



August 14, 2019

A public hearing will be conducted at 10:00 A.M. Friday, November 1, 2019 in Room 1051 of the Landon State Office Building, 900 S.W. Jackson, Topeka, KS to consider the adoption of proposed changes in three existing regulations relating to intravenous fluid therapy for Licensed Practical Nurses.

This 60-day notice of the public hearing shall constitute a public comment period for the purpose of receiving written public comments on the proposed regulations. All interested parties may submit written comments prior to the hearing to the Executive Administrator of the Kansas State Board of Nursing, 900 S.W. Jackson, St., Room 1051, Topeka KS 66612 or by email to [carol.moreland@ks.gov](mailto:carol.moreland@ks.gov). All interested parties will be given a reasonable opportunity to present their views orally regarding the adoption of the proposed regulations during the public hearing. Phone comments will be taken by calling 1-877-278-8686 (access code 575578) at the time of the hearing. In order to provide all parties an opportunity to present their views, it may be necessary to request that each participant limit any oral presentation to five minutes.

Any individual with a disability may request an accommodation in order to participate in the public hearing and may request the proposed regulations and economic impact statements in an accessible format. Requests for accommodation to participate in the hearing should be made at least five working days in advance of the hearing by contacting Carol Moreland at (785) 296-3068. The north entrance to the Landon State Office Building is handicapped accessible. Handicapped parking is located at the north end of the Landon State Office Building, across the street from the north entrance to the building, and on Ninth Street, just around the corner from the north entrance to the building.

A summary of the proposed regulations and the economic impact follows. A copy of the proposed regulations and associated economic impact statement may be obtained by accessing the Kansas State Board of Nursing website at <https://ksbn.kansas.gov> or by contacting the Executive Administrator of the Kansas State Board of Nursing, Landon State Office Building, 900 S.W. Jackson St., Room 1051, Topeka, KS 66612, (785) 296-5752, or [carol.moreland@ks.gov](mailto:carol.moreland@ks.gov) prior to the date of the hearing.

**K.A.R. 60-16-101. Definitions.** The proposed revision adds the definition of a clock-hour in an intravenous therapy course, IV and a stand-alone intravenous therapy course. The language was changed in the following definitions: calculating, evaluation and monitoring. There is no economic impact of this proposed regulation for businesses that offer intravenous therapy courses.

**K.A.R. 60-16-103. Stand-alone course approval procedure; competency examinations; recordkeeping.** The proposed revision adds language for the approval procedure for a stand-alone intravenous therapy course offered. Language has been added that lists the requirements the stand-alone course and course coordinator shall meet. It adds language about the facility in which skills practice and competency occurs and the need for a signed, written agreement between the provider and each affiliating health care facility. Language has been added that describes the duties of the stand-alone course coordinator relating to documentation of course completion. There is no economic impact of this proposed regulation for businesses that offer stand-alone intravenous therapy courses.

**K.A.R. 60-16-104. Standards for course and program curriculum content.** The proposed regulation adds language regarding the requirements when an intravenous therapy course is provided as part of a practical nursing program's curriculum. Language has been added that lists the topics of instruction that must be included when intravenous therapy is taught in a practical nursing curriculum. The economic impact of this proposed regulation would be for practical nursing programs who offer intravenous therapy in their practical nursing curriculum. They may have to purchase additional supplies to teach the intravenous therapy content in their program.

**Kansas Administrative Regulations  
Economic Impact Statement  
For the Kansas Division of the Budget**

Kansas State Board of Nursing

Carol Moreland

785-296-3068

Agency

Agency Contact

Contact Phone Number

60-16-101, 60-16-103 & 60-16-104

K.A.R. Number(s)

Submit a hard copy of the proposed rule(s) and regulation(s) and any external documents that the proposed rule(s) and regulation(s) would adopt, along with the following to:

Division of the Budget  
900 SW Jackson, Room 504-N  
Topeka, KS 66612

**I. Brief description of the proposed rule(s) and regulation(s).**

60-16-101 covers definitions of IV Therapy and IV fluid therapy courses in Kansas. The revisions are mostly for clarification of terms. There are three new definitions that cover the definition of a clock hour, IV, and a stand alone IV therapy course. 60-16-103 includes information about stand-along IV therapy course approval. Prior to this revision there was not term for stand-along IV Therapy courses. The information covered in this regulation includes the approval procedure, competency examination and record keeping. 60-16-104 includes information for IV Therapy curriculum content when the content is part of a Practical Nurse curriculum. Prior to this revision IV Therapy content could not be taught in the curriculum of a Practical Nursing program.

