Dana Bartlett is a professional nurse and author. His clinical experience includes 16 years of ICU and ER experience and over 20 years of as a poison control center information specialist. Dana has published numerous CE and journal articles, written NCLEX material and textbook chapters, and done editing and reviewing for publishers such as Elsevier, Lippincott, and Thieme. He has written widely on the subject of toxicology and was recently named a contributing editor, toxicology section, for Critical Care Nurse journal. He is currently employed at the Connecticut Poison Control Center and is actively involved in lecturing and mentoring nurses, emergency medical residents and pharmacy students.

ABSTRACT

In every state jurisdiction the state board of nursing is mandated by state law to regulate the practice of nursing and to protect the public interest by ensuring licensed nurses practice according to safe and appropriate professional guidelines. The Texas Board of Nursing requires continuing competency of licensed nurses in the nurse's area of practice and of nursing jurisprudence and ethics outlined in the Texas Nursing Practice Act.
Continuing Nursing Education Course Director & Planners:
William A. Cook, PhD, Director; Douglas Lawrence, MS, Webmaster;
Susan DePasquale, CGRN, MSN, FPMHNP-BC, Lead Nurse Planner

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interest that may arise.

Statement of Need:
Nurses are required to know and conform to the Texas Nursing
Practice Act as well as to all federal, state, or local laws, rules or
regulations that affect nursing practice.

Course Purpose:
To provide nurses with continuing education of the Texas Nursing
Practice Act sections related to nursing jurisprudence and ethics.
Learning Objectives:

1. Identify sections of the Nursing Practice Act relevant to jurisprudence and ethics.
2. Identify sections of the Rules and Regulations relevant to jurisprudence and ethics.
3. Know where to locate information about nursing jurisprudence and ethics.
4. Identify a definition a basis for ethics in the practice of nursing.
5. Identify a definition of professional boundaries.

Target Audience:
Advanced Practice Registered Nurses, Registered Nurses, Licensed Vocational Nurses

Course Author & Director Disclosures:
Dana Bartlett, RN, BSN, MA, MSN, William S. Cook, PhD,
Douglas Lawrence, MS, Susan DePasquale, CGRN, MSN, FPMHNP-BC
- all have no disclosures.

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Please take time to complete the self-assessment Knowledge Questions before reading the article. Opportunity to complete a self-assessment of knowledge learned will be provided at the end of the course.
1. The Board of Nursing is empowered to:
   a. regulate nursing practice and establish standards of care.
   b. determine the nature of the nurse-physician relationship
   c. recruit students and faculty to the profession
   d. periodically review and change laws.

2. True or false: Nurses are responsible for maintaining records of their continuing education.
   a. True
   b. False

3. Nurses making a good faith report of misconduct or a violation
   a. can be disciplined or terminated.
   b. need to get permission from a supervisor to file the report.
   c. must make the report with 7 days of witnessing the misconduct or violation.
   d. cannot be disciplined or terminated.

4. Position statements
   a. are legally enforceable.
   b. cannot be changed.
   c. are intended as guidelines.
   d. must be updated every two years.

5. Violation of professional boundaries is defined, in part, as:
   a. being unable to provide adequate care because of impairment.
   b. financial, physical, emotional or sexual exploitation of a client.
   c. failure to meet the standards for continuing competency.
   d. improper delegation of patient care activities.
Introduction

Jurisprudence is the science of law. Ethics comprises rules of behavior that are based on morals. Law and ethics affect nursing by defining nursing roles and determining the scope of nursing practice. In addition, law and ethics guide regulatory authorities to:

- determine educational standards and licensing requirements for nurses;
- define legal and illegal conduct;
- define ethical and unethical conduct; and,
- establish and enforce disciplinary procedures.

Professional nurses should understand the influence of law and ethics on their daily practice. The Texas Board of Nursing Rules and Regulations Section 217.11 notes that all nurses must “... know and conform to the Texas Nursing Practice Act and the board’s rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse’s current area of nursing practice.” In addition, the board of nursing requires nurses to have continuing education in nursing jurisprudence and ethics (and other areas of nursing practice and competency) as outlined in Section 301.305 of the Nursing Practice Act. The Texas Board of Nursing requires that continuing education in nursing jurisprudence and ethics must inform nurses about:

- The Texas Nursing Practice Act
- The Board of Nursing’s Rules and Regulations, including Section 217.11
- The Board of Nursing’s position statements
- Principles of nursing ethics
- Professional boundaries
Nurse Practice Act Of Texas

A nurse practice act is a statute. A statute is a particular form of law. Nurse practice acts are statutes that are intended to promote and protect the health and safety of the public by regulating the profession of nursing. In short, a nurse practice act defines nursing and what nurses can do. Nurse practice acts also define ethical standards and how these standards are to be enforced.

The Nursing Practice Act of Texas is part of the Occupations Code. The Occupations Code is contained in the Texas Statutes, which themselves are part of the Texas Constitution. The Nursing Practice Act is in the Occupations Code, located under Title E: Health Professions; Subtitle E: Regulation of Nursing. The Nursing Practice Act can be accessed through the Texas Board of Nursing (BON) website, http://www.bne.state.tx.us/. Nurses should also familiarize themselves with the online supplement to the Nursing Practice Act, issued 09/01/2014 that is available at the Texas Nurses Association website http://www.texasnurses.org/?page=GuideUpdate. This supplement does not affect the Nursing Practice Act, but it does contain changes to the BON Rules and Regulations and Position Statements.

The Nursing Practice Act has three chapters, 301, 303, and 304. The sections that are relevant to nursing jurisprudence and ethics on a potential or day-to-day basis will be discussed.

Section 301: Nurses

Section 301 of the Nursing Practice Act has two parts and the subchapters and sections that specifically address jurisprudence and
ethics will be discussed here. The subchapters that will be covered are:

- Subchapter D: General Powers and Duties of Board
- Subchapter E: Public Interest Information and Complaint Procedures
- Subchapter F: License Requirements
- Subchapter G: License Renewal
- Subchapter H: Practice by License Holder
- Subchapter I: Reporting Violations and Patient Care Concerns
- Subchapter J: Prohibited Practices and Disciplinary Actions
- Subchapter K: Administrative Penalty

**Subchapter D: General Powers and Duties of the Board**

Subchapter D, Section 301.151, General Rulemaking and Authority, the scope of the Board’s responsibilities are described; for example, the Board is given the power to make and enforce rules that are needed to “. . . regulate the practice of professional nursing and vocational nursing; establish standards of professional conduct (and), determine whether an act constitutes the practice of professional or vocational nursing.” The Board of Nursing is clearly given the authority to decide what nursing is, how nurses should be educated and licensed, what is and what is not professional conduct, and how to discipline ethical and professional transgressions.

