CHAPTER 3

STANDARDS OF NURSING PRACTICE

Section 1.  **Statement of Purpose.** **These Board Rules are adopted to implement the Board's authority to regulate the scope and practice of nursing and provide guidance for APRN, RN, LPN and CNA.**

(a) The purpose of the board in adopting rules and regulations in this chapter is to:

(i) Communicate board expectations and provide guidance for nurses regarding safe nursing practice.

(ii) Articulate board criteria for evaluating the practice of nursing to determine if the practice is safe and effective.

(iii) Clarify the scope of practice for the registered professional nurse, advanced practice registered nurse (see Chapter 4), and licensed practical nurse.

(iv) Identify behaviors which may impair the licensee's ability to practice with reasonable skill and safety, which include, but are not limited to:

(A) Fraud and deceit;

(B) Unsafe practice;

(C) Misappropriation of property;

(D) Abandonment;

(E) Abuse, including sexual abuse;

(F) Neglect;

(G) Chemical dependency;

(H) Drug diversion - self/others;

(I) Sale or unauthorized use of controlled/illicit drugs;

(J) Criminal conviction;

(K) Failure to supervise or to monitor the performance of acts by any individual working under the licensed nurse's direction;

(L) Unprofessional conduct; and
Boundary violations, including sexual boundaries.

(b) The standards of nursing practice interpret the statutory definitions of professional, advanced practice and practical nursing. The standards of nursing practice evolve from the nursing process and national standards.

(c) Violations of the standards of nursing practice may result in disciplinary action by the board.

Section 2. Scope and Standards of Nursing Practice for the APRN.

(a) Scope and Standards for APRN.

(i) The APRN is subject at all times to the standards and scope of practice established by national professional organizations and/or accrediting agencies representing the various core, role and population focus areas for APRNs, and the NPA.

(ii) The Board recognizes APRN core, role and population focus areas described in the scope of practice statements for APRNs issued by national professional organizations and/or accrediting agencies.

(iii) Role and population focus of the APRN shall be declared, and the role and population focus to be utilized shall be the title(s) granted by nationally recognized professional organization(s) and/or accrediting agency(ies) or the title(s) of the role and population focus of nursing practice in which the APRN has received postgraduate education preparation.

(iv) In order to practice in one of the four roles and in a defined population, the APRN must be recognized by the Board in that particular role with a population focus of advanced practice nursing.

(b) Prescriptive Authority.

(i) The Board may authorize an APRN to prescribe medications and devices, within the recognized scope of APRN’s role and population focus, and in accordance with all applicable state and federal laws including, but not limited to, the WPA, WCSA, the FCSA, and their applicable Rules and Regulations.

(ii) The Board shall transmit to the Board of Pharmacy a list of all APRNs who have prescriptive authority. The list shall include:

(A) The name of the authorized APRN;

(B) The prescriber’s RN license number, role and population focus of the APRN recognized by the Board; and

(C) The effective date of prescriptive authority authorization.

(iii) Authorized prescriptions by an APRN shall:
(A) Comply with all current and applicable state and federal laws; and

(B) Be signed by the prescribing APRN with the initials "APRN" or the initials of the nationally recognized role and population focus.

(iv) Prescriptive authorization will be terminated if the APRN has:

(A) Not maintained current recognition as an APRN;

(B) Prescribed outside the scope of recognized APRN's role and population focus or for other than therapeutic purposes;

(C) Not completed four hundred (400) hours of practice as an APRN within the past two (2) years;

(D) Not documented fifteen (15) contact hours of pharmacology within the past two (2) years; or

(E) Violated the standards of practice, Board Rules, or the NPA.

(v) APRN's prescriptive authority must be renewed biennially.

(vi) The Board will notify the Board of Pharmacy within two working days after termination of or change in the prescriptive authority of an APRN.

(c) Applicability

(i) The provisions of this chapter are only applicable to an APRN who is recognized as an APRN whose authorization to perform advanced and specialized acts of nursing practice, advanced nursing and medical diagnosis, and the administration and prescription of therapeutic and corrective measures comes from educational preparation, national certification, and recognition to practice in compliance with Board Rules.

(ii) Nothing in this chapter prohibits the usual and customary practice of an APRN in Wyoming from directly administering prescribed controlled substances under derived authority. In addition, the direct administration, or the ordering of controlled substances preoperatively, intraoperatively or postoperatively, by an APRN (certified registered nurse anesthetist) does not involve prescribing within the meaning of 21 CFR 1308.02(f) or the Board Rules. These rules do not require any changes in the current practice and procedures of APRN who are certified registered nurse anesthetists or the institutional and individual practitioners with whom they may practice.