**II. Statement by the agency if the rule(s) and regulation(s) is mandated by the federal government and a statement if approach chosen to address the policy issue is different from that utilized by agencies of contiguous states or the federal government. *(If the approach is different, then include a statement of why the Kansas rule and regulation proposed is different)***

Not mandated by federal government

**III. Agency analysis specifically addressing following:**

**A. The extent to which the rule(s) and regulation(s) will enhance or restrict business activities and growth;**

60-16-101 will not enhance or restrict business activities and growth. 60-16-103 will not enhance or restrict business activities and growth as approved providers have been able to offer IV Therapy courses prior to the revision of this regulation. 60-16-104 would enhance business activities as approved practical nursing programs will be able to offer IV Therapy in their curriculum, if they wish.

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JUL 17 2019

DIVISION OF THE BUDGET

- B. The economic effect, including a detailed quantification of implementation and compliance costs, on the specific businesses, sectors, public utility ratepayers, individuals, and local governments that would be affected by the proposed rule and regulation and on the state economy as a whole;**

There is no implementation and compliance costs on the groups listed. The economic impact of 60-16-104 would be for the Practical Nursing programs that incorporate this content into their curriculum. There would be a need for supplies, although most of the programs already have the need supplies for other competencies and skills.

- C. Businesses that would be directly affected by the proposed rule and regulation;**

The businesses that might be directly affected by the revision of these regulations would be the businesses that offer IV therapy courses for LPNs and the practical nursing programs that will now be able to offer IV therapy content in the practical nursing curriculum.

- D. Benefits of the proposed rule(s) and regulation(s) compared to the costs;**

The benefits of these regulations includes: LPNs can have the IV Therapy content at the time of graduation instead of waiting until after licensure to get the content, clarification of the procedure, competency examination and recordkeeping for a stand-alone IV Therapy course and graduates of the Practical Nursing programs that incorporate the content into their curriculums would not have to take an additional course after graduation.

- E. Measures taken by the agency to minimize the cost and impact of the proposed rule(s) and regulation(s) on business and economic development within the State of Kansas, local government, and individuals;**

The revision to this regulation came from the Practice and IV Therapy Committee, which has representation from PN nursing programs and IV therapy providers. The Kansas State Board of Nursing participated with a task force of Practical Nursing programs that wish to incorporate this content into their curriculum, so therefore the programs were supportive and wanted the change.

- F. An estimate, expressed as a total dollar figure, of the total annual implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.**

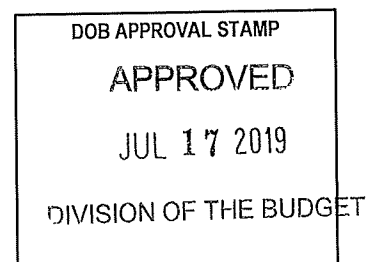
Unsure of the amount as some of the Practice Nursing programs may already have the supplies that are needed for instruction and competency assessment.

**An estimate, expressed as a total dollar figure, of the total implementation and compliance costs that are reasonably expected to be incurred by or passed along to business, local governments, or members of the public.**

Unsure as the only cost would be to the Practical Nursing programs that choose to implement the content in their curriculum. It is unknown at this time which programs will choose to do this.

**Do the above total implementation and compliance costs exceed \$3.0 million over any two-year period?**

YES ☐ NO ☒



**Give a detailed statement of the data and methodology used in estimating the above cost estimate.**

Not applicable

**Prior to the submission or resubmission of the proposed rule(s) and regulation(s), did the agency hold a public hearing if the total implementation and compliance costs exceed \$3.0 million over any two-year period to find that the estimated costs have been accurately determined and are necessary for achieving legislative intent? If applicable, document when the public hearing was held, those in attendance, and any pertinent information from the hearing.**