Subchapter D, Section 301.161: Enforcement states in part that the Board may issue a subpoena, compel the attendance of a witness, administer an oath to a person giving testimony at hearings, and cause the prosecution of each person violating this chapter.
Subchapter E: Public Interest Information and Complaint Procedures

The Nursing Practice Act makes provisions for filing and acting on complaints. Sections 301.202 and 301.203 of subchapter E state, in part: “The Board shall maintain a system to promptly and efficiently act on complaints filed with the board.”

Subchapter F: License Requirements

The requirements for nursing licensure are determined by the Board of Nursing. These requirements as they are outlined in the Nursing Practice Act include:

- The practice of professional or vocational nursing is limited to persons who have a license;
- Submission to the Board of Nursing of a set of fingerprints by applicants for licensure so that the Board of Nursing can obtain a criminal history record of the applicant;
- Applicants must submit to the Board of Nursing: a) proof of good character; b) proof that she or he has completed a program of education that has been approved by the Board of Nursing, and; c) proof that she or he has passed the jurisprudence examination. Details about the nursing jurisprudence exam are in Section 217.17 of the Rules and Regulations. A detailed explanation of good character, i.e., what the Board of Nursing considers it to be, or the proof required of applicants to show their good character, can be found in the Texas Board of Nursing Rules and Regulations, Section 213.27.
A person may not use the title nurse unless she or he has a license to practice nursing;

Unless someone has a nursing license she or he may not use, in connection with her or his name, the title Registered Nurse, Professional Nurse, Licensed Vocational Nurse, Vocational Nurse, Licensed Practical Nurse, Practical Nurse, or Graduate Nurse, or the abbreviations R.N., L.V.N., V.N., L.P.N., or P.N., or any designation that implies that she or he is a licensed registered nurse or vocational nurse;

"... an applicant is entitled to take the examination prescribed by the Board ...";

A passing score on the jurisprudence examination;

"If the results of an examination taken under Section 301.253 or 301.255 satisfy the criteria established by the Board ... the Board shall issue to the applicant a license to practice professional nursing or vocational nursing in this state";

The Nursing Practice Act also outlines requirements for temporary permits (Section 301.258), a reciprocal license by endorsement for certain foreign applicants (Section 301.259), temporary license by endorsement (Section 301.260), and inactive status of a license (Section 301.261).

**Subchapter G: License Renewal**

License renewal information can be done on-line at the Texas Board of Nursing website. Rules and requirements for license renewal are in the Nursing Practice Act, Sections 301.301 to 301.307.

- The Board of Nursing will provide notification at least 30 days before a license will expire.
• A person whose license has expired may not engage in activities that require licensure until the license has been renewed.

• A license may be renewed if the applicant: a) pays the required fee to the Board of nursing; b) is in compliance with other renewal requirements.

• Section 301.303; Continuing Competency states: “The Board may recognize, prepare, or implement continuing competency programs for license holders under this chapter and may require participation in continuing competency programs as a condition of renewal of a license.” Additionally, “The programs may allow a license holder to demonstrate competency through various methods, including: (1) completion of targeted continuing education programs; and (2) consideration of a license holder’s professional portfolio, including certifications held by the license holder.”

• When appropriate, license renewal will require the applicant to participate in continuing education relating to: a) tick-borne diseases; b) forensic evidence collection, and; c) older adult or geriatric care. The specific requirements for each these areas of continuing education can be found in Sections 301.304, 301.306, and 301.307, respectively.

According to Section 301.305, all applicants for license renewal are required to participate in at least two hours of continuing education relating to nursing jurisprudence and ethics. This
requirement must be fulfilled before the end of every third two-year licensing period.

The topic of continuing competency and continuing education is also discussed in the Rules and Regulations, Chapter 216, Sections 216.1 through Sections 216.11 and Chapter 217, Section 217.21.

- The Board of Nursing makes allowances for late renewal applications. If a license is expired by \( \leq 90 \) days renewal will be accepted if the applicant pays the renewal fee and a late fee. If a license is expired by \( > 90 \) days but \( < \) one year the license renewal will be accepted if the applicant pays the renewal fee plus twice the standard late fee.

- “The Board by rule may establish additional requirements that apply to the renewal of a license that has been expired for more than one year but less than the time limit set by the Board beyond which a license may not be renewed. The person may obtain a new license by submitting to reexamination and complying with the requirements and procedures for obtaining an original license.” Section 301.301 (d).

- The Board of Nursing can require renewal applicants to submit a complete, legible set of fingerprints.

- Persons who were licensed to practice nursing in Texas, moved to another state and are now licensed to practice nursing in
that state for two years or longer may obtain a new license in Texas without taking an examination.

Subchapter H: Practice by License Holder

This subchapter provides basic information on nursing practice in these areas: how nurses must identify themselves; the practice of vocational nursing; protection for the nurse who refuses to engage in conduct that is unethical, reportable, and/or prohibited; the definition and duties of a nurse first assistant.

Refusal of mandatory overtime is covered in Section 301.356, which states: “The refusal by a nurse to work mandatory overtime as authorized by Chapter 258, Health and Safety Code, does not constitute patient abandonment or neglect.”

Subchapter I: Reporting Violations and Patient Care Concerns

In Subchapter I, a general discussion of behavior by nurses, other healthcare professionals, or health care facilities that is considered, harmful and/or unprofessional and reportable is provided. Specific reportable behaviors are described in the Rules and Regulations, Section 217.12.

Section 301.401: Conduct Subject to Reporting is defined as conduct by a nurse that:

- Violates this chapter or a board rule and contributed to a death or serious injury of a patient;

- Causes a person to suspect that the nurse’s practice is impaired by chemical dependency or drugs or alcohol abuse;
• Constitutes abuse, exploitation, fraud, or a violation of professional boundaries;

• Indicates that the nurse lacks knowledge, skills, judgment, or conscientiousness to the extent that the nurse’s continued practice could reasonably be expected to cause harm to a patient or another person, regardless of whether the conduct is a single incident or a pattern of behavior.

A minor incident is defined in Section 301.401 as synonymous with minor error and refers to conduct that would not present a risk of harm to a patient or another person if the nurse continued to practice.

Section 301.402: Mandatory Report by Nurse

Nurses are required to report to the Board of Nursing for the following:

• Another nurse has engaged in conduct that is subject to reporting;
• The ability of a nursing student to perform the services of the nursing profession would be, or would reasonably be expected to be, impaired by chemical dependency;
• A nurse impaired by chemical dependency.

The report must be signed and include the identity of the nurse or the nursing student. The report will be considered to have been made in good faith if the person reporting believed the report was required and had reasonable factual or legal basis for that belief.
In some circumstances the report may be filed with a nursing peer review committee or a nursing educational program. See Section 301.4011, Good Faith Report by Nurse, for details.

