

# Oregon Department of Human Services (ODHS) and Oregon State Board of Nursing (OSBN)

Presents

## NPA and Application for LTCCN RNs



# AGENDA

- **Oregon's Nurse Practice Act**
- **The RN Practice in Community-Based Settings**
- **Division 047 & Proposed Revisions**
- **Telehealth and Nursing Practice**
- **Resources and Tools**

## Disclaimer

- Information shared today is intended for general knowledge only; it is not intended to be used for, nor is it a substitute, for legal advice related to Oregon Nursing Law.
- The content related to Oregon's Nurse Practice Act is based upon application of Chapter 678 Oregon Revised Statutes (ORS), Chapter 851 Oregon Administrative Rules, and OSBN Interpretive Statements.
- Due to potential changes to ODHS 411-054 & 057 *and* OSBN 851- 045 and 047, the slides will expire 12 months from date of presentation.

# Oregon's Nurse Practice Act

**ORS 678.010 to 678.448**  
**Chapter 851 OARs**

**Not an option, *it is the law***

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A Body of  
Administrative  
Law that  
Exists for the  
Protection of the  
Public

# NPA LAWS AND REGULATIONS

- **ORS 678.010 to 678.448:**
  - Definition of key terms.
  - Requires licensure to practice nursing in the state of Oregon.
  - Establishes qualifications for licensure:
    - Education and competency requirements.
    - Criminal background checks for every applicant.

# NPA LAWS AND REGULATIONS

## ➤ **ORS 678.010 to 678.448:**

- Sets cause for denial, revocation, suspension or probation.
- Provides mechanisms for actions to be taken against a license when it is determined the holder has violated those requirements.
- Imposition of civil penalties.

# NPA LAWS AND REGULATIONS

- **ORS 678.010 to 678.448:**
  - Identifies Prohibited Acts
  - Identifies Duty to Report mandates:
    - Suspected violations of NPA.
    - Reporting requirements of ORS 676.150.

# NPA LAWS AND REGULATIONS

## ➤ **ORS 678.010 to 678.448:**

- Directs the formation of a nine-member Board of Nursing.
- Grants Board authority to:
  - Determine the scope of practice as delineated by knowledge acquired through approved courses of education, practice experience.
  - Adopt rules to necessary to carry out the provisions of ORS 678.010 to 678.448...



# NPA LAWS AND REGULATIONS

➤ **ORS 678.010 to 678.448 - *Does Not Regulate:***

- Employment settings;
- Conditions of employment;
- HR matters;
- Staffing;
- Any treatment, procedure, intervention or technology.

# NPA LAWS AND REGULATIONS

- **Board of Nursing Chapter 851 Oregon Administrative Rules (OARs)**
  - Carry out the directive of, and further interpret NPA statutes.
  - Chapter 851 OARs are enacted in seventeen separate Divisions; e.g.,
    - **OAR 851-006** General Definitions.
    - **OAR 851-031** RN, LPN Licensure.
    - **OAR 851-045** RN, LPN Scope and Standards of Practice.

# NPA LAWS AND REGULATIONS

## ➤ OAR Chapter 851 Division 045:

- Standards = *Statements of actions, behaviors, conduct.*
- Establishes legal framework for safe, competent, RN and LPN nursing practice.
- Over 70 legal standards applicable to the RN who engages in the ***practice of registered nursing.***

# NPA LAWS AND REGULATIONS

## ➤ OAR Chapter 851 Division 045: Scope and Standards for the *Practice of Registered Nursing*

- Conduct comprehensive assessments...
- Develop **reasoned conclusions**...
- Identify **expected outcomes**...
- Develop a **plan of care**...
- **Implement the plan of care**...
- **Evaluate and modify**...

OAR 851-045-0060(3)

# NPA LAWS AND REGULATIONS

- **Implement the plan of care according to the health and safety of the client**
  - By oneself; by client; through teaching, health promotion, etc.
  - Assign strategies to health care team members.
  - When practice occurs in a community-based setting, utilize delegation process to authorize an unregulated assistive person to perform health-related procedure needed by the client.

# NPA LAWS AND REGULATIONS

## ➤ OAR Chapter 851 Division 045 - RN Responsibilities of Conduct

- Base practice on current nursing science, other sciences, the humanities.
- Knowledge of/adherence to:
  - Laws and rules governing RN practice.
  - Professional nursing practice and performance standards.
  - Boundaries of one's context of care.
- Know individual scope of practice.