YES ☐ NO ☒

- G. If the proposed rule(s) and regulation(s) increases or decreases revenues of cities, counties or school districts, or imposes functions or responsibilities on cities, counties or school districts that will increase expenditures or fiscal liability, describe how the state agency consulted with the League of Kansas Municipalities, Kansas Association of Counties, and/or the Kansas Association of School Boards.**

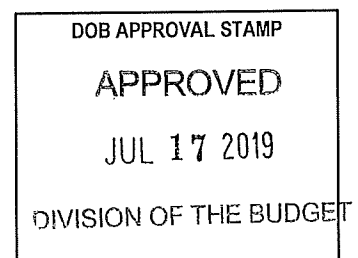
Not applicable

- H. Describe how the agency consulted and solicited information from businesses, associations, local governments, state agencies, or institutions and members of the public that may be affected by the proposed rule(s) and regulation(s).**

The revision for these regulations came from the Practice and IV Therapy committee, which has representation from the PN nursing programs and the IV therapy providers. This committee is a subcommittee of the Board. They discussed this with the other Practical Nursing programs that were not represented. There was a task force that included representation from the Practical Nursing Programs in Kansas that drafted these revisions and sent them to the Practice and IV Therapy Committee, which is a sub-committee of the Board.

- I. For environmental rule(s) and regulation(s) describe the costs that would likely accrue if the proposed rule(s) and regulation(s) are not adopted, as well as the persons would bear the costs and would be affected by the failure to adopt the rule(s) and regulation(s).**

These are not environmental regulations.



**60-16-101. Definitions.** Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

(a) "Administration of intravenous (IV) fluid therapy" means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.

(b) "Admixing" means the addition of a diluent to a medication or a medication to an intravenous solution.

(c) "Calculating" means ~~the mathematical determination of~~ mathematically determining the flow rate and medication dosages.

(d) "Clock-hour" means 60 continuous minutes.

(e) "Competency examination" means a written examination and demonstration of mastery of clinical components of intravenous IV fluid therapy.

~~(e)~~ (f) "Discontinuing" means stopping the intravenous flow or removing the intravenous access device, or both, based on an authorized order or nursing assessment.

~~(f)~~ (g) "Evaluating" means analyzing, on an ongoing basis, ~~analysis of~~ the monitored patient response to the prescribed intravenous IV fluid therapy ~~for determination of the appropriate patient outcomes.~~

~~(g)~~ (h) "Initiating" means ~~the starting of intravenous~~ IV fluid therapy based on an authorized order by a licensed individual. Initiating shall include the following:

(1) Assessing the patient assessment;

(2) ~~selection~~ selecting and ~~preparation of~~ preparing materials;

(3) ~~calculation~~ calculating; and

(4) ~~insertion~~ inserting and ~~stabilization of~~ stabilizing the cannula.

~~(h)~~ (i) "Intravenous push" means direct injection of medication into the venous circulation.

~~(i)~~ (j) "IV" means intravenous.

~~(i)~~ (k) "Maintaining" means adjusting the control device for continuance of the prescribed ~~intravenous~~

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JUL 17 2019

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JUL 23 2019

APPROVED

JUL 26 2019

IV fluid therapy administration rate.

(j) (l) "Monitoring" means ~~the , on an ongoing assessment, observation, and communication of basis,~~  
assessing, observing, and communicating each patient's response to prescribed intravenous IV fluid therapy.

The infusion equipment, site, and flow rate shall be included in the monitoring process.

(m) "Stand-alone," when used to describe a course, means an IV fluid therapy course offered by a  
provider that has been approved by the board to offer the course independently of an approved practical nursing  
program.

(k) (n) "Titration of medication" means an adjustment of the dosage of a medication to the amount  
required to bring about a given reaction in the individual receiving the medication. (Authorized by and  
implementing K.S.A. 2001-Supp. 65-1136; effective Nov. 21, 1994; amended June 12, 1998; amended Oct. 29,  
1999; amended June 14, 2002; amended P-\_\_\_\_\_.)

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JUL 17 2019

APPROVED

JUL 23 2019

APPROVED

JUL 26 2019

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**60-16-103. Stand-alone course approval procedure; competency examinations; recordkeeping.** (a) Each person ~~desiring to obtain~~ wanting approval for an intravenous (IV) fluid therapy to offer a stand-alone course shall submit a proposal to the board.