“A person may not suspend or terminate the employment of, or otherwise discipline, discriminate against, or retaliate against, a person who: (1) reports in good faith under this section; or (2) advises a nurse of the nurse’s rights and obligations under this section.”

The Nursing Practice Act also discusses reporting by a nurse of a licensed health care practitioner, agency, or facility that the nurse has reasonable cause to believe has exposed a patient to considerable harm by not providing patient care that:

1. meets minimum acceptable, prevailing standards;
2. meets accreditation, regulatory, or statutory standards.

These situations are covered in Section 301.4025; Optional Report by Nurse. The report can be submitted to the appropriate licensing board or accrediting body, and the nurse who is making a report and following the guidelines of Section 301.4025 cannot be disciplined, suspended, terminated, discriminated or retaliated against if she or he has made the optional report in good faith. The same applies to anyone who has advised a nurse of her or his right to make such a report.

A nursing peer review committee, a nursing educational program, and someone employing a nurse have much the same reporting responsibilities and requirements as an individual nurse. If these entities have taken action against a nurse or student nurse because
of conduct considered to be dangerous or unprofessional, they must notify the Board of Nursing. See Sections 301.403 through 301.405 for details. Professional associations and organizations and state organizations that license, register, certifies or surveys healthcare facilities that take action against a nurse because of conduct deemed dangerous and/or unprofessional are also required to report these situations to the Board of Nursing. See Sections 301.406 and 301.407 for details.

Liability insurers and prosecuting attorneys for the state have reporting responsibilities to the Board of Nursing regarding nurses: Sections 301.408 and 301.409.

Persons who make a report that is authorized in Subchapter I and do so in good faith (and persons who advise a nurse to make such a report) are immune from civil and criminal liability. A nurse who is named in a report authorized in Subchapter I must be notified and she or he is entitled to file a rebuttal statement with the Board. The Board may not reveal the identity of the nurse who filed the report. Refer to Sections 301.412 through 301.15 for further details.

If after investigation the Board determines that the reported conduct and the continued practice of nursing by the person named in the report do not pose a risk of harm the Board may decide not to investigate or file charges. However, the Board will keep a record of the report and investigate the report if two or more separate incidents involving the same nurse occur in any five-year period (Section 301.416).
The Rules and Regulations provide more detail on the processes of discipline and reporting, and the duties and responsibilities of the Board and individuals in these matters. See Sections 213.1 through 213.35 of the Rules and Regulations for complete details. Some of these will be discussed later in the module.

**Section 301.410: Report Regarding Impairment by Chemical Dependency, Mental Illness, or Diminished Mental Capacity**

The Nursing Practice Act addresses the topic of reporting nurses who are impaired by chemical dependency, diminished mental capacity, or mental illness. A comprehensive discussion of this issue should include a review of the Rules and Regulations on impairment.

**Section 301.4105: Board Responsibility Following Report**

The board shall determine whether a nurse violated this chapter or a rule adopted under this chapter for any case reported to the board in which the nurse’s ability to perform the practice of nursing was impaired or suspected of being impaired by chemical dependency or diminished mental capacity and in which the nurse is suspected of committing a practice violation. The board, in deciding whether to take disciplinary action against the nurse for a violation of this chapter or board rules, shall balance the need to protect the public and the need to ensure the impaired nurse seeks treatment.

**Section 301.4521: Physical and Psychological Evaluation**

The Board of Nursing may require a nurse or a nursing applicant to submit to an evaluation if the Board has probable cause to believe the nurse or applicant cannot practice with reasonable skill or safety.
because she or he has a mental or physical impairment, has chemical dependency, or abuses alcohol or drugs. If the nurse or the nursing applicant refuses to submit an evaluation, the Board has the authority to refuse to issue or renew a license, suspend a license, or limit the practice of the license holder [Section 301.4521 (e)].

Section 301.4106: Peer Assistance Programs

The Board by rule shall develop guidelines to:

- outline the roles and responsibilities of the Board and a peer assistance program established or approved by the Board under Chapter 467, Health and Safety Code;
- outline the process for a peer assistance program to refer to the Board complaints alleging a violation of the practice of nursing;
- establish requirements for successfully completing a peer assistance program and for notification of the Board of the successful completion by a nurse the Board has ordered to attend or referred to the program; and
- establish a procedure for evaluating the success of a peer assistance program established or approved by the Board under Chapter 467, Health and Safety Code.

Section 301.411: Effect of Failure to Report

A person is not liable in a civil action for failure to file a report required by this subchapter. However, the appropriate state-licensing agency may take action against a person regulated by the agency for a failure to report as required by this subchapter.
The Health and Safety Code Chapter 467 mentioned above is entitled *Peer Assistance Programs*. It is a Texas Statute and it can be viewed online using the link: [http://www.statutes.legis.state.tx.us/?link=HS](http://www.statutes.legis.state.tx.us/?link=HS). The Peer Assistance Program in Texas is designed to help impaired professionals and Chapter 467 provides the legal and technical details of this program. Two Sections of Chapter 467 are particularly relevant to this module and directly quoted, Sections 467.005 and 467.006.

**Section 467.005: Reports**

A person who knows or suspects that a professional is impaired by chemical dependency on alcohol or drugs or by mental illness may report the professional’s name and any relevant information to an approved peer assistance program.

A person who is required by law to report an impaired professional to a licensing or disciplinary authority satisfies that requirement if the person reports the professional to an approved peer assistance program. The program shall notify the person making the report and the appropriate licensing or disciplinary authority if the person fails to participate in the program as required by the appropriate licensing or disciplinary authority.

An approved peer assistance program may report in writing to the appropriate licensing or disciplinary authority the name of a professional who the program knows or suspects is impaired and any relevant information concerning that professional.
Section 467.006: Assistance to Impaired Professionals

A licensing or disciplinary authority that receives an initial complaint concerning an impaired professional may: 1) refer the professional to an approved peer assistance program; or 2) require the professional to participate in or successfully complete a course of treatment or rehabilitation. A licensing or disciplinary authority that receives a second or subsequent complaint or a report from a peer assistance program concerning an impaired professional may take the action permitted by Subsection (a) in addition to any other action the authority is otherwise authorized to take in disposing of the complaint. An approved peer assistance program that receives a report or referral under Subsection (a) or (b) or a report under Section 467.005(a) may intervene to assist the impaired professional to obtain and successfully complete a course of treatment and rehabilitation.