# NPA LAWS AND REGULATIONS

- Disclose license type and practice role to the client and other healthcare team members.
  - Titles and terminology such as consulting, corporate, regional, contract RN, etc. do not have any standardized definition or standardized defined role.
  - Disclosing your license type and practice role is the start of communicating your professional relationship and boundaries with your client(s).

# NPA LAWS AND REGULATIONS

- Accept assignments only when within individual scope of practice.
- Advocate for the client.
- Assign plan of care strategies based on clinical judgment.
- Accept and implement only those medical orders that are safe for the client.
- In a community-based setting, delegate plan of care nursing procedures based on clinical judgment.



# NPA LAWS AND REGULATIONS

- Promote a safe environment.
- Communicate and collaborate with the health care team.
- Report potential violations of NPA:
  - OAR 851-045-0070.
  - OAR 851-045-0090.
- Adherence to mandatory reporting laws outside of the NPA.
- Accountability for actions.

# NPA LAWS AND REGULATIONS

## ➤ OAR Chapter 851 Division 045 - Documentation of RN Practice

- Your documentation is your evidence of registered nursing practice consistent with:
  - NPA laws and regulations.
  - Current nursing science, other sciences, professional and specialty standards of practice.
  - The ethics of the profession.
  - The context of care.
  - The needs of the individual client.

# NPA LAWS AND REGULATIONS

- It is justification of your decisions in planning, your actions in providing nursing services and in assigning and in delegating of plan of care interventions to care team members.
- It is the story of the client's health journey under your care.
- It is the communication between client care team members, other health providers, facilities, etc.
- Timely, accurate, thorough and clear documentation of registered nursing practice.

# NPA LAWS AND REGULATIONS

- Ask yourself:
  - *Does my documentation communicate my observations of the situation, my prioritized client concern(s), and my decision?*
  - *Does my documentation communicate what happened during my time with the client?*
  - *Would another person be able to follow the course of the client's health journey by reading my documentation?*
  - *Will I be able to defend my actions and decisions if a complaint is made to OSBN or another agency.*

# NPA LAWS AND REGULATIONS

➤ **Important - All nursing actions that impact care delivery to persons living in Oregon require ownership of an Oregon nursing license:**

- Corporate/Regional RN who provides direction, oversight, consultation on care and service delivery and/or who authors policies related to nursing and healthcare services delivery, and/or client care.
- Consulting RN.
- Contract or staffing agency nurse.

# NPA LAWS AND REGULATIONS

- **Important - Regardless of role or setting, Oregon nurses must follow all laws and regulations - this includes:**
  - **Oregon's NPA laws and rules;**
  - ***Laws, rules, and regulations governing the setting;***  
**AND**
  - All policies and procedures of the setting.

# NPA LAWS AND REGULATIONS

- **Important: No entity, person, policy, or position description has the authority to make a nurse to violate the practice act.**
- **For the Oregon-licensed nurse, the laws and regulations of the NPA supersede:**
  - ODHS' Facility or Program OARs:
    - Policies and procedures;
    - Position descriptions; and
    - Pre-designed forms.

# LAWS AND REGULATIONS OUTSIDE OF THE NPA

- **Legislatively mandated training for all nurses:**
  - Cultural Competency – new requirement effective January 1, 2022. Required for or all initial applications and at every renewal.
    - <https://www.oregon.gov/osbn/Pages/Cultural-Competency.aspx>
  - Pain Management CE - changes effective January 1, 2022.
    - From 7 hours once to 1 hour annually;
    - Free online training through Oregon Pain Management Commission - <https://www.oregon.gov/oha/HPA/dsi-pmc/Pages/about-us.aspx>



# LAWS AND REGULATIONS OUTSIDE OF THE NPA

## ➤ **Legislatively mandated Mandatory Reporting and Nurses:**

- ORS 418 Duty of officials to report child abuse.
- ORS 124. Elderly 65 and over.
- ORS 430. Adults with developmental disabilities; Adults with mental illness.
- ORS 441 Report of suspected abuse of client in a long-term care facility.

## LAWS AND REGULATIONS OUTSIDE OF THE NPA

- ORS Chapter 676. Duty to report prohibited or unprofessional conduct, arrests and convictions.
- ORS Chapter 146. Injuries to be reported to law enforcement agency.
- ORS 807 Reports of persons with cognitive or functional impairment (Department of Motor Vehicles).
- ORS 676 Authority of health care provider to notify law enforcement agency that patient who is under influence of intoxicants is about to drive vehicle.