(b) The proposal shall contain the following:

- (1) The name and qualifications of the coordinator;
- (2) the name and qualifications of each faculty member of the course;
- (3) the mechanism through which the provider will determine that each licensed practical nurse

seeking to take the course meets the admission requirements;

(4) a description of the educational and clinical facilities that will be utilized;

(5) the outlines of the classroom curriculum and the ~~clinical~~ skills curriculum, including time segments.

These curricula shall meet the requirements of K.A.R. 60-16-104(g)(b);

(6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final ~~clinical~~ skills competency examination; and

(7) if applicable, a request for continuing education approval meeting the following criteria requirements:

(A) For each long-term provider, the ~~IV therapy~~ stand-alone course provider number shall be printed on the certificates and the course roster, along with the long-term provider number; and

(B) for each single program provider, the single program application shall be completed. ~~There shall be no cost to this provider for the initial single offering providership.~~

(b) To be eligible to enroll in a stand-alone course, the individual shall be a nurse with a current license.

(c)(1) Each stand-alone course shall meet both of the following requirements:

(A) Consist of at least 30 clock-hours of instruction; and

(B) require at least eight clock-hours of supervised clinical or skills lab practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality.

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JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT OF ADMINISTRATION

APPROVED

JUL 26 2019

ATTORNEY GENERAL



(2) Each stand-alone course, final written competency examination, and final clinical competency examination shall meet the board-approved curriculum requirements specified in K.A.R. 60-16-104 (b) (1)-(23).

(d)(1) Each stand-alone course coordinator shall meet the following requirements:

(A) Be licensed as a registered professional nurse;

(B) be responsible for the development and implementation of the course; and

(C) have experience in IV fluid therapy and knowledge of the IV fluid therapy standards.

(2) Each primary faculty member shall meet the following requirements:

(A) Be currently licensed to practice as a registered professional nurse in Kansas;

(B) have clinical experience that includes IV fluid therapy within the past five years; and

(C) maintain competency in IV fluid therapy.

(3) Each guest lecturer shall have professional preparation and qualifications for the specific subject in which that individual instructs.

(e)(1) The facility in which skills practice and the competency examination are conducted shall allow the students and faculty access to the IV fluid therapy equipment and IV fluid therapy recipients and to the pertinent records for the purpose of documentation. Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.

(2) There shall be a signed, written agreement between the provider and each affiliating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is that of the provider.

(f)(1) The stand-alone course coordinator shall perform the following:

(A) Ensure that the clinical record sheet is complete, including competencies and scores;

(B) award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final skills competency examination;

APPROVED

JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT OF ADMINISTRATION

APPROVED

JUL 26 2019

ATTORNEY GENERAL

(C) submit to the board, within 15 days of course completion, a typed, alphabetized roster listing the name and license number of each individual who successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:

(i) RN and LPN participants shall be listed on separate rosters; and

(ii) the roster shall include the provider name and address, the single or long-term provider number, the stand-alone course provider number, and the coordinator's signature; and

(D) maintain the records of each individual who has successfully completed the course for at least five years.

(g) Continuing education providers shall award at least 32 contact hours to each LPN who successfully completes the course according to K.A.R. 60-9-106. Continuing education providers ~~may~~ shall award 20 contact hours, one time only, to each RN who successfully completes the course.

~~(d)~~(h) After initial approval, each change in the stand-alone course shall be provided to the board for approval before the change is implemented.

~~(e)~~ (i)(1) Each ~~IV fluid therapy~~ stand-alone course provider shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the ~~intravenous fluid therapy~~ course, the number passing the course, and the number of courses held.

(2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.

(3) Each long-term provider shall submit the materials outlined in subsection ~~(b)~~ (a) with the five-year long-term provider renewal.

~~(f)~~ (j) If a course does not meet or continue to meet the criteria requirements for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by

APPROVED

JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT. OF ADMINISTRATION

APPROVED

JUL 26 2019

ATTORNEY GENERAL

a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended P-

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APPROVED

JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT OF ADMINISTRATION

APPROVED

JUL 26 2019

ATTORNEY GENERAL

**60-16-104. Standards for course; ~~competency examination; recordkeeping and~~ program curriculum content.**

(a) The purpose of the intravenous fluid therapy ~~course~~ content and stand-alone course shall be to prepare practical nursing students or licensed practical nurses to perform safely and competently the activities as defined in K.A.R.