Immunity and confidentiality are critical parts of this reporting process. Section 467.008 provides immunity to anyone who reports information about, or takes action regarding a peer assistance program. Section 467.007 of Chapter 467 states that any report or information that the approved peer assistance program receives is confidential but also states that this information can be disclosed. An approved peer assistance program may report in writing to the appropriate licensing or disciplinary authority the name of a professional who the program knows or suspects is impaired and any relevant information concerning that professional: Section 467.005, Subsection c.
As a condition of participation in a peer assistance program, the impaired professional must understand and agree that if she or he does not meet the requirements of the program this fact can be reported to the appropriate licensing or disciplinary authority: See Section 467.0075. *Consent to Disclose.*

**Subchapter J: Prohibited Practices and Disciplinary Actions**

Those sections of Subchapter J that are of particular relevance to nursing jurisprudence and ethics will be included and discussed in detail: Certain Prohibited Practices, Grounds for Disciplinary Action, and Required Suspension, Revocation, or Refusal of License for Certain Offenses. Readers can refer to the Nursing Practice Act to view the Subchapter in full.

**The Nursing Practice Act, Section 301.451, Certain Prohibited Practices, and Section 301.452**

Nursing licenses and nursing titles and nursing examinations are covered here; if a license is suspended or revoked, practicing nursing is prohibited and is grounds for disciplinary action. Directly aiding someone to practice nursing that is not licensed to do so is also prohibited. Sections 301.451 and 301.452 also state that selling, fraudulently obtaining or furnishing, or helping another person to fraudulently obtain or furnish a nursing license, renewal license, diploma, or record is prohibited and is grounds for disciplinary action. These same prohibitions apply to nursing licensing examinations. Section 301.452 also prohibits using a nursing diploma, license, permit, or transcript that has been fraudulently altered, issued, or purchased.
Section 301.452: Grounds for Disciplinary Action

This Section of the Nursing Practice Act lists and describes acts and behaviors that are grounds for disciplinary action. Examples are provided (see Section 301.452 for complete information).

- Conviction for, or placement on deferred adjudication community supervision or deferred disposition for, a felony or for a misdemeanor involving moral turpitude;
- Intemperate use of alcohol or drugs defined as practicing nursing or being on duty or on call while under the influence of alcohol or drugs;
- Unprofessional or dishonorable conduct that, in the board’s opinion, is likely to deceive, defraud, or injure a patient or the public;
- Lack of fitness to practice because of a mental or physical health condition that could result in injury to a patient or the public;
- Failure to care adequately for a patient or to conform to the minimum standards of acceptable nursing practice in a manner that, in the Board’s opinion, exposes a patient or other person unnecessarily to risk of harm.

Section 301.4535: Required Suspension, Revocation, or Refusal of License for Certain Offenses

The list of offenses that require suspension or revocation of a license or refusal by the Board of Nursing to issue a license is quite long and there are additional ones in the Rules and Regulations, Section 213.28. Refer to this Section and the Rules for details.
The methods by which the Board of Nursing can discipline nurses and nursing students are outlined in Subchapter J, Section 301.453.

**Disciplinary Authority of Board: Methods of Discipline**

Relevant highlights of this Section will be discussed here.

- The Board of Nursing has the authority to deny application for a license, license renewal, or application for a temporary permit. The Board of Nursing has the authority to revoke or suspend a license, or to re-issue one after disciplinary action has been taken.
- The Board of Nursing has the authority to temporarily suspend or restrict a license.
- The Board of Nursing can place limitations or restrictions on a person’s license that can affect specific areas of practice.
- The Board of Nursing can assess fines, issue a written warning, or issue a public reprimand.
- As part of its disciplinary authority The Board of Nursing can require a nurse to: submit to care or counseling as a condition for issuing or renewing a license; participate in remedial education; practice under the direct supervision of another nurse; perform public service, or; abstain from the use of alcohol or drugs; and submit to random, periodic testing for alcohol or drugs.

The Rules and Regulations also discuss methods of discipline, fines, and punishments in Sections 213.1 through 213.35; specifically, Sections 213.32 and 213.33, *Corrective Action Proceedings and Schedule of Administrative Fines* and *Factors Considered for Imposition of Penalties/Sanctions*, respectively.
Subchapter K: Administrative Penalty

The Board of Nursing has the authority to impose an administrative penalty on someone who violates a rule or order. The penalty may not exceed $5,000.00 and the amount assessed will be determined by the seriousness of the violation, which is based on:

1. The nature, circumstances, extent, and gravity of any prohibited acts; and
2. The hazard or potential hazard created to the health, safety, or economic welfare of the public, specifically:
   a. The economic harm to property or the environment caused by the violation.
   b. The history of previous violations.
   c. The amount necessary to deter a future violation.
   d. Any efforts made to correct the violation.
   e. Any other matter that justice may require.

Nursing Peer Review

The Nursing Practice Act, Chapter 303, defines nursing peer review committee, explains the purposes and goals of a nursing peer review committee, and explains when a nursing peer review committee is required to be established.

Definition: Chapter 303, Section 303.001

A nursing peer review committee is “a committee established under the authority of the governing body of a national, state, or local nursing association, a school of nursing, the nursing staff of a hospital, health science center, nursing home, home health agency, temporary nursing service, or other health care facility, or state
agency or political subdivision for the purpose of conducting peer review.”

**Purposes and goals: Chapter 303**

Section 303.001 states that the purposes of a nursing peer review committee are:

- evaluation of nursing services;
- evaluation of the qualifications of nurses;
- evaluation of the quality of patient care provided by nurses;
- evaluating complaints about nurses or nursing care;
- making recommendations regarding complaints about nurses or nursing care.

**Establishment of a nursing peer review committee: Chapter 303**

Section 303.0015 states that a nursing peer review committee must be established if:

- ten or more vocational nurses are regularly contracted, employed, or hired;
- ten or more nurses are regularly contracted, employed or hired and at least 5 are professional nurses.

A separate entity may be contracted to perform the peer review. Chapter 303 also discusses how and by whom a nursing peer review committee is to be formed; the rights and obligations of the nursing peer review committee and of the nurses it evaluates; the confidentiality of nursing peer review committee activities, and; the
process of peer review. Sections 217.19 and 217.20 of the Rules and Regulations also discuss peer review.

**Nursing Licensure Compact**

The nursing licensure compact is an agreement that provides recognition of nursing licensure between states. The compact allows nurses who have a license in one state to practice in another without obtaining an additional state licensure. Not all states participate in the nursing licensure compact. For more details and for a list of participating states, refer to Chapter 304 of the Nursing Practice Act and/or the website of the National Council of State Boards of nursing (NCSBN). [https://www.ncsbn.org/nlc.htm](https://www.ncsbn.org/nlc.htm).