(iii) Nothing in this chapter prohibits the usual and customary practice of APRNs in Wyoming from providing/dispensing drugs in accordance with applicable state and federal laws.

(iv) Nothing in this section limits or enhances the usual and customary practice of a RN or LPN in Wyoming.
Section 2. Section 3. Scope and Standards of Nursing Practice for the RNRegistered Professional Nurse.

(a) The RN shall retain professional accountability for nursing care:
   (i) Have knowledge of the statutes and regulations governing nursing;
   (ii) Practice within the legal boundaries for nursing through the scope of practice authorized in the NPA and the Board Rules;
   (iii) Takes preventive measures to protect the client, others, and self.
   (iv) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;
   (v) Maintain continued competence through ongoing learning and application of knowledge to nursing practice;
   (vi) Report unfit or incompetent nursing practice to recognized legal authorities;
   (vii) Participates in the evaluation of nursing practice through quality and safety activities including peer review;
   (viii) Maintains appropriate professional boundaries, including sexual boundaries;
   (ix) Maintains client confidentiality unless obligated by law to disclose the information;
   (x) Conducts practice without discrimination on the basis of age, race, religion, sex, life style, national origin, medical diagnosis, or handicap;

(a) Accountability:
   (i) The registered professional nurse shall:
      (A) Have knowledge of the statutes and regulations governing nursing;
      (B) Practice within the legal boundaries for nursing through the scope of practice authorized in the Wyoming Nurse Practice Act and the board’s administrative rules and regulations;
      (C) Demonstrate honesty and integrity;
      (D) Base professional decisions on nursing knowledge and skills, the needs of clients and the expectations delineated in professional standards;
      (E) Accept responsibility for judgments, individual nursing actions, competence, decisions and behavior;
(F)——Maintain continued competence through ongoing learning and application of knowledge to nursing practice;

(G)——Report unfit or incompetent nursing practice to recognized legal authorities;

(H)——Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students.

(b)______Participates as a member of an interprofessional healthcare team and organizes, manages, and supervises the practice of nursing;

(c)______Advocates for the client.

(d)______The RN shall implement the nursing process. The RN shall:

(b)——Implementation of the nursing process.

(i)——The registered professional nurse:

(A)-(i)——Conducts a comprehensive health assessment that is an extensive data collection (initial and ongoing) regarding individuals, families, groups, and communities.

(i)(ii)——Collecting objective and subjective data from observations, examinations, interviews, and written records in an accurate and timely manner. The data includes, but is not limited to:

(1.)——Biophysical and emotional status;

(2.)——Growth and development;

(3.)——Cultural, religious and socioeconomic background;

(4.)——Family health history;

(5.)——Information collected by other healthcare team members;

(6.)——Client knowledge and perception about current or potential health status, or maintaining health status;

(7.)——Ability to perform activities of daily living;

(8.)——Patterns of coping and interacting;

(9.)——Considerations of client’s health goals;

(10.)——Environmental factors (e.g., physical, social, emotional, and ecological); and
(II) Sorting, selecting, reporting, and recording the data;

(III) Validating, refining, and modifying the data by utilizing available resources including interactions with the client, family, significant others, and healthcare team members.

(B) Establishes and documents nursing diagnoses which serve as the basis for the plan of care;

(C) Develops and modifies the plan of care based on nursing assessment and nursing diagnosis. This includes:

(I) Identifying priorities in the plan of care;

(II) Setting realistic and measurable goals to implement the plan of care;

(III) Identifying nursing interventions based on the nursing diagnosis;

(IV) Identifying measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling.

(D) Implements the plan of care by:

(I) Initiating nursing interventions through:

(1.) Giving direct care;

(2.) Assisting with care;

(3.) Delegating care as outlined in, but not limited to, Chapter 7, Section 6.