# Oregon's Nurse Practice Act

**Oregon Revised  
Statutes 678.010 to  
678.410**

Written & enacted by  
Oregon's Legislative  
Assembly

**Ch. 851 Oregon  
Administrative Rules**

Written & enacted by Oregon's  
Board of Nursing



# NURSING PRACTICE in Community-Based Settings

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"Nursing Practice =  
Nursing Process"

The critical thinking model used at the RN level of practice that integrates the singular and concurrent actions of assessment, identification of client problems or risks, identification of expected outcomes, planning, implementation, *and* evaluation.

## RN PRACTICE

- **Per Division 045, the RN's *nursing practice*:**
  - Must apply all standards of Division 045 in their community-based practice role including but not limited to RN:
    - Comprehensive assessment;
    - Must author the care plan for nursing services;
    - Implement the care plan;
    - Evaluate the client progress.

# RN PRACTICE

- ***Evaluating the client and their progress requires actively seeking and evaluating client data.***
  - Based on the care plan data might include:
    - Physical data including vital signs, skin checks etc.
    - Medication history, administration times and response.
    - Point in time testing.
    - Evaluation of caregiver documentation.
  - Must always, in all situations, advocate for client safety!

# HEALTHCARE TEAM AND COMMUNICATION

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## “Health Care Team”

Those working with the client to achieve *the client’s* identified outcomes. The composition of the health care team is appropriate to the context of care, includes the client, can be multidisciplinary, and is not limited to licensed health professionals.

# HEALTHCARE TEAM AND COMMUNICATION

➤ **The RN must be easily accessible to all staff who have been delegated to perform a nursing procedure. Communication isn't limited to a verbal exchange:**

- Communication tools include, but not limited to:
  - Care Plan identifies:
    - ✓ Support needs including frequency and any nursing interventions;
    - ✓ Specific roles (who does what);



# HEALTHCARE TEAM AND COMMUNICATION

- How to provide care or nursing interventions that are client specific:
  - ✓ Step-by-step instructions;
  - ✓ Identify early interventions for client specific risks;
  - ✓ When staff must contact the RN, client's healthcare practitioner or 9-1-1.
- Nursing services portion must be authored by the RN:
  - The AFH owner cannot author the nursing service portions and just have the RN initial.
- MAR or eMAR;
- Client records/progress notes.

# DUTY TO REPORT

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## “Duty to Report”

**851-045-0090:** These standards provide further interpretation of reporting requirements pursuant to ORS 678.135 with application to all licensees, including one’s own practice, when behavior or practice presents a potential for, or actual danger to, a client or to the public’s health, safety and welfare.

## DUTY TO REPORT

- **All RNs are required to report to ODHS and/or APS:**
  - Abuse/neglect or suspected abuse/neglect;
  - Anytime they have concerns about the safety and welfare of a client or clients.

## DUTY TO REPORT

- **OSBN should be notified when:**
  - Concerns about unsafe practice of any nurse such as other LTCCN RNs, agency nurses, Home Health, Hospice or a nurse at the client's practitioner's office etc.;
  - Drug diversion (*should also be reported to LLE*).
  - Any criminal activity occurring at the setting that is reported to police leading to an arrest;

## DUTY TO REPORT

- Thefts of any kind from clients, their family, other staff etc.
- Impaired practice. This includes drinking or taking drugs on the job or any type of physical or mental condition preventing safe practice.
- Any type of abuse including physical, sexual or mental.
- Failure to perform duties that resulted in a client injury or death.

# DUTY TO REPORT

## ➤ You must self-report when:

- ODHS terminates your LTCCN contract;
- Client or AFH terminates your relationship
- If practicing with an expired license.

# DOCUMENTATION

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“Standards Related  
to Licensee’s  
Responsibility for  
Documentation of  
Nursing Practice”

...The licensee shall  
document nursing  
practice in a timely,  
accurate, thorough,  
and clear manner...

# DOCUMENTATION

- **Documentation must meet legal, professional, and employer expectations/requirements:**
  - It is a legal form of communication;
  - Functional documentation starts upon admissions and should include baseline information that will be used to determine/evaluate a change in status or condition;
  - The quality of the documentation is critical for all healthcare team members and for the client's healthcare provider to have a clear understanding of the client's status/condition.