**Texas Board Of Nursing Rules And Regulations**

The Rules and Regulations of the Texas Board of Nursing and the Nursing Practice Act each cover the topics of nursing education, nursing licensure and nursing practice. They are complementary, but they do differ and nurses should be familiar with both. The Rules and Regulations can be viewed by linking to the Texas Board of Nursing website. [http://www.bne.state.tx.us/](http://www.bne.state.tx.us/).

There are 16 Chapters in the Rules and Regulations (see Appendix A), and nurses can refer to them as needed. The Chapters and Sections in them that are relevant to jurisprudence and ethics and the daily practice of nursing will be discussed. Nurses should pay particular attention to Chapters 213, 216, 217, 224, 225, and 228. The Chapters are not contiguous.
There are changes in the Rules and Regulations that are in the 2014 supplement. Of particular interest are Rule 225, a change that addresses delegation of tasks by an RN; Rule 213.34, a change that addresses disciplinary actions used for violations; Rule 222, a change that addresses the prescriptive authority of Advanced Practice Registered Nurses (APRNs); Rule 228, a change that addresses minimum standards for APRNs who provide pain management services; Rule 216.3, a change that addresses the continuing education requirement of APRNs who prescribe controlled substances; and Rule 216, a change that addresses continuing competency requirements. *Nurses should refer to the supplement for details of these changes by using this link.*


Chapter 213, *Practice and Procedure*, addresses issues of discipline, licensure, and professional character.

- **Section 213.7, Final Disposition.** "Except for matters expressly delegated to the executive director, no agreed order regarding eligibility or discipline shall be final or effective until approved by the Board."

- **Section 213.27, Good Professional Character.** The Rules and Regulations notes: "Good professional character is the integrated pattern of personal, academic and occupational behaviors which, in the judgment of the Board, indicates that an individual is able to consistently conform his or her conduct to the requirements of the Nursing Practice Act. Good professional character is determined through the evaluation of behaviors demonstrated by an individual in his or her personal,
academic and occupational history.” Evidence of good professional character illustrates that a nurse or nurse applicant:

(a) is able to distinguish right from wrong;
(b) is able to think and act rationally;
(c) is able to keep promises and honor obligations;
(d) is accountable for his or her own behavior;
(e) is able to practice nursing in an autonomous role with patients or clients, their families, significant others, members of the public who are or who may become physically, emotionally, or financially vulnerable;
(f) is able to recognize and honor the interpersonal boundaries appropriate to any therapeutic relationship or health care setting; and
(g) is able to promptly and fully self-disclose facts, circumstances, events, errors, and omissions when such disclosure could enhance the health status of patients/clients or the public or could protect patients/clients or the public from unnecessary risk of harm.

Section 213.28: Licensure of Persons with Criminal Offenses

There are behaviors and crimes, violent and non-violent, that the Board considers would affect someone’s ability to practice nursing. Patients depend on nurses for their safety and many patients are elderly, very young, or emotionally, financially, and physically vulnerable. Because of this relationship, there are violent and non-violent crimes that the board considers would affect someone’s fitness to practice nursing. This module will not list and discuss each
crime; readers are referred to Chapter 213, Section 213.28. It should be noted that many of these crimes, i.e., insurance fraud, resisting arrest, do not directly affect patient care. But the standards the Board uses to determine what crimes affect the fitness of someone to practice nursing note that “nurses who commit these crimes outside the workplace raise concern about the nurse’s propensity to repeat that same misconduct in the workplace and, therefore, place patients at risk.”

**Section 213.29: Criteria and Procedure Regarding Intemperate Use and Lack of Fitness in Eligibility and Disciplinary Matters**

“A person desiring to obtain or retain a license to practice professional or vocational nursing shall provide evidence of current sobriety and fitness consistent with this rule. Such person shall provide a sworn certificate to the Board stating that he/she has read and understands the requirements for licensure as a registered or vocational nurse and that he/she has not: within the past five years, become addicted to or treated for the use of alcohol or any other drug; or within the past five years, been diagnosed with, treated or hospitalized for schizophrenia and/or other psychotic disorders, bi-polar disorder, paranoid personality disorder, antisocial personality disorder or borderline personality disorder.”

**Nursing Continuing Competency**

Chapter 216: Continuing Competency addresses issues of continuing competency and continuing education. The Board considers
continuing education to be programs that go beyond basic nursing preparation and improve skills and increase knowledge. Chapter 217, Section 217.20 also discusses continuing education, albeit of a remedial nature.

**Section 216.3: Requirements**

Nurses must have 20 contact hours of continuing nursing education within the two years immediately preceding renewal. The hours must be from programs approved by a credentialing agency recognized by the Board. The Board maintains a list of approved agencies. The nurse can also provide demonstration of achievement, maintenance, or renewal of an approved national nursing certification in the nurse’s area of practice.

An APRN who has prescriptive authority must, in addition to the standard continuing education requirements, complete at least five hours of continuing education in pharmacotherapeutics and at least three hours of continuing education in the use of controlled substances.

Continuing education in the collection of forensic medicine is required for nurses who practice in the emergency room. Specific details about what is considered emergency room employment are in Section 216.3, parts (d), (2), (A).

The minimum of two required contact hours of continuing education on older adult and geriatric care should include information related to elder abuse, age-related memory changes and disease processes, including chronic conditions, and end-of-life issues. These two
contact hours may also include information about health maintenance and health promotion of the older adult or geriatric populations.

Not all educational activities meet the Board’s requirements for continuing education. Refer to Chapter 216, Continuing Competency, Section 216.6, *Activities that are not Acceptable as Continuing Education*.

Each nurse has the responsibility to complete the continuing education requirements and maintain a record of her or his continuing education activities. (Section 216.7). The record must be kept for three consecutive renewal periods or six years (Section 216.7). At the time of application for license renewal, the applicant must sign a statement attesting that the continuing education requirements have been met, and the contact hours must have been completed in the biennium immediately before the renewal application (Section 216.8).

The Board audits a random sample of nurses to determine compliance with the continuing education requirements, and nurses who are audited must comply with the requests of the audit (Section 216.9). If a nurse fails to comply with the continuing competency requirements set forth by the Board her or his renewal application will be denied (Section 216.11).

Chapter 217, *Licensure, Peer Assistance and Practice*, provides additional information about these topics that complements the information in the Nursing Practice Act, *i.e.*, definitions of unprofessional conduct, responsibilities of vocational and professional
nurses. Several of these Sections will be discussed here in detail, and some will not. Nurses should pay particular attention to Section 217.11.