(E) Identifies faulty or missing client information;

(F) Provides appropriate decision making, critical thinking and clinical judgment to make independent nursing decisions and nursing diagnosis;

(G) Seeks clarification of orders when needed;

(H) Implements treatments and therapy, including medication administration and independent nursing functions;

(I) Contributes to the formulation, interpretation, implementation, and evaluation of the objectives and policies related to nursing practice within the employment setting;
Participates in the evaluation of nursing practice through quality assurance activities including peer review;

Obtains orientation/training for competence when encountering new equipment and technologies or unfamiliar care situations;

Provides client surveillance and monitoring;

Identifies changes in client’s health status and implements appropriate interventions;

Evaluates the impact of nursing care, the client’s response to therapy, the need for alternative interventions, and the need to communicate and consult with other healthcare team members;

Documents nursing care and responses to interventions;

Intervenes on behalf of the client when problems are identified and revises care plan as needed;

Recognizes individual characteristics that may affect the client’s health status;

Takes preventive measures to protect the client, others, and self.

Advocates for the client:

Respects the client’s rights, concerns, decisions, and dignity;

Identifies client needs;

Accepts only client care assignments for which educationally prepared and adequately trained;

Promotes safe client environment;

Communicates client choices, concerns, and special needs with other healthcare team members regarding:

Client status, progress, and concerns;

Client response or lack of response to therapies;

Significant changes in client condition.

Maintains appropriate professional boundaries, including sexual boundaries;

Maintains client confidentiality unless obligated by law to disclose the
information;

(H) Assumes responsibility for own decisions and actions;

(I) Conducts practice without discrimination on the basis of age, race, religion, sex, lifestyle, national origin, medical diagnosis, or handicap.

(iii) Organizes, manages, and supervises the practice of nursing.

(A) Assigns to another only those nursing measures that fall within that nurse’s scope of practice, education, experience, and competence or unlicensed persons description;

(B) Delegates to another only those nursing measures that the person has the necessary education, skills, and competency to accomplish safely and as outlined in Chapter 9;

(C) Matches client needs with personnel qualifications, available resources and appropriate supervision;

(D) Communicates directions and expectations for completion of the delegated activity;

(E) Supervises others to whom nursing activities are delegated or assigned by monitoring performance, progress, and outcomes; and ensures documentation of the activities;

(F) Provides follow-up on problems and intervenes when needed;

(G) Evaluates the effectiveness of the delegation or assignment;

(H) Evaluates data as a basis for reassessing client’s health status, modifying nursing diagnoses, revising plans of care, and determining changes in nursing interventions;

(I) Retains professional accountability for nursing care;

(J) Promotes a safe and therapeutic environment by:

   (I) Providing appropriate monitoring and surveillance of the care environment;

   (II) Identifying unsafe care situations;

   (III) Correcting unsafe care situations or referring unsafe care situations to appropriate management level when needed;

(K) Teaches and counsels client and families regarding healthcare regimen, which may include, but is not limited to, general information about health and medical condition, specific procedures, wellness, and prevention;

(iv) Participates as a member of an interdisciplinary healthcare team.
Functions as a member of the healthcare team, collaborating and cooperating in the implementation of an integrated, client-centered healthcare plan;

Respects client property and the property of others;

Protects confidential information, unless obligated by law to disclose the information.

Section 3. Section 4. Scope and Standards of Nursing Practice for the Licensed Practical Nurse (LPN).

(a) Standards related to the licensed practical nurse's (LPN's) contribution to the nursing process. The LPN Shall:

(i) The licensed practical nurse shall:

(A) Contribute to the nursing assessment by:

(1) Collecting, reporting, and recording objective and subjective data in an accurate and timely manner. Data collection includes observations about the condition or change in condition of the client.

(B) Participate in the development and modification of the plan of care by:

(1) Providing data;

(II) Contributing to the identification of priorities;

(III) Contributing to setting realistic and measurable goals;

(IV) Assisting in the identification of measures to maintain comfort, support human functions and responses, maintain an environment conducive to well being, and provide health teaching and counseling; and

(V) Basing nursing decisions on nursing knowledge, skills, and needs of clients.

(C) Participate in the implementation of the plan of care by:

(I) Carrying out such interventions as are taught in board-approved curriculum for practical nurses and as allowed by institutional policies;

(II) Providing care for clients in basic patient care situations under the direction of a licensed physician, dentist, advanced practice registered nurse (APRN), or licensed professional nurse (RN). Patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse (APRN), or licensed professional nurse (RN), mean the following two conditions prevail at the same time:

(1) The client's clinical condition is predictable and the responses of
the client to the nursing care are predictable;

(2.) Medical or nursing orders do not change frequently and do not contain complex modifications.