# DOCUMENTATION

## ➤ **Nursing documentation principles include:**

- Documentation must be accurate, relevant, consistent, clear, concise, complete, legible/readable, thoughtful, timely and reflective of the nursing process.
- The nurse must be knowledgeable of settings policies and procedures pertaining to documentation, proper use of EMR and alternative documentation if EMR downtime or malfunction.

# DOCUMENTATION

- All data entered into the medical records must be “accurate, valid, and complete; authenticated (factual), the author is identified, dated and timed entries by the nurse entering the information, no added or inserted information (should be separate entry), must be legible/readable;
- Use standardized terminology, acronyms and symbols. *See Resources slide for URLs.*

# DOCUMENTATION

- **ODHS setting and program rules *DO NOT* meet documentation requirements of the NPA:**
  - Setting/program-based forms rarely capture nursing documentation requirements of the NPA:
    - It is the responsibility of the nurse to document per the NPA standards.

# DOCUMENTATION

- LTCCN required forms for case managers, local office and prior authorization **do not** meet the documentation requirements of the NPA including delegation documentation requirements.
  - ***The LTCCN forms are in addition to documentation needed to conform with the NPA.***

# DOCUMENTATION

## ➤ Documentation issues include, but not limited to:

- When a form is required, not completing a form properly, e.g.:
  - Missing documentation elements;
  - Document not dated, timed and/or signed;
  - Forms with check boxes in lieu of the nurse's documented assessment, or incomplete documentation of the nurse's assessment;
  - Late entries not properly identified;

# DOCUMENTATION

- Not using the RN's name of record – ***name must match name on their license.***
- Other client record documentation issues:
  - Not clearly identifying who said what, who reported, or when it occurred;
  - Missing ODHS required documentation such as use of psychotropic medication;
  - No RN authored care plan for the delegated nursing procedure or RN taught interventions.
- Copying and pasting assessments, data or client status;

# DOCUMENTATION

- Not documenting ***quantifiable measurements such*** as:
  - Using a pain scale for pain; or
  - Wound measurements, etc.;
  - Circumference measurements of swollen legs or arms;
- Not being clear on how caregivers are to document what they observe:
  - Subjective statements by the caregivers are not useful; e.g., *looks better or not infected*.
- No baseline information in the client record or care plan. For example; not documenting the client's normal bowel pattern so caregivers can not know when a client may be constipated;

# DOCUMENTATION

- No parameters for PRN medications:
  - If no parameters outlined for PRN medications means non-nurse is making clinical judgement on when to give;
  - If unsure, non-nurse may not administer when it is needed:
    - ✓ Cannot have a policy that PRNs can only be given when requested by the client;
    - ✓ *Refer to PRN Medication Parameter Handout.*
- Some scheduled medications require parameters as well. *Refer to Medication Parameter Handout.*



# DOCUMENTATION

- **The RN's documentation should communicate more than just an outcome statement, e.g.,:**
  - Respiratory system:
    - ✓ **Objective data** - visual inspection, palpation, percussion, and auscultation (e.g., heart rate; respiration rate and pattern; auscultation of symmetry, depth and lungs sounds; skin color; chest/abdominal movement; oxygen saturation when available; pulse and blood pressure measurements; client and other reported data).
    - ✓ **Subjective data.**
    - ✓ **RN's clinical judgement.**

# DOCUMENTATION

## ➤ Legal reasons for documentation:

- Documentation is evidence that the client received proper care and serves as the legal record for the care provided to defend against allegations of neglect or failure to meet standards of care – *if it isn't documented it didn't happen.*
- Documentation also provides the nurse evidence of their work if allegations are made to the OSBN.

# DOCUMENTATION

- **Documentation is communication.**  
**If others cannot understand your documentation - *it isn't adequate.***
- **Other *RED FLAGS*:**
  - When the nurse only documents the assessment outcome with no supporting documentation to show how they arrived at the conclusion.

# RN RESPONSIBILITIES

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“Collecting data from observations, examinations, interviews, and records in an accurate and timely manner as appropriate to the client's needs and context of care...”

## Care Coordination

- **Community based care is intended to *coordinate* between the RN, the client's case manager, client's PCP *and* staff to meet client needs:**
  - The RN must be part an active member of the Healthcare Team;
  - All team members must communicate effectively with all members of the client's healthcare team.