60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

(1) Intravenous fluid therapy content provided as part of a practical nursing program's curriculum as specified in K.A.R. 60-2-104 or as a stand-alone course offered by an approved provider shall meet the requirements of this regulation.

(2) Each provider of a stand-alone course shall obtain approval from the board before offering an intravenous fluid therapy course as specified in K.A.R. 60-16-103.

(3) Each provider of a stand-alone course shall submit documentation of the use of the curriculum required in this regulation to the board.

(4) Each practical nursing program administrator wanting to implement the intravenous fluid therapy curriculum as required in this regulation shall submit a major curriculum change form as specified in K.A.R. 60-2-104(g).

~~(b) The course shall meet both of the following conditions:~~

~~(1) Consist of at least 30 hours of instruction; and~~

~~(2) require at least eight hours of supervised clinical practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality on an individual.~~

~~(c) To be eligible to enroll in an intravenous fluid therapy course, the individual shall be a nurse with a current license.~~

~~(d) The intravenous therapy course coordinator shall meet the following requirements:~~

~~(1) Be licensed as a registered professional nurse;~~

~~(2) be responsible for the development and implementation of the intravenous fluid therapy course; and~~

~~(3) have experience in intravenous fluid therapy and knowledge of the intravenous therapy standards.~~

~~(e)(1) Each primary faculty member shall meet the following requirements:~~

APPROVED

JUL 17 2019

APPROVED

JUL 23 2019

APPROVED

JUL 26 2019

(A) Be currently licensed to practice as a registered professional nurse in Kansas;

(B) have clinical experience within the past five years that includes intravenous fluid therapy; and

(C) maintain competency in intravenous fluid therapy.

(2) Each guest lecturer shall have professional preparation and qualifications for the specific subject area in which that individual instructs.

(f)(1) Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.

(2) The facility in which clinical practice and the competency examination are conducted shall allow the students and faculty access to the intravenous fluid therapy equipment and intravenous fluid therapy recipients, and to the pertinent records for the purpose of documentation.

(3) There shall be a signed, written agreement between the provider and a cooperating health care facility that specifies the roles, responsibilities, and liabilities of each party. This written agreement shall not be required if the only health care facility to be used is also the provider.

(g)(1) The board approved intravenous fluid therapy curriculum shall be the following standards of the infusion nurses society's supplement titled "infusion nursing standards of practice," volume 34, number 1S, dated January/February 2011, which are hereby adopted by reference:

(A) "Nursing practice":

(i) "Practice setting" standard 1.1, 1.2, 1.3;

(ii) "neonatal and pediatric patients" standard 2.1, 2.2, 2.3, which shall be taught only for clinical knowledge and awareness;

(iii) "older adult patients" standard 3.1, 3.2;

(iv) "ethics" standard 4.1, 4.2, 4.3, 4.4;

(v) "scope of practice" standard 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7;

(vi) "competence and competency validation" standard 6.1, 6.2, 6.3, 6.4;

(vii) "quality improvement" standard 7.1;

(viii) "research and evidence based practice" standard 8.1, 8.2, 8.3, 8.4; and

APPROVED

JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT OF ADMINISTRATION

APPROVED

JUL 26 2019

ATTORNEY GENERAL

(ix) ~~“policies, procedures, and/or practice guidelines” standard 9.1, 9.2, 9.3, 9.4;~~

(B) ~~“patient care”:~~

(i) ~~“Orders for the initiation and management of infusion therapy” standard 10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.7;~~

(ii) ~~“patient education” standard 11.1, 11.2;~~

(iii) ~~“informed consent” standard 12.1, 12.2, 12.3; and~~

(iv) ~~“plan of care” standard 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7;~~

(C) ~~“documentation”:~~

(i) ~~“Documentation” standard 14.1, 14.2, 14.3, 14.4, 14.5;~~

(ii) ~~“unusual occurrence and sentinel event reporting” standard 15.1, 15.2;~~

(iii) ~~“product evaluation, integrity, and defect reporting” standard 16.1, 16.2, 16.3, 16.4, 16.5; and~~