**Standards Of Nursing Practice**

Section 217.11, Standards of Nursing Practice describes the nursing standards that the Board of Nursing considers to be the minimum acceptable level, regardless of the area of nursing practice or level of nursing education. The importance of this Section of the Rules and Regulations and the need for nurses to familiarize themselves with it are strongly emphasized by the introduction to Section 271.11: “Failure to meet these standards may result in action against the nurse’s license even if no actual patient injury resulted.” The standards, which the Board notes are applicable to all nurses, are quoted here directly:

A. Know and conform to the Texas Nursing Practice Act and the Board’s rules and regulations as well as all federal, state, or local laws, rules or regulations affecting the nurse’s current area of nursing practice;

B. Implement measures to promote a safe environment for clients and others;

C. Know the rationale for and the effects of medications and treatments and shall correctly administer the same;

D. Accurately and completely report and document:
   (i) the client’s status including signs and symptoms;
(ii) nursing care rendered;
(iii) physician, dentist or podiatrist orders;
(iv) administration of medications and treatments;
(v) client response(s); and
(vi) contacts with other health care team members concerning significant events regarding client’s status;

E. Respect the client’s right to privacy by protecting confidential information unless required or allowed by law to disclose the information;

F. Promote and participate in education and counseling to a client(s) and, where applicable, the family or significant other(s) based on health needs;

G. Obtain instruction and supervision as necessary when implementing nursing procedures or practices;

H. Make a reasonable effort to obtain orientation or training for competency when encountering new equipment and technology or unfamiliar care situations;

I. Notify the appropriate supervisor when leaving a nursing assignment;

J. Know, recognize, and maintain professional boundaries of the nurse-client relationship;
K. Comply with mandatory reporting requirements of Texas Occupations Code Chapter 301 (Nursing Practice Act), Subchapter I, which include reporting a nurse:

(i) who violates the Nursing Practice Act or a board rule and contributed to the death or serious injury of a patient;

(ii) whose conduct causes a person to suspect that the nurse’s practice is impaired by chemical dependency or drug or alcohol abuse;

(iii) whose actions constitute abuse, exploitation, fraud, or a violation of professional boundaries; or

(iv) whose actions indicate that the nurse lacks knowledge, skill, judgment, or conscientiousness to such an extent that the nurse’s continued practice of nursing could reasonably be expected to pose a risk of harm to a patient or another person, regardless of whether the conduct consists of a single incident or a pattern of behavior.

(v) except for minor incidents (Texas Occupations Code §§301.401(2), 301.419, 22 TAC §217.16), peer review (Texas Occupations Code §§301.403, 303.007, 22 TAC §217.19), or peer assistance if no practice violation (Texas Occupations Code §301.410) as stated in the Nursing Practice Act and Board rules (22 TAC Chapter 217).

L. Provide, without discrimination, nursing services regardless of the age, disability, economic status, gender, national origin, race, religion, health problems, or sexual orientation of the client serve;
M. Institute appropriate nursing interventions that might be required to stabilize a client’s condition and/or prevent complications;

N. Clarify any order or treatment regimen that the nurse has reason to believe is inaccurate, non-efficacious or contraindicated by consulting with the appropriate licensed practitioner and notifying the ordering practitioner when the nurse makes the decision not to administer the medication or treatment;

O. Implement measures to prevent exposure to infectious pathogens and communicable conditions;

P. Collaborate with the client, members of the health care team and, when appropriate, the client’s significant other(s) in the interest of the client’s health care;

Q. Consult with, utilize, and make referrals to appropriate community agencies and health care resources to provide continuity of care;

R. Be responsible for one’s own continuing competence in nursing practice and individual professional growth;

S. Make assignments to others that take into consideration client safety and that are commensurate with the educational preparation, experience, knowledge, and physical and
emotional ability of the person to whom the assignments are made;

T. Accept only those nursing assignments that take into consideration client safety and that are commensurate with the nurse’s educational preparation, experience, knowledge, and physical and emotional ability;

U. Supervise nursing care provided by others for whom the nurse is professionally responsible; and

V. Ensure the verification of current Texas licensure or other Compact State licensure privilege and credentials of personnel for whom the nurse is administratively responsible, when acting in the role of nurse administrator.

217.12: Unprofessional Conduct

Section 217 also contains the Board’s definitions of unprofessional conduct. These definitions identify behaviors that are considered dishonorable and/or unprofessional, i.e. behavior that may deceive, defraud, or injure the public. Actual injury is not required for an act to be considered unprofessional conduct. These behaviors include but are not limited to:

1. Unsafe Practice — actions or conduct including, but not limited to:
   A. Carelessly failing, repeatedly failing, or exhibiting an inability to perform vocational, registered or advanced practice nursing in conformity with the standards of minimum acceptable level of nursing practice set out in Rule 217.11;
B. Carelessly or repeatedly failing to conform to generally accepted nursing standards in applicable practice settings;

C. Improper management of client records;

D. Delegating or assigning nursing functions or a prescribed health function when the delegation or assignment could reasonably be expected to result in unsafe or ineffective client care;

E. Accepting the assignment of nursing functions or a prescribed health function when the acceptance of the assignment could be reasonably expected to result in unsafe or ineffective client care;

F. Failing to supervise the performance of tasks by any individual working pursuant to the nurse’s delegation or assignment; or

G. Failure of a clinical nursing instructor to adequately supervise or to assure adequate supervision of student experiences

2. Failure of a chief administrative nurse to follow appropriate and recognized standards and guidelines in providing oversight of the nursing organization and nursing services for which the nurse is administratively responsible.

3. Failure to practice within a modified scope of practice or with the required accommodations, as specified by the board in granting a coded license or any stipulated agreement with the board.
4. Careless or repetitive conduct that may endanger a client’s life, health, or safety. Actual injury to a client need not be established.

5. Inability to Practice Safely — demonstration of actual or potential inability to practice nursing with reasonable skill and safety to clients by reason of illness, use of alcohol, drugs, chemicals, or any other mood altering substances, or as a result of any mental or physical condition.

6. Misconduct — actions or conduct that include, but are not limited to:
   (A) Falsifying reports, client documentation, agency records or other documents;
   (B) Failing to cooperate with a lawful investigation conducted by the board;
   (C) Causing or permitting physical, emotional or verbal abuse or injury or neglect to the client or the public, or failing to report same to the employer, appropriate legal authority and/or licensing board;
   (D) Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional or financial exploitation of the client or the client’s significant other(s);
   (E) Engaging in sexual conduct with a client, touching a client in a sexual manner, requesting or offering sexual favors, or language or behavior suggestive of the same;
   (F) Threatening or violent behavior in the workplace;
(G) Misappropriating, in connection with the practice of nursing, anything of value or benefit, including but not limited to, any property, real or personal of the client, employer, or any other person or entity, or failing to take precautions to prevent such misappropriation;

(H) Providing information that was false, deceptive, or misleading in connection with the practice of nursing;

(I) Failing to answer specific questions or providing false or misleading answers that would have affected the decision to license, employ, certify or otherwise utilize a nurse; or

(J) Offering, giving, soliciting, or receiving or agreeing to receive, directly or indirectly, any fee or other consideration to or from a third party for the referral of a client in connection with the performance of professional services.