## HEALTHCARE TEAM AND COMMUNICATION

- **The nursing care plan must also address potential changes in the client's health status as it relates to their underlying condition or result of the natural aging process - *OAR 851-045-0060 (3) (F)* and identify signs and symptoms caregivers must report to ensure early interventions.**

# RN ASSESSMENT and PLANNING

- **Examples of planning for early interventions related to chronic disease/conditions:**
  - Diabetes is a progressive disease. Complications can include peripheral neuropathy. Peripheral neuropathy is associated with additional complications such as injuries, falls , urinary incontinence, UTIs, or infections resulting in toe, foot or leg amputations.

## RN ASSESSMENT and PLANNING

➤ **There are professional nursing standards of care for all chronic conditions. For example:**

○ **Diabetes:**

- Daily foot checks, even if person does not currently have issues with their feet;
- Chronic recurring skin conditions like fungal and yeast;
- UTIs associated with increased amounts of sugar in the urine if blood sugars are running high.
- Depression (*Research suggest 50% of individuals with diabetes have undiagnosed depression*)
- Reviewing CBGs and A1C to determine overall blood sugar management providing data to the prescriber.



## DATA COLLECTION

- **When data and information is collected about a client, there is an expectation the data is evaluated and used to support the client's needs.**
  - Bottom line if you collect it ,or direct someone else to, you are responsible for it!
  - If you don't use it and the client suffers as a result, it could be considered neglect or abuse.

**OSBN OAR 851-047  
PROPOSED REVISIONS**

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**EFFECTIVE  
DATE  
TBD**

# OAR 851-047 PROPOSED REVISIONS

- **This segment only highlights proposed revisions that impact the delegation process:**
  - The RN should consider making modifications to their practice, related to process and documentation changes to current practice.
    - Most of the OAR revisions are clarification of existing standards.
  - Full proposed OAR changes can be found at:  
[www.oregon.gov/osbn/Documents/Resource\\_Div47\\_PreviewMemo.pdf](http://www.oregon.gov/osbn/Documents/Resource_Div47_PreviewMemo.pdf)

## OAR 851-047 PROPOSED REVISIONS

- **851-047-0030 (3)** The RN who is not prepared to accept accountability for the outcome of a nursing procedure performed by a UAP must decline to delegate. *This has always been in Division 045 and applied to Division 047 cases but added to Division 047 for clarity;*
- **(9)** The RN's authorization of a UAP to perform a procedure terminates when the RN is no longer responsible for the client, ends their employment or no longer has access the clients. This is a clarification of existing OARs – ***RN no longer employed, UAP authorization is no longer valid!***

## OAR 851-047 PROPOSED REVISIONS

- **851-047-0030 (7) (e) to be repealed.**
- This rule allowed for the RN to rescind a UAP's authorization to perform a nursing procedure for a client based on the skill of the UAP, longevity of their relationship with the client and the client's condition, then immediately assign the same procedure to the same UAP.
- The facility and the facility RN need to determine if there are any clients with a nursing procedure that was rescinded under this rule. If the nursing procedure is still needed by the client, and the RN determines it is safe to delegate, it must be delegated.

## OAR 851-047 PROPOSED REVISIONS

- **851-047-0045 (3)(c)(E) and 851-047-0070 (3) (d)** – RN must document a recommendation that identifies how the client might continue to receive their ordered nursing procedure in the event the RN is no longer a member of the client’s health care team, and the procedure remains ordered for the client.
- **This is a new proposed rule!**

# OAR 851-047 PROPOSED REVISIONS

- **OAR 851-047-0030 Transfer of delegation has been moved to two new proposed rule numbers:**
  - **0065** the RN transferring to another RN.
  - **0070** the RN accepting the transfer from the RN who will no longer be responsible for the delegation.
- ✓ Highly recommend implementing this proposed process in your current practice.
- ✓ Have up to 30 days from transfer to observe the caregiver perform the procedure for the client from start to finish. ***During this time period and forward, the RN accepting the transfer holds full accountability for the safety of the client and the outcome of the delegation.***

# OAR 851-047 PROPOSED REVISIONS

- **851-047-0030 (5) Delegating and supervising RNs are two different individuals – proposed language revision.**
  - One RN retain responsibility for the delegation. That RN may assign supervision of the UAP(s) to another RN.
  - The RN holding the delegation must generate a record of the assignment, identify respective RN responsibilities, communicate responsibilities to care team members.