(iv) ~~“verification of products and medications” standard 17.1, 17.2, 17.3;~~

(D) ~~“infection prevention and safety compliance”:~~

(i) ~~“Infection prevention” standard 18.1, 18.2, 18.3, 18.4, 18.5, 18.6, 18.7, 18.8, 18.9;~~

(ii) ~~“hand hygiene” standard 19.1, 19.2, 19.3, 19.4;~~

(iii) ~~“scissors” standard 21.1, 21.2, 21.3;~~

(iv) ~~“safe handling and disposal of sharps, hazardous materials, and hazardous waste” standard 22.1, 22.2, 22.3, 22.4, 22.5, 22.6, 22.7, 22.8;~~

(v) ~~“disinfection of durable medical equipment” standard 23.1, 23.2, 23.3, 23.4;~~

(vi) ~~“transmission based precautions” standard 24.1, 24.2; and~~

(vii) ~~“latex sensitivity or allergy” standard 25.1, 25.2, 25.3;~~

(E) ~~“infusion equipment”:~~

(i) ~~“Add-on devices” standard 26.1, 26.2, 26.3;~~

(ii) ~~“needleless connectors” standard 27.1, 27.2, 27.3, 27.4, 27.5;~~

(iii) ~~“filters” standard 28.1, 28.2, 28.3, 28.4, 28.5, 28.6;~~

APPROVED

JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT. OF ADMINISTRATION

APPROVED

JUL 26 2019

ATTORNEY GENERAL

- (iv) ~~“flow control devices” standard 29.1, 29.2, 29.3, 29.4, 29.5; and~~
- (v) ~~“tourniquets” standard 31.1, 31.2;~~
- (F) ~~“vascular access device selection and placement”:~~
  - (i) ~~“Vascular access device selection” standard 32.1, 32.2, 32.3, 32.4;~~
  - (ii) ~~“site selection” standard 33.1, 33.2, 33.3, 33.4, 33.5. Standard 33.4 and 33.5 shall be taught only for~~  
clinical knowledge and awareness;
  - (iii) ~~“local anesthesia for vascular access device placement and access” standard 34.1, 34.2, 34.3, 34.4;~~
  - (iv) ~~“vascular access site preparation and device placement” standard 35.1, 35.2, 35.3, 35.4, 35.5, 35.6, 35.7,~~  
35.8;
  - (v) ~~“vascular access device stabilization” standard 36.1, 36.2, 36.3, 36.4;~~
  - (vi) ~~“joint stabilization” standard 37.1, 37.2, 37.3, 37.4; and~~
  - (vii) ~~“site protection” standard 38.1, 38.2, 38.3;~~
- (G) ~~“site care and maintenance”:~~
  - (i) ~~“Administration set change” standard 43.1, 43.2, 43.3, 43.4, 43.5, 43.6;~~
  - (ii) ~~“vascular access device removal” standard 44.1, 44.2, 44.3, 44.4, 44.5, 44.6;~~
  - (iii) ~~“flushing and locking” standard 45.1, 45.2, 45.3, 45.4; and~~
  - (iv) ~~“vascular access device site care and dressing changes” standard 46.1, 46.2, 46.3, 46.4;~~
- (H) ~~“infusion-related complications”:~~
  - (i) ~~“Phlebitis” standard 47.1, 47.2, 47.3;~~
  - (ii) ~~“infiltration and extravasation” standard 48.1, 48.2, 48.3;~~
  - (iii) ~~“infection” standard 49.1, 49.2, 49.3, 49.4;~~
  - (iv) ~~“air embolism” standard 50.1, 50.2, 50.3, 50.4, 50.5, 50.6;~~
  - (v) ~~“catheter embolism” standard 51.1, 51.2, 51.3, 51.4;~~
  - (vi) ~~“catheter-associated venous thrombosis” standard 52.1, 52.2, 52.3, 52.4; and~~
  - (vii) ~~“central vascular access device malposition” standard 53.1, 53.2, 53.3, 53.4, 53.5; and~~

APPROVED

JUL 17 2019

DIVISION OF THE BUDGET

APPROVED

JUL 23 2019

DEPT OF ADMINISTRATION

APPROVED

JUL 26 2019

(I) ~~“infusion therapies”:~~

(i) ~~“Parenteral medication and solution administration” standard 61.1, 61.2, 61.3, which shall be taught only for clinical knowledge and awareness;~~