(III) Providing care for clients in complex patient care situations under the supervision of a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse. Complex patient care situations as determined by a licensed physician, dentist, advanced practice registered nurse, or licensed professional nurse mean any one or more of the following conditions exist:

(1.) The client's clinical condition is not predictable;

(2.) Medical or nursing orders are likely to involve frequent changes or complex modifications; or

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

(IV) (B) Initiating appropriate standard emergency procedures established by the institution until a licensed physician, dentist, advanced practice registered nurse APRN or registered professional nurse RN is available;

(V) Providing an environment conducive to safety and health;

(VI) Documenting nursing interventions and responses to care;

(VII) Communicating nursing interventions and responses to care to appropriate members of the healthcare team.

(D) Contribute to the evaluation of the responses of individuals or groups to nursing interventions by:

(I) Documenting evaluation data and communicating the data to appropriate members of the healthcare team;

(II) Contributing to the modification of the plan on the basis of the evaluation.

(b) Standards relating to the licensed practical nurse’s responsibilities as a member of the healthcare team. Accountability. The LPN shall:

(i) The licensed practical nurse shall:

(A) (i) Have knowledge of the statutes and regulations governing nursing;

(B) (ii) Accept individual responsibility and accountability for nursing actions and competency;
(C) Function under the direction of a licensed physician, advanced practice registered nurse, dentist, or registered professional nurse;

(D) Seek guidance and consult with registered professional nurses and other appropriate sources;

(E) Obtain direction and supervision as necessary when implementing nursing interventions;

(F) (iii) Accept client care assignments from the licensed physician, advanced practice registered nurse APRN, dentist, or registered professional nurse RN only for which they are educationally prepared and adequately trained;

(G) Function as a member of the healthcare team;

(H)- (iv) Contribute to the formulation, interpretation, implementation, and evaluation of the objectives and policies relating to practical nursing practice within the employment setting;

(I) (v) Participate in the evaluation of nursing practice through quality assurance activities, including peer review;

(J) (vi) Report unfit or incompetent nursing practice to the board. Report unsafe conditions for practice to recognized legal authorities;

(K) Delegate to another only those nursing interventions which a person is prepared or qualified to perform;

(L) Provide direction for others to whom nursing interventions are delegated;

(M) Evaluate the effectiveness of delegated nursing interventions performed under direction;

(N) Retain accountability for nursing care when delegating nursing interventions. See Chapter 9;

(Q) (vii) Conduct practice without discrimination on the basis of age, race, religion, sex, life-style, national origin, or disability;

(P) (viii) Respect the dignity and rights of clients and their significant others, regardless of social or economic status, personal attributes, or nature of health problems;

(Q) (ix) Protect confidential information, unless obligated by law to disclose the information;

(R) Respect the property of all individuals and facilities;

(S) (x) Maintain boundaries, including sexual boundaries;
(T) Participate in the development of continued competency in performance of nursing care activities for auxiliary personnel;

(U) Comply with the standards of nursing practice, the rules and regulations, and the Wyoming Nurse Practice Act;

(V) Demonstrate honesty and integrity;

(W) Maintain continued competency through ongoing learning and application of knowledge to nursing practice;

(X) Participate in the development of continued competency in the performance of nursing care activities for nursing personnel and students;

(Y) Obtain orientation/training for competency when encountering new equipment and technology or unfamiliar care situations;

(Z) Implement appropriate aspects of client care in a timely manner.

(c) Implementation

(I) Provide assigned and delegated aspects of client’s healthcare plan;

(II) Implement treatments and procedures;

(AA) Administer medications according to standards of practice;

(BB) Document care;

(CC) Participate in nursing management:

(I) Assign and delegate nursing activities for patients/clients to assistive personnel as outlined in Chapter 9;

(II) Observe nursing measures and provide feedback to nursing manager;

(III) Observe communications and document outcomes of delegated and assigned activities;

(DD) Take preventive measures to protect client, others, and self;

(EE) Teach and counsel clients and families in accordance with the nursing care plan.

Section 5. Expanded Role for LPN IV, MA-C and CNA II. With successful completion of a Board-approved curriculum, the LPN or CNA may obtain certification which expands the LPN scope of practice or CNA role within the parameters described in Advisory Opinions.

Section 6. Role of CNA.
(a) A CNA, regardless of title or care setting shall be under the direction of a licensed nurse;

(b) After appropriate client assessment and delegation by the supervising nurse, the CNA shall utilize knowledge of client’s rights, legal and ethical concepts, communication skills, safety, and infection control while performing the following:

(i) Basic Nursing Skills;

(ii) Personal Care Skills;

(iii) Basic Restorative Skills Assistance;

(iv) Mental Health and Psychosocial Skills;

(v) Communication Skills; and

(vi) Nursing Team Member Skills of the CNA.