## OAR 851-047 PROPOSED REVISIONS

- **851-047-0045 (3) (c) (C)** Instruct the UAP to utilize the instructions each time they perform the nursing procedure for the client. *New language but had been the intent all along.*
- ***Highly recommend implementing this proposed change to your current practice.***

## OAR 851-047 PROPOSED REVISIONS

### ➤ **Common procedures that would not be supported for delegation through the RN's application of Division 006, 045 and 047:**

- Administration of non-injectable medications (*except oral meds when administered through a g-tube or j-tube*). Includes topical creams/lotions, eye, ear, or nose drops, breathing treatments
- Dressing changes (*Note: Only the steps for changing a dressing can be taught and assigned. Wound management cannot be assigned or delegated*).

## OAR 851-047 PROPOSED REVISIONS

- Routine care of collection bags for urinary catheters, colostomies, etc. (taught and assigned).
- CBG testing when the client only has oral diabetic medication and no insulin.
- INR Testing.
- IM injections for lifesaving treatments as allowed by ORS 433.800-433.830.

# UTILIZATION OF TELEHEALTH TECHNOLOGY

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## RN PRACTICE AND TELEHEALTH

## RN NURSING PRACTICE AND UTILIZATION OF TELEHEALTH TECHNOLOGY

- **Whether the RN's engagement in nursing practice occurs using telecommunications technologies, more traditional methods or a combination of both, the RN must:**
  - Adhere to the same set of legal scope and standards of practice located in NPA:
    - The RN is responsible to assess the client, identify prioritized client concerns, and generate the best possible evidence-based solution to deliver safe services in accordance with OAR Chapter 851 Division 045 and 047.

# RN NURSING PRACTICE AND UTILIZATION OF TELEHEALTH TECHNOLOGY

## ➤ **Telehealth:**

- Must adhere to all HIPAA requirements:
  - Does not allow use of personal smart phones or tablets;
  - Specialized equipment must be HIPAA compliant.
- Must respect client rights:
  - Consent of the client or their representative.
- Staff are trained on the equipment and procedures used and documented in the staff records;

# RN NURSING PRACTICE AND UTILIZATION OF TELEHEALTH TECHNOLOGY

- It is not used for the initial delegation.
  - Refer to ODHS' ALF/RCF Telehealth Fact Sheet REV 012022 handout.
  - Content applies to AFH as well.
- OSBN's Interpretive *Statement-Use of Telehealth Technologies in the Practice of Nursing*.
- In lieu of telehealth equipment, the RN cannot direct staff to do an assessment such as lung sounds, or bowel sounds etc. and report to the RN as this would be considered practicing nursing without a license.

## REFERENCES AND RESOURCES

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**851-045-0040**  
It is the nurse's responsibility to ensure they possess the knowledge, skill and competencies specific to *their* nursing practice. In Oregon it is up to the nurse to determine what on-going education is needed to remain competent.



# References

## ➤ Delegation for Caregivers – Self-study

[www.oregon.gov/dhs/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Documents/0723N-Delegation-For-Lay-Caregivers-Modified.pdf](http://www.oregon.gov/dhs/SENIORS-DISABILITIES/PROVIDERS-PARTNERS/Documents/0723N-Delegation-For-Lay-Caregivers-Modified.pdf)

- Recommend the RN have the caregivers take the self-study (costs \$5.00 and counts towards their training hours or free without certificate):
  - Provides basic requirements;
  - Covers the delegated caregivers' responsibilities.



## References

### ➤ LPN Practice

- RNs must be knowledgeable on LPN dependent practice.
- LTCCNs cannot provide LPN supervision. May provide LPN supervision with a private pay contract with the LPN or AFH:
  - RN needs to consider if delegations in an LPN owned/operated AFH where the RN provides supervision is a conflict of interest.
- *LPN Practice in ODHS licensed Settings and in Home-based Service/Support Program* can be found on the OSBN website:  
[www.oregon.gov/osbn/Documents/IS\\_LPN\\_CommunitySetting.pdf](http://www.oregon.gov/osbn/Documents/IS_LPN_CommunitySetting.pdf)

## References

- **OSBN Website:** [www.oregon.gov/osbn](http://www.oregon.gov/osbn)
- Division 006, 045 and 047
- Interpretive Statements:
  - RNs Who Teach the Administration of Lifesaving Treatments
  - RNs who Teach UAPs How to Administer Non-Injectable Medications
  - Use of Telehealth Technologies in the Practice of Nursing
  - Scope-of-Practice Decision-Making
- OSBN Practice FAQs
- OSBN Sentinel Newsletter