(ii) ~~“antineoplastic therapy” standard 62.1, 62.2, 62.3, 62.4, which shall be taught only for clinical knowledge and awareness;~~

(iii) ~~“biologic therapy” standard 63.1, 63.2, 63.3, which shall be taught only for clinical knowledge and awareness;~~

(iv) ~~“patient-controlled analgesia” standard 64.1, 64.2, 64.3, 64.4;~~

(v) ~~“parenteral nutrition” standard 65.1, 65.2, 65.3, 65.4, 65.5, 65.6, 65.7, which shall be taught only for clinical knowledge and awareness;~~

(vi) ~~“transfusion therapy” standard 66.1, 66.2, 66.3, 66.4;~~

(vii) ~~“moderate sedation/analgesia using intravenous infusion” standard 67.1, 67.2, 67.3, 67.4, which shall be taught only for clinical knowledge and awareness; and~~

(viii) ~~“administration of parenteral investigational drugs” standard 68.1, 68.2, 68.3, which shall be taught only for clinical knowledge and awareness.~~

(2) ~~Each provider shall submit documentation of the use of the curriculum required in this subsection to the board on or before February 1, 2013.~~

(h)(1)(A) ~~The final written competency examination shall be constructed from the board-approved pool of test questions and shall be based on the board-approved test plan.~~

(B) ~~The final written competency examination shall consist of at least 50 questions and shall require a passing grade of 80 percent or above.~~

(2) ~~The final clinical competency examination shall require successful completion of the procedures on the board-approved competency checklist, which shall include the following procedures: preparation for the insertion of an intravenous line, insertion of an intravenous access device, conversion of a peripheral catheter to an intermittent infusion device, calculation of infusion flow rate, changing an intravenous fluid container, changing~~

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JUL 17 2019

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JUL 23 2019

APPROVED

JUL 26 2019

ATTORNEY GENERAL



~~administration set tubing, care of the infusion site, flushing an intermittent infusion device, discontinuance of an intravenous infusion, administration of intravenous medication including both piggyback administration and direct injection, and admixing intravenous medications.~~

~~(i)(1) The faculty shall complete the final record sheet, which shall include competencies and scores.~~

~~(2) The intravenous fluid therapy course coordinator shall perform the following:~~

~~(A) Award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final clinical competency examination;~~

~~(B) submit to the board, within 15 days, a typed, alphabetized roster listing the name and license number of each individual who has successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:~~

~~(i) RN and LPN participants shall be listed on separate rosters; and~~

~~(ii) the roster shall include the provider name and address, the single or long term provider number, the IV therapy course provider number, and the signature of the coordinator; and~~

~~(C) maintain the records of each individual who has successfully completed the course for a period of at least five years.~~

(b) Each stand-alone course or practical nursing program curriculum in intravenous fluid therapy shall include instruction in the following topics:

(1) Definition of intravenous fluid therapy and indications as specified in K.A.R. 60-16-101;

(2) scope of practice as specified in K.A.R. 60-16-102;

(3) types of vascular-access delivery devices;

(4) age-related considerations;

(5) legal implications for intravenous fluid therapy;

(6) anatomy and physiology;

(7) fluid and electrolyte balance;

(8) infusion equipment used in intravenous fluid therapy;

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JUL 17 2019

APPROVED

JUL 23 2019

APPROVED

JUL 26 2019

(9) patient care;

(10) infusion therapies;

(11) parenteral solutions and indications;

(12) infection control and safety;

(13) site care and maintenance;

(14) vascular-access device selection and placement;

(15) insertion of peripheral short catheters;

(16) administration, maintenance, and monitoring of peripheral intravenous fluid therapy;

(17) infusion-related complications and nursing interventions;

(18) central and peripheral vascular devices;

(19) administration, maintenance, and monitoring of central intravenous fluid therapy;

(20) documentation;

(21) patient education;

(22) a testing component through which each student is able to demonstrate competency related to

intravenous fluid therapy; and

(23) a means to verify that a student has successfully completed the stand-alone course or practical nursing

program curriculum in intravenous fluid therapy as specified in this regulation. (Authorized by and implementing

K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001;

amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended P-\_\_\_\_\_.)

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