7. Failure to repay a guaranteed student loan, as provided in the Texas Education Code § 57.491, or pay child support payments as required by the Texas Family Code § 232.001, et seq.

8. Drug Diversion — diversion or attempts to divert drugs or controlled substances.

9. Dismissal from a board-approved peer assistance program for noncompliance and referral by that program to the Board of Nurse Examiners (BNE).

10. Other Drug Related - actions or conduct that include, but are not limited to:
(A) Use of any controlled substance or any drug, prescribed or unprescribed, or device or alcoholic beverages while on duty or on call and to the extent that such use may impair the nurse’s ability to safely conduct to the public the practice authorized by the nurse’s license;

(B) Falsification of or making incorrect, inconsistent, or unintelligible entries in any agency, client, or other record pertaining to drugs or controlled substances;

(C) Failing to follow the policy and procedure in place for the wastage of medications at the facility where the nurse was employed or working at the time of the incident(s);

(D) A positive drug screen for which there is no lawful prescription; or

(E) Obtaining or attempting to obtain or deliver medication(s) through means of misrepresentation, fraud, forgery, deception and/or subterfuge.

11. Unlawful Practice — actions or conduct that include, but are not limited to:

(A) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of vocational, registered or advanced practice nursing;

(B) Violating an order of the board, or carelessly or repetitively violating a state or federal law relating to the
practice of vocational, registered or advanced practice nursing, or violating a state or federal narcotics or controlled substance law;

(C) Knowingly aiding, assisting, advising, or allowing a nurse under Board Order to violate the conditions set forth in the Order; or

(D) Failing to report violations of the Nursing Practice Act and/or the Board’s rules and regulations.

12. Leaving a nursing assignment, including a supervisory assignment, without notifying the appropriate personnel.

13. Criminal Conduct — including, but not limited to, conviction or probation, with or without an adjudication of guilt, or receipt of a judicial order involving a crime or criminal behavior or conduct that could affect the practice of nursing.

217.13: Peer Assistance Program

The peer assistance program is explained in the Nursing Practice Act, Section 301.4016, and additional information is in the Rules and Regulations, Section 217.13. This section explains the purpose of the program, its organization, and the responsibilities of program participants, the program managers, and the Board. The program is intended to identify, monitor, and assist all nurses in Texas who may be impaired because of chemical illness, mental illness, or diminished mental capacity in order that they might return to nursing. Readers can refer to Section 217.13 for details.
Section 217.20: Safe Harbor Peer Review for Nurses and Whistleblower Protections

Peer review and protection for someone who reports misconduct or unprofessional behavior were previously discussed, but this Section of the Rules and Regulation provides additional, important information. *Safe Harbor Peer Review* allows a nurse recourse if she/he is requested to perform, or assigned to any activity that the nurse believes will be a violation of the nurse’s duty to a patient. Safe Harbor Peer Review supports the following:

“... protects a nurse from employer retaliation, suspension, termination, discipline, discrimination, and licensure sanction when a nurse makes a good faith request for peer review of an assignment or conduct the nurse is requested to perform and that the nurse believes could result in a violation of the Nursing Practice Act or Board of Nursing rules.”

If the nurse believes that an assignment may be a violation of her or his duty to the patient, a Safe Harbor Peer Review must be requested before the assignment is begun. It can also be requested when an initial assignment is changed. More details are in Section 217.20, parts (b) through (l). Section 217.290 (m), which also discusses whistleblower protection such as when a nurse reports a health care practitioner or healthcare facility that the nurse reasonably believes has exposed a patient to a substantial risk of harm by failure to meet minimum standards of practice or accreditation, regulatory, or statutory standards.
Section 217.21: Remedial Education Course Providers and Remedial Education Courses

The Board of Nursing believes that nurses who have a deficit in knowledge or skills will benefit from remedial education.

Chapter 224: Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments

The preface to Chapter 224 notes that health care needs and delivery systems have changed and “... full utilization of the services of a RN may require delegation of selected nursing tasks to unlicensed personnel.” The Chapter provides details about RN delegation and supervision, and the administration of medications by unlicensed personnel. Examples of these include:

- Section 224.6. General Criteria for Delegation:
  The RN must always make an assessment of a client when delegating and the RN should always consider the five rights of delegation: the right task, the right person to whom the delegation is made, the right circumstances, the right direction and communication by the RN, and the right supervision as determined by the RN.

- Section 224.7. Supervision:
  The conditions of supervision of unlicensed personnel are outlined, i.e., the RN should always be available for consultation, and the capability and experience of the unlicensed person must be considered when deciding on the level of RN supervision that is necessary.
• Section 224.8. Delegation of Tasks:
This section lists the tasks, which may be delegated to unlicensed personnel, i.e., ambulation, non-invasive and non-sterile treatments, and socialization activities. There is also a list of activities that may not be delegated.

• Section 224.9. The Medication Aide Holder Permit:
“A RN may delegate to medication aides the administration of medication to clients in long term care facilities and home health agencies if:
(1) the medication aide holds a valid permit issued by the appropriate state agency to administer medications in that facility or agency;
(2) the RN assures that the medication aide functions in compliance with the laws and regulations of the agency issuing the permit; and
(3) the route of administration is oral, via a permanently placed feeding tube, sublingual or topical including eye, ear or nose drops, and vaginal or rectal suppositories.”

Chapter 225: RN Delegation to Unlicensed to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions

This Chapter addresses many of the same issues as Chapter 224 but in the context of independent living situations, and discusses delegation to client family members.
Chapter 228. Pain Management

This Section outlines the standards for APRNs who provide pain management services. The Nurses can refer to the specific Sections of the Chapter for details.

Principles Of Nursing Ethics

Nursing ethics have two purposes. Firstly, nursing ethics define standards of behavior; and, secondly, they provide a moral framework. The Nursing Practice Act, the Board of Nursing Rules and Regulations, and the Position Statements provide the standards of behavior for nurses. The American Nurses Association (ANA) has a code of ethics, as well. The moral framework is essentially derived from the basic does and don’ts, right or wrong, which nurses have been taught within a socio-cultural context.

