is lined and/or sink is partially filled with water before denture is held over sink
3. Rinses denture in moderate temperature running water before brushing them
4. Applies toothpaste to toothbrush
5. Brushes surfaces of denture
6. Rinses surfaces of denture under moderate temperature running water
7. Before placing denture into cup, rinses denture cup and lid
8. Places denture in denture cup with moderate temperature water/solution and places lid on cup
9. Rinses toothbrush and places in designated toothbrush basin/container
10. Maintains clean technique with placement of toothbrush and denture
11. Sink liner is removed and disposed of appropriately and/or sink is drained
12. After rinsing equipment and disposing of sink liner, removes and disposes of gloves (without contaminating self) into waste container and washes hands

COUNTS AND RECORDS RADIAL PULSE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Places fingertips on thumb side of client's wrist to locate radial pulse
3. Count beats for one full minute
4. Signaling device is within reach
5. Before recording, washes hands
6. **After obtaining pulse by palpating in radial artery position, records pulse rate within plus or minus 4 beats of evaluator's reading**

COUNTS AND RECORDS RESPIRATIONS

1. Explains procedure (for testing purposes), speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Counts respirations for one full minute
3. Signaling device is within reach
4. Washes hands
5. **Records respiration rate within plus or minus 2 breaths of evaluator's reading**

DONNING AND REMOVING PPE (GOWN AND GLOVES)

1. Picks up gown and unfolds
2. Facing the back opening of the gown places arms through each sleeve
3. Fastens the neck opening
4. Secures gown at waist making sure that back of clothing is covered by gown (as much as possible)
5. Puts on gloves
6. Cuffs of gloves overlap cuffs of gown
7. **Before removing gown, with one gloved hand, grasps the other glove at the palm, remove glove**
8. **Slips fingers from ungloved hand underneath cuff of remaining glove at wrist, and removes glove turning it inside out as it is removed**
9. Disposes of gloves into designated waste container without contaminating self
10. After removing gloves, unfastens gown at neck and waist
11. After removing gloves, removes gown without touching outside of gown
12. While removing gown, holds gown away from body without touching the floor, turns gown inward and keeps it inside out
13. Disposes of gown in designated container without contaminating self
14. After completing skill, washes hands

DRESSES CLIENT WITH AFFECTED (WEAK) RIGHT ARM

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Asks which shirt he/she would like to wear and dresses him/her in shirt of choice
4. While avoiding overexposure of client, removes gown from the unaffected side first, then removes gown from the affected side and disposes of gown into soiled linen container
5. **Assists to put the right (affected/weak) arm through the right sleeve of the shirt before placing garment on left (unaffected) arm**
6. While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints
7. Finishes with clothing in place
8. Signaling device is within reach and bed is in low position
9. After completing skill, washes hands

FEEDS CLIENT WHO CANNOT FEED SELF

1. Explains procedure to client, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Before feeding, looks at name card on tray and asks client to state name
3. **Before feeding client, client is in an upright sitting position (75-90 degrees)**
4. Places tray where the food can be easily seen by client
5. Candidate cleans client's hands with hand wipe before beginning feeding
6. Candidate sits facing client during feeding
7. Tells client what foods are on tray and asks what client would like to eat first
8. Using spoon, offers client one bite of each type of food on tray, telling client the content of each spoonful
9. Offers beverage at least once during meal
10. Candidate asks client if they are ready for next bite of food or sip of beverage
11. At end of meal, candidate cleans client's mouth and hands with wipes
12. Removes food tray and places tray in designated dirty supply area
13. Signaling device is within client's reach
14. After completing skill, washes hands

GIVES MODIFIED BED BATH (FACE AND ONE ARM, HAND AND UNDERARM)

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Removes gown and places in soiled linen container, while avoiding overexposure of the client
4. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
5. Puts on clean gloves before washing client
6. **Beginning with eyes, washes eyes with wet washcloth (no soap), using a different area of the washcloth for each stroke, washing inner aspect to outer aspect then proceeds to wash face**
7. Dries face with towel
8. Exposes one arm and places towel underneath arm
9. Applies soap to wet washcloth
10. Washes arm, hand, and underarm keeping rest of body covered
11. Rinses and dries arm, hand, and underarm
12. Moves body gently and naturally, avoiding force and over-extension of limbs and joints
13. Puts clean gown on client
14. Empties, rinses, and dries basin
15. After rinsing and drying basin, places basin in designated dirty supply area
16. Disposes of linen into soiled linen container
17. Avoids contact between candidate clothing and used linens
18. After placing basin in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
19. Signaling device is within reach and bed is in low position