(c) The CNA shall perform within the parameters described in Advisory Opinions.

(c) Expanded role for the licensed practical nurse administering intravenous therapy.

(i) Certification, renewal, reinstatement, discipline.

(A) Initial certification.

(I) Hold an active, unencumbered Wyoming practical nurse license;

(II) Submit required application and fees; and

(III) Submit official evidence of completion of a board approved educational program of study in basic, advanced or combined basic/advanced intravenous therapy for licensed practical nurses.

(B) Renewal of certification.

(I) Submit renewal application and fee; and

(II) Submit documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in-service education in intravenous therapy within the previous two (2) year period; or

(III) Submit documentation of successful completion of a board approved licensed practical nurse intravenous therapy refresher course.

(C) Expanded role licensed practical nurses may reinstate a lapsed intravenous certification under the following conditions:

(I) Certification lapsed more than two (2) years but less than five (5) years:
(1.)—Hold an active, unencumbered Wyoming practical nurse license;

(2.)—Submit reinstatement application and fee;

(3.)—Successful completion of a board-approved licensed practical nurse intravenous therapy refresher course; or

(4.)—Successful completion of a board-approved licensed practical nurse intravenous therapy course;

(II) Certification lapsed for 5 years or more:

(1.)—Hold an active, unencumbered Wyoming practical nurse license;

(2.)—Submit reinstatement application and fee;

(3.)—Complete a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(D) Certification by endorsement.

(I) Proof of successful completion of a board-approved basic, advanced or combined licensed practical nurse intravenous therapy course.

(ii) Scope of practice for the licensed practical nurse administering intravenous (IV) therapy:

(A) The licensed practical nurse may perform the following procedures under the direction of a registered nurse, physician, advanced practice registered nurse, or dentist, due to the basic knowledge and skills acquired in a state board-approved practical nursing program:

(I) Observe and monitor IV fluid management;

(II) Calculate and maintain flow rate of peripheral IV infusions;

(III) Discontinue peripheral IV infusions; and

(IV) Report and document observations and procedures relating to IV fluid treatment.

(B) In addition to IV-related activities within the scope of any licensed practical nurse, the licensed practical nurse certified in basic IV therapy may perform the following acts of IV therapy:

(I) Initiate the administration of board-approved IV fluids and medications via a peripheral route:

(1.) The peripheral route does not include midline catheters.
(II) Administer IV fluids and medications including electrolyte solutions with vitamins and/or potassium, antibiotics and hydrogen receptor blockers provided such fluids and medications are appropriate for IV administration;

(III) Change IV tubing(s) and dressings;

(IV) IV fluids and medications must be commercially prepared or premixed and labeled by a registered pharmacist.

(V) Maintain patency of a peripheral intermittent vascular access device using a saline flush solution or non-therapeutic dose of heparin flush solution;

(VI) Monitor a patient controlled administration (PCA) pump and collect data from a PCA pump;

(VII) Perform phlebotomy; and

(VIII) Activate a drug admixture delivery system that has been prepared and labeled by a pharmacist, registered nurse or other qualified person.

(iii) The licensed practical nurse certified in basic IV therapy shall not:

(A) Initiate, regulate, add, or administer medications to or discontinue a midline or central venous line except as provided elsewhere in this section.

(B) Administer or add the following to a peripheral venous line:

(I) IV push or bolus medications;

(II) IV medications other than those in Section 3(c)(B)(II).

(C) Inject medication into an auxiliary fluid chamber;

(D) Mix or label IV medications or total parenteral nutrition (TPN);

(E) Program or re-program a PCA pump;

(F) Administer blood, blood components, plasma, plasma expanders;

(G) Administer analgesics, antineoplastics, autonomic nervous system agents, cardiovascular agents, central nervous system agents, oxytocic agents, or radiologic agents;

(H) Initiate and/or maintain pediatric IV therapy (aged twelve (12) years and under); nor discontinue pediatric IV therapy (aged birth to four (4) years);

(I) Flush or aspirate a central venous line or arterial line; or
(J) Perform basic acts of IV therapy as listed in this section in the home setting.