## References

- American Academy of Ambulatory Care Nursing - [www.aaacn.org/practice-resources/telehealth/scope-and-standards](http://www.aaacn.org/practice-resources/telehealth/scope-and-standards) *Scope and Standards of Practice for Professional Telehealth Nursing, 6th Edition*
- OSBN - RN Delegation Information: [www.oregon.gov/OSBN/Pages/Delegation.aspx](http://www.oregon.gov/OSBN/Pages/Delegation.aspx)
- **Hartford Institute for Geriatric Nursing:** <https://hign.org/>

## RESOURCES

- ConsumerMedSafety.org  
<https://consumermedsafety.org/tools-and-resources/medication-safety-tools-and-resources>
- Common Abbreviations & Acronyms -  
[www.medicinenet.com/common medical abbreviations and terms/article.htm](http://www.medicinenet.com/common_medical_abbreviations_and_terms/article.htm)
- List of Error-Prone Abbreviations -  
[www.ismp.org/recommendations/error-prone-abbreviations-list](http://www.ismp.org/recommendations/error-prone-abbreviations-list)

## LINKS/ WEBSITES

### ➤ **OSBN Interpretive Statements:**

- The RN Who Teaches the Administration of Lifesaving Treatments:  
[www.oregon.gov/osbn/documents/IS\\_LifesavingTreatments.pdf](http://www.oregon.gov/osbn/documents/IS_LifesavingTreatments.pdf)
- Use of Telehealth Technologies in the Practice of Nursing:  
[www.oregon.gov/osbn/Documents/IS\\_TelehealthTechnology.pdf](http://www.oregon.gov/osbn/Documents/IS_TelehealthTechnology.pdf)

## LINKS/ WEBSITES

- **OSBN Sentinel Articles –**  
<https://www.oregon.gov/osbn/Pages/publications.aspx>
- Feb 2020: Guidelines for Seeking Additional Nursing Education
- Aug 2020: Disciplinary Case Studies Drug Diversion
- Nov 2020: Documentation A Necessary Element of Nursing Practice and Uncomfortable Truths and Reportable Behavior
- May 2021: Consequences of Practice Drift
- Aug 2021: Efficient and Effective Documentation in Nursing Care

## LINKS/ WEBSITES

### ➤ **ODHS Medication Alerts:**

- PRN Medication:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/se9336b.pdf>

- Medication Parameters:

<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/se9336d.pdf>

### ➤ **ODHS Telehealth Nursing & OAR 851-047**

[www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/SafeMedDocs/Telehealth%20Nursing%20OAR%20851-047.pdf](http://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/SafeMedDocs/Telehealth%20Nursing%20OAR%20851-047.pdf)



## LINKS/ WEBSITES

### ➤ ISMP-MedALERTS:

- There are 16 MedAlert documents developed for consumers -

<https://consumermedsafety.org/medication-safety-articles/item/847-teaching-sheets>

Eliquis

Xarelto

Pradaxa

Oral methadone

Oral methotrexate

Humulin R U-500

Warfarin

Lovenox

Fentanyl

Hydrocodone w/APAP

Oxycodone w/APAP

Humalog

NovoLog

Lantus

Apidra

Levemir

Insulin information also available in Spanish.

## LINKS/ WEBSITES

### ➤ ODHS Forms -

<https://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/APD-AFH/Pages/Forms.aspx> :

- Medication Administration Record (DHS 0812 A and B)
- Drug Disposal (APD0800)
- AFH Care Plan (SDS 0340)

## LINKS/ WEBSITES

### ➤ Requested Resources:

- Not receiving OSBN's Sentinel? Send an email to -  
[Oregon.BN.Info@osbn.oregon.gov](mailto:Oregon.BN.Info@osbn.oregon.gov)
- Nursing Scope and Standards -  
<https://www.nursingworld.org/nurses-books/nursing-scope-and-standards-of-practice-4th-edit/>
- ANA's Principles of Nursing Documentation -  
<https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/ana-principles/>

## LINKS/ WEBSITES

- ANA's Intellectual and Developmental Disabilities Nursing: Scope and Standards of Practice, 3rd Ed. - <https://www.nursingworld.org/nurses-books/intellectual-and-developmental-disabilities-nursin/>