MEASURES AND RECORDS BLOOD PRESSURE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol
3. Client's arm is positioned with palm up and upper arm is exposed

4. Feels for brachial artery on inner aspect of arm, at bend of elbow
5. Places blood pressure cuff snugly on client's upper arm, with sensor/arrow over brachial artery site
6. Earpieces of stethoscope are in ears and bell/ diaphragm is over brachial artery site
7. Candidate inflates cuff between 160 mm Hg to 180 mm Hg. If beat heard immediately upon cuff deflation, completely deflate cuff. Re-inflate cuff to no more than 200 mm Hg
8. Deflates cuff slowly and notes the **first** sound (systolic reading), and **last** sound (diastolic reading) (If rounding needed, measurements are rounded UP to the nearest 2 mm of mercury)
9. Removes cuff
10. Signaling device is within reach
11. Before recording, washes hands
12. **After obtaining reading using BP cuff and stethoscope, records both systolic and diastolic pressures each within plus or minus 8 mm of evaluator's reading**

MEASURES AND RECORDS URINARY OUTPUT

1. Puts on clean gloves before handling bedpan
2. Pours the contents of the bedpan into measuring container without spilling or splashing urine outside of container
3. Measures the amount of urine at eye level with container on flat surface
4. After measuring urine, empties contents of measuring container into toilet
5. Rinses measuring container and pours rinse into toilet
6. Rinses bedpan and pours rinse into toilet
7. After rinsing equipment, and before recording output, removes and disposes of gloves (without contaminating self) into waste container and washes hands
8. **Records contents of container within plus or minus 25 ml/cc of evaluator's reading**

MEASURES AND RECORDS WEIGHT OF AMBULATORY CLIENT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Client has shoes on before walking to scale
3. Before client steps on scale, candidate sets scale to zero
4. While client steps onto scale, candidate stands next to scale and assists client, if needed, onto center of scale; then obtains client's weight
5. While client steps off scale, candidate stands next to scale and assists client, if needed, off scale before recording weight
6. Before recording, washes hands
7. **Records weight based on indicator on scale. Weight is within plus or minus 2 lbs of evaluator's reading (If weight recorded in kg weight is within plus or minus 0.9 kg of evaluator's reading)**

PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE KNEE AND ONE ANKLE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Instructs client to inform candidate if pain is experienced during exercise
4. Supports leg at knee and ankle while performing range of motion for knee
5. Bends the knee and then returns leg to client's normal position (extension/flexion) (AT LEAST 3 TIMES unless pain is verbalized)

6. Supports foot and ankle close to the bed while performing range of motion for ankle
7. Pushes/pulls foot toward head (dorsiflexion), and pushes/pulls foot down, toes point down (plantar flexion) (AT LEAST 3 TIMES unless pain is verbalized)
8. **While supporting the limb, moves joints gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
9. Signaling device is within reach and bed is in low position
10. After completing skill, washes hands

PERFORMS MODIFIED PASSIVE RANGE OF MOTION (PROM) FOR ONE SHOULDER

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Instructs client to inform candidate if pain experienced during exercise
4. Supports client's upper and lower arm while performing range of motion for shoulder
5. **Raises client's straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
6. **Moves client's straightened arm away from the side of body to shoulder level and returns to side of body (abduction/adduction) (AT LEAST 3 TIMES unless pain is verbalized). Supporting the limb, moves joint gently, slowly, and smoothly through the range of motion, discontinuing exercise if client verbalizes pain**
7. Signaling device is within reach and bed is in low position
8. After completing skill, washes hands

POSITIONS ON SIDE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before turning, lowers head of bed
4. Raises side rail on side to which body will be turned
5. Slowly rolls onto side as one unit toward raised side rail
6. Places or adjusts pillow under head for support
7. Candidate positions client so that client is not lying on arm
8. Supports top arm with supportive device
9. Places supportive device behind client's back
10. Places supportive device between legs with top knee flexed; knee and ankle supported
11. Signaling device is within reach and bed is in low position
12. After completing skill, washes hands

PROVIDES CATHETER CARE FOR FEMALE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
4. Puts on clean gloves before washing
5. Places linen protector under perineal area before washing

6. Exposes area surrounding catheter while avoiding overexposure of client
7. Applies soap to wet washcloth
8. **While holding catheter at meatus without tugging, cleans at least four inches of catheter from meatus, moving in only one direction (i.e., away from meatus) using a clean area of the cloth for each stroke**
9. **While holding catheter at meatus without tugging, rinses at least four inches of catheter from meatus, moving only in one direction, away from meatus, using a clean area of the cloth for each stroke**
10. While holding catheter at meatus without tugging, dries at least four inches of catheter moving away from meatus
11. Empties, rinses, and dries basin
12. After rinsing and drying basin, places basin in designated dirty supply area
13. Disposes of used linen into soiled linen container and disposes of linen protector appropriately
14. Avoids contact between candidate clothing and used linen
15. After disposing of used linen and cleaning equipment, removes and disposes of gloves (without contaminating self) into waste container and washes hands
16. Signaling device is within reach and bed is in low position