(iv) In addition to IV-related activities within the scope of a licensed practical nurse certified in basic IV therapy, the licensed practical nurse certified in advanced IV therapy may perform the following acts of IV therapy:

(A) Mix and label IV medications;

(B) Draw up, label and administer medications that are not restricted by institutional policies or as limited elsewhere in this section;

(C) Assist the registered professional nurse in the administration of midline or central venous infusion of approved IV fluids by:

(I) Checking the flow rate;

(II) Maintaining patency by use of saline/heparin flush;

(III) Changing the tubing(s) and site dressing(s);

(IV) Administering TPN; and

(V) Obtaining a blood sample.

(D) Discontinue pediatric (aged five (5) to twelve (12) years) peripheral IV therapy.

(v) The licensed practical nurse who has satisfactorily completed an advanced course of IV therapy for licensed practical nurses shall not:

(A) Administer analgesics; antineoplastics; autonomic nervous system agents; cardiovascular agents; central nervous system agents; oxytocic agents or radiologic agents;

(B) Start and/or maintain pediatric IV therapy (aged twelve (12) years and under); and discontinue pediatric IV therapy (aged birth to four (4) years);

(C) Administer blood and blood components;

(D) Administer experimental drugs;

(E) Flush or aspirate an arterial line;

(F) Discontinue a central line; or

(G) Inject medications via direct IV route; bolus, push.
(vi) Upon successful completion of the basic and advanced IV Therapy Course, institutional education, and in accordance with institutional policy, the licensed practical nurse may perform the following nursing functions in non-acute (chronic) dialysis:

(A) Initiate and discontinue dialysis treatments using an established access—including subclavian, internal jugular, femoral vein, fistula and right atrial catheters;

(B) Perform peripheral venipuncture for the purpose of hemodialysis;

(C) Withdraw blood and heparinized saline from the various accesses for the purpose of removing the heparin and establishing patency;

(D) Withdraw blood from access for the purpose of obtaining blood for a lab specimen;

(E) Administer IV medications and solutions during hemodialysis unless restricted by institutional policy;

(F) Flush tubing of access device;

(G) Perform dressing changes to various access sites; and

(H) Discontinue peripheral venous access lines.

(vii) Unless otherwise specified in these regulations, the licensed practical nurse certified in IV therapy may perform basic and advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided.

(viii) (vi) Minimum program requirements.

(A) The IV therapy program must utilize the board-approved standardized IV therapy curriculum; and

(B) Shall be offered and administered by a nursing education program in a post-secondary institution of higher learning in Wyoming, in a board-approved educational institution, an approved provider of continuing education or a licensed health care facility.

Section 4. Disciplinary Procedures for Licensed Practical Nurses and Registered Professional Nurses.

(a) Grounds for Discipline:

(i) Engaging in any act inconsistent with uniform and reasonable standards of nursing practice, including but not limited to:

(A) Fraud and deceit including, but not limited to, omission of required information or submission of false information written or verbal;

(B) Performance of unsafe client care;
(C) Misappropriation or misuse of property;

(D) Abandonment;

(E) Abuse, including emotional, physical or sexual abuse;

(F) Neglect, including substandard care;

(G) Violation of privacy or confidentiality in any form, written, verbal, or technological;

(H) Drug diversion—self/others;

(I) Sale, unauthorized use, or manufacturing of controlled/illicit drugs;

(J) Criminal conviction;

(K) Unprofessional conduct;

(L) Boundary violations, including sexual boundaries;

(M) Failure to comply with reasonable requests from the board, including, but not limited to:

   (i) Responses to complaints;

   (ii) Responses to formal pleadings such as notice of hearing and/or petition and complaint;

   (III) Responses to requests regarding application and/or renewal information;

   (IV) Written response to request for explanation for failure to disclose required information;

   (V) Failure to appear at properly noticed hearings.

(N) Impairment.

   (I) Lack of nursing competence;

   (II) Mental illness;

   (III) Physical illness including, but not limited to, deterioration through the aging process or loss of motor skills; or

   (IV) Chemical or alcohol impairment/abuse.

   (ii) Failure to conform to the standards of prevailing nursing practice, in which case actual injury need not be established.
(b) Disciplinary Records.

(i) The board shall maintain records of disciplinary actions and make available public findings of abuse, neglect, or misappropriation of property or other disciplinary findings.

(c) Disciplinary Notification.

(i) The board shall notify the registered professional nurse or licensed practical nurse’s employer, if applicable, of the disciplinary action.