



Texas Board of Nursing

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Executive Director

April 19, 2011

David L. Lakey, MD

Commissioner

Texas Department of State Health Services

P.O. Box 149347

Austin, Tx 78714-9347

Dear Dr. Lakey:

Thank-you for the opportunity to clarify the scope of practice and appropriate assignments of nursing duties as they relate to the treatment of sexually transmitted diseases and expedited partner therapy (EPT). Regarding your questions:

1. Does the Board of Nursing (BON) consider following standing delegation orders (SDOs) that instruct a nurse to provide oral medications to a patient diagnosed with an STD for delivery to his/her partner(s), within the scope of practice of a registered nurse (RN) or licensed vocational nurse (LVN)?

Yes, nurses may carry out standing delegation orders associated with Texas Administrative Code 22 TAC §190.8 and EPT provided policies and procedures and standing delegation orders are in place that provide direction and guidance to the nursing staff. The BON has developed Position Statement 15.5 Nurses with Responsibility for Initiating Physician Standing Orders at: <http://www.bon.state.tx.us/practice/position.html#15.5> that will assist public health nurses to ensure the development of a comprehensive Standing Order Program.

Nurses are required to know and follow all the laws, rules and policies that apply to their specific practice setting. This includes the Nursing Practice Act (NPA) and BON Rules and Regulation, as well as the Texas Medical Board's Rules and Regulations [See Texas Administrative Code 22 TAC

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§217.11(1) (A)]. Board staff frequently recommends that nurses search for evidence-based research that provides practice guidance related to their questions or concerns

2. Is it considered an appropriate assignment for a nurse to provide an oral medication or an injection to a patient diagnosed with an STD, if the nurse has demonstrated competency and has SDOs covering the specific treatments and an emergency protocol should the patient experience an adverse reaction?

Yes, also see answer to question 1. Position Statement 15.5 contains a list of things that should be in place before a nurse engages in tasks associated with SDOs. As in your example, every nurse must have training and demonstrated competency to engage in the tasks or activities associated with a SDO program, i.e.: screenings, teachings, administration of either oral or injectable medications; and the ability to intervene and stabilize complications should patients develop adverse reactions to the medications. [See Texas Administrative Code 22 TAC §217.11(1) (B), (C), (D), (G), (H), (M), (R) and (T)].

3. Is a nurse liable, from a licensing perspective, for allergic reactions to medications if the nurse has confirmed first that there is no patient history of a known drug allergy?

No, but licensure liability often hinges on many factors. If a nurse is reported to the BON, his or her case is reviewed on an individual basis along with all the information available. An unforeseen allergic reaction does not justify licensure action.

4. Does a nurse violate the requirements of the Nursing Practice Act (NPA), to “maintain a safe environment for the patient” if s/he provides an oral medication or an injection in a site other than a clinic or office with on-site physician supervision if s/he has SDOs and an emergency protocol?

No, nurses are not restricted as to the type of setting in which they perform nursing services or delegated medical acts as in a SDO. On-site physician supervision is not always required depending on the task or activity that is being delegated. All nurses must use their nursing judgment prior to accepting an assignment as to whether s/he can maintain a safe environment for their patients. It is conceivable that there may be select situations or environments in which the nurse administering EPT may not believe it is safe to administer oral or injectable medications, i.e.: a particular home environment or inability to locate a private area for education, counseling and medication administration. Nurses should never be forced to carry out a SDO in which they believe may be unsafe for their patients.

One component of a SDO is identifying situations and appropriate interventions should emergencies occur when administering medications. A comprehensive SDO should provide

guidance and direction to the nursing staff on measures to take to prevent complications and stabilize conditions [See Texas Administrative Code 22 TAC §217.11(1) (D) and (M)].

5. Is a physician's on-site presence required to administer medication or immunizations?

No, administering medications is within the scope of practice for both RNs and LVNs. [See Texas Administrative Code 22 TAC §217.11(1) (B), (C), (G), (H), (M), (R) and (T)].

6. Is the administration of immunizations under SDOs within the scope of practice of the public health nurse?

Yes, see answer in question 2. Immunizations are routinely administered through SDOs.

I appreciate the opportunity to provide an interpretation and I hope this clarification on the nurse's scope of practice related to the treatment of sexually transmitted diseases and expedited partner therapy will be helpful to you and the public health nurses at the Department of State Health Services.

Sincerely,



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