PROVIDES FOOT CARE ON ONE FOOT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
4. Basin is in a comfortable position for client and on protective barrier
5. Puts on clean gloves before washing foot
6. Client's bare foot is placed into the water
7. Applies soap to wet washcloth
8. Lifts foot from water and washes foot (including between the toes)
9. Foot is rinsed (including between the toes)
10. Dries foot (including between the toes)
11. Applies lotion to top and bottom of foot, removing excess (if any) with a towel
12. Supports foot and ankle during procedure
13. Empties, rinses, and dries basin
14. After rinsing and drying basin, places basin in designated dirty supply area
15. Disposes of used linen into soiled linen container
16. After cleaning foot and equipment, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
17. Signaling device is within reach

PROVIDES MOUTH CARE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before providing mouth care, client is in upright sitting position (75-90 degrees)
4. Puts on clean gloves before cleaning mouth
5. Places clothing protector across chest before providing mouth care

6. Secures cup of water and moistens toothbrush
7. Before cleaning mouth, applies toothpaste to moistened toothbrush
8. **Cleans mouth (including tongue and surfaces of teeth), using gentle motions**
9. Maintains clean technique with placement of toothbrush
10. Candidate holds emesis basin to chin while client rinses mouth
11. Candidate wipes mouth and removes clothing protector
12. After rinsing toothbrush, empty, rinse and dry the basin and place used toothbrush in designated basin/ container
13. Places basin and toothbrush in designated dirty supply area
14. Disposes of used linen into soiled linen container
15. After placing basin and toothbrush in designated dirty supply area, and disposing of used linen, removes and disposes of gloves (without contaminating self) into waste container and washes hands
16. Signaling device is within reach and bed is in low position

PROVIDES PERINEAL CARE (PERI-CARE) FOR FEMALE

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door
3. Before washing, checks water temperature for safety and comfort and asks client to verify comfort of water
4. Puts on clean gloves before washing perineal area
5. Places pad/ linen protector under perineal area before washing
6. Exposes perineal area while avoiding overexposure of client
7. Applies soap to wet washcloth
8. **Washes genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
9. **Using clean washcloth, rinses soap from genital area, moving from front to back, while using a clean area of the washcloth for each stroke**
10. Dries genital area moving from front to back with towel
11. **After washing genital area, turns to side, then washes and rinses rectal area moving from front to back using a clean area of washcloth for each stroke. Dries with towel**
12. Repositions client
13. Empties, rinses, and dries basin
14. After rinsing and drying basin, places basin in designated dirty supply area
15. Disposes of used linen into soiled linen container and disposes of linen protector appropriately
16. Avoids contact between candidate clothing and used linen
17. After disposing of used linen, and placing used equipment in designated dirty supply area, removes and disposes of gloves (without contaminating self) into waste container and washes hands
18. Signaling device is within reach and bed is in low position

TRANSFERS FROM BED TO WHEELCHAIR USING TRANSFER BELT

1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact whenever possible
2. Privacy is provided with a curtain, screen, or door

3. Before assisting to stand, wheelchair is positioned along side of bed, at head of bed facing foot or foot of bed facing head
4. Before assisting to stand, footrests are folded up or removed
5. Before assisting to stand, bed is at a safe level
6. **Before assisting to stand, locks wheels on wheelchair**
7. Before assisting to stand, checks and/or locks bed wheels
8. **Before assisting to stand, client is assisted to a sitting position with feet flat on the floor**
9. Before assisting to stand, client is wearing shoes
10. Before assisting to stand, applies transfer belt securely at the waist over clothing/gown
11. Before assisting to stand, provides instructions to enable client to assist in transfer including prearranged signal to alert when to begin standing
12. Stands facing client positioning self to ensure safety of candidate and client during transfer. Counts to three (or says other prearranged signal) to alert client to begin standing
13. On signal, gradually assists client to stand by grasping transfer belt on both sides with an upward grasp (candidates hands are in upward position) and maintaining stability of client's legs
14. Assists client to turn to stand in front of wheelchair with back of client's legs against wheelchair
15. Lowers client into wheelchair
16. Positions client with hips touching back of wheelchair and transfer belt is removed
17. Positions feet on footrests
18. Signaling device is within reach
19. After completing skill, washes hands