Ethics does not exist in isolation. Ethical guidelines are applied and used in concrete situations that may be new, uncomfortable, unfamiliar, or urgent, and in which we have to make decisions and take action. Nursing ethics is best considered within the context of the nurse-patient relationship. The nurse-patient relationship is characterized by advocacy and caring of the nurse for the patient and by the nurse’s commitment to professional competency and growth. Commitment, compassion, protection, and respect are crucial parts of the nurse-patient relationship. If this framework is used to make decisions then the ethical choice should be clear.
Nursing Position Statements

Professional organizations use position statements to express their expert opinion on issues that affect their members. Position statements also provide guidance and up-to-date information. They are not legally enforceable. The Texas Board of Nursing reviews their position statements and updates as needed. The last update was January, 2014. There are 28 position statements (see Appendix B) and nurses are strongly encouraged to review this information at: https://www.bon.texas.gov/practice_bon_position_statements.asp.

There are also changes to some of the Position Statements that are in the 2014 supplement, http://www.texasnurses.org/?page=GuideUpdate. These changes are in 15.2; 15.6; 15.8; 15.15; 15.18; and 15.22

Professional Boundaries

Professional boundaries define the proper level of involvement for nurses with their patients. The American Nurses Association (ANA) Code of Ethics states that “... the nurse recognizes and maintains boundaries that establish appropriate limits to relationships.”

Because nurses interact with their patients physically, psychologically, and at times emotionally, knowing the boundaries is important for maintaining a healthy therapeutic relationship.

Chapter 217 of the Rules and Regulations discusses boundaries.

- Section 217.1 (29):
“Professional boundaries - The appropriate limits which should be established by the nurse in the nurse/client relationship due to the nurse’s power and the patient’s vulnerability... which promote the client’s dignity, independence and best interests and refrain from inappropriate involvement in the client’s personal relationships and/or the obtainment of the nurse’s personal gain at the client’s expense.”

- Section 217.11, (1), (J):
  All nurses shall: “Know, recognize, and maintain professional boundaries of the nurse-client relationship.”

- Section 217.12, (6), (D):
  The rules of unprofessional conduct include: “Violating professional boundaries of the nurse/client relationship including but not limited to physical, sexual, emotional, or financial exploitation of the client or the client’s significant other(s).”

Summary

Professional nurses are expected to understand the influence of law and ethics on their daily practice. The Texas Board of Nursing Rules and Regulations Section 217.11 requires licensed nurses to know and conform to nursing rules and regulations and to maintain continuing education related to a nursing specialty and the Texas Nursing Practice Act sections guiding nursing practice and ethics for safe and appropriate care to the public.
Appendix A: Rules and Regulations: Chapters

Chapter 211. General Provisions
Chapter 213. Practice and Procedure
Chapter 214. Vocational Nursing Education
Chapter 215. Professional Nursing Education
Chapter 216. Continuing Competency
Chapter 217. Licensure, Peer Assistance and Practice
Chapter 219. Advanced Practice Nurse Education
Chapter 220. Nurse Licensure Compact
Chapter 221. Advanced Practice Nurses
Chapter 222. Advanced Practice Registered Nurses with Prescriptive Authority
Chapter 223. Fees
Chapter 224. Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel for Clients with Acute Conditions or in Acute Care Environments
Chapter 225. RN Delegation to Unlicensed to Unlicensed Personnel and Tasks not Requiring Delegation in Independent Living Environments for Clients with Stable and Predictable Conditions
Chapter 226. Patient Safety Pilot Program on Nurse Reporting Systems
Chapter 227. Pilot Programs for Innovative Applications to Vocational and Professional Nursing Education
Chapter 228. Pain Management
Appendix B: Texas Board of Nursing Position Statements

15.1 - Nurses Carrying Out Orders from Physician’s Assistants
15.2 - Role of the Licensed Vocational Nurse in the Pronouncement of Death
15.3 - LVNs Engaging in IV Therapy, Venipuncture, or PICC Lines
15.4 - Educational Mobility
15.5 - Nurses with Responsibility for Initiating Physician Standing Orders
15.6 - Board Rules Associated with Alleged Patient “Abandonment”
15.7 - The Role of LVNs & RNs in Management and/or Administration of Medications via Epidural or Intrathecal Catheter Routes
15.8 - The Role of the Nurse in Moderate Sedation
15.9 - Performance of Laser Therapy by RNs or LVNs
15.10 - Continuing Educations: Limitations for Expanding Scope of Practice
15.11 - Delegated Medical Acts
15.12 - Use of American Psychiatric Association Diagnoses by LVN, RNs, or APRNs
15.13 - Role of LVNs & RNs in School Health
15.14 - Duty of a Nurse in Any Practice Setting
15.15 - Board’s Jurisdiction Over A Nurse’s Practice in Any Role and Use of the Nursing Title
15.16 - Development of Nursing Education Programs
15.17 - BON/Board of Pharmacy Joint Position Statement on Medication Errors
15.18 - Nurses Carrying Out Orders from Advanced Practice Registered Nurses (APRNs)
15.19 - Nurses Carrying Out Orders from Pharmacists for Drug Therapy Management
15.20 - Nurses in the Management of an Unwitnessed Arrest in a Resident of a Long Term Care Facility
15.21 - Position statement deleted
15.22 - APRNs Providing Medical Aspects of Care for Others with Whom There is a Close Personal Relationship
15.23 - The RN’s Use of Complementary Modalities
15.24 - Nurses Engaging in Reinsertion of Permanently Placed Feeding Tubes
15.25 - Administration of Medications & Treatments by LVNs
15.26 - Simulation in Prelicensure Nursing Education
15.27 - The Licensed Vocational Nurse Scope of Practice
15.28 - The Registered Nurse Scope of Practice
15.29 - Use of Social Media by Nurses

Please take time to help the NURSECE4LESS.COM course planners evaluate nursing knowledge needs met following completion of this course by completing the self-assessment Knowledge Questions after reading the article. Correct Answers, pg. 51.
1. **The Board of Nursing is empowered to:**
   a. regulate nursing practice and establish standards of care.
   b. determine the nature of the nurse-physician relationship
   c. recruit students and faculty to the profession
   d. periodically review and change laws.

2. **True or false: Nurses are responsible for maintaining records of their continuing education.**
   a. True
   b. False

3. **Nurses making a good faith report of misconduct or a violation**
   a. can be disciplined or terminated.
   b. need to get permission from a supervisor to file the report.
   c. must make the report with 7 days of witnessing the misconduct or violation.
   d. cannot be disciplined or terminated.

4. **Position statements**
   a. are legally enforceable.
   b. cannot be changed.
   c. are intended as guidelines.
   d. must be updated every two years.

5. **Violation of professional boundaries is defined, in part, as:**
   a. being unable to provide adequate care because of impairment.
   b. financial, physical, emotional or sexual exploitation of a client.
   c. failure to meet the standards for continuing competency.
   d. improper delegation of patient care activities.
CORRECT ANSWERS:

1. A
2. A
3. D
4. C
5. B

References:

1. Texas Board of Nursing (2014). Retrieved online @ http://www.bne.state.tx.us/.
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