ALABAMA BOARD OF NURSING
ADMINISTRATIVE CODE

CHAPTER 610-X-6
STANDARDS OF NURSING PRACTICE

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610-X-6-.01 Definitions.

(1) Accountability: The state of being answerable or responsible for action.

(2) Assessment, Comprehensive: The systematic collection and analysis of data, including the physical, psychological, social, cultural, and spiritual aspects of the patient by the registered nurse for the purpose of judging a patient's health and illness status and actual or potential health needs. Comprehensive assessment includes patient history, physical examination, analysis of the data collected, and development, implementation, and evaluation of the patient's plan of care.

(3) Assessment, Focused: An appraisal of a patient's status and specific complaint through observation and collection of objective and subjective data by the registered nurse or licensed practical nurse. Focused assessment may contribute to a comprehensive

assessment performed by the registered nurse and involves identification of normal and abnormal findings, and anticipation and recognition of changes or potential changes in the patient's health status.

(4) Assignment, Licensed Nurse: The transfer of responsibility and accountability for nursing activities from one licensed nurse to another.

(5) Assignment, Unlicensed Individual: The assignment of tasks from a licensed nurse to unlicensed assistive personnel. The licensed nurse making the assignment retains accountability for accurate and timely completion and outcome of the tasks.

(6) Medication Assistant, Certified (MAC) Assignment: The assignment by a licensed nurse of medication administration duties to a MAC.

(7) Delegation: The act of authorizing a competent individual to perform selected nursing activities supportive to registered nurses or licensed practical nurses in selected situations, while retaining accountability for the outcome, if the delegation is to an unlicensed individual.

(8) Dual Relationship: Any time a licensed nurse interacts with a patient outside the nurse-patient relationship.

(9) Hospital: A facility described in Code of Ala. 1975, Section 22-21-20(1), other than a health maintenance organization, which has an organized medical staff, or which employs the services of a medical director who is a physician licensed to practice medicine in Alabama. The term hospital shall not include the private offices of physicians or dentists, whether in individual, group, registered corporation, or registered association practice.

(10) Legally Authorized Prescriber: Healthcare professional who is authorized by law to prescribe medications or other treatment modalities.

(11) May: Power, privilege, or right retained by the Board.

(12) May not: Prohibition.

(13) Moderate Sedation: The administration of pharmacological agent(s) for the purpose of inducing a medically controlled state of depressed consciousness limited to short periods of time and used for diagnostic and therapeutic procedures that:

(a) Allow protective reflexes to be maintained.

(b) Retain the patient's ability to maintain a patent airway, respiratory rate, and rhythm.

(c) Permit expected responses by the patient to physical stimulation and verbal command.

(14) Organized Program of Study: An organized sequence of learning activities that provides the instructional foundation (didactic and clinical) for participants to achieve the desired learning outcomes in a given subject matter.

(15) Professional Boundary: Behavior of the licensed nurse in maintaining a therapeutic relationship with a patient for the patient's benefit, rather than behavior that shifts the focus to the licensed nurse.

(16) Qualified Instructor: An individual with the knowledge, skills, ability, experience, and expertise to present the selected topic.

(17) Responsibility: The charge to do something that is expected performance.

(18) Shall: Duty, requirement, or condition.

(19) Supervised Clinical Practice: A systematic plan for practicing the behavior or skill related to the standardized procedure under the supervision of a qualified instructor for the purpose of mastering the procedure.

(20) Supervision, Direct: Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision by a registered nurse is required for new graduates practicing on a temporary permit.

(21) Supervision, Indirect: Responsible licensed nurse is available for periodic inspection and evaluation through physical presence, electronic or telephonic communication for direction, consultation, and collaboration.

(22) Standardized Procedure: Written policies and protocols establishing the permissible functions, activities, and level of supervision of registered nurses and licensed practical nurses for practice beyond basic nursing education preparation.

(23) Standardized Procedure Report: Document submitted annually to the Board of Nursing identifying the facility's current practices and procedures beyond basic education.

(24) Unencumbered license: An active license that has no current stipulations, conditions, or limitations.

(25) Standard Precautions: Recommendations issued by the Centers for Disease Control and Prevention (CDC) to minimize the risk of transmission of pathogens.

(26) Telehealth nursing: The practice of distance nursing care using telecommunications technology.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).
History: **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 20, 2018; effective September 3, 2018. **Amended:** Published September 30, 2021; effective November 14, 2021. **Amended:** Published September 30, 2022; effective November 14, 2022.

610-X-6-.02 Standards Of Practice.

The Board of Nursing may adopt standards of nursing practice and continuing competency.

(1) The RN, LPN, or APRN shall comply with the standards of practice within these rules, national standards of practice according to the nursing role including, but not limited to, the following:

(a) Practicing within their legal scope of practice as defined in the Alabama Nurse Practice Act and the Alabama Board of Nursing Administrative Code.

(b) Accepting responsibility for individual nursing actions, competence, decisions, standards or practice, and behavior in the course of nursing practice and the exercise of appropriate nursing judgment.

(c) Maintaining competence through on-going learning and application of knowledge in nursing practice and skills in the area of practice to maintain ability to manage risks and potential complications.

(d) Executing medical regimens according to approved medical protocols, standardized procedures, and standing orders, including administering medications and treatments prescribed by a legally authorized prescriber.

(e) Identifying changes in patient health status and taking appropriate action, to include preventive measures to protect patient, self, and others.

(f) Documenting nursing interventions and responses to care in an accurate, timely, thorough, and clear manner.

(g) Providing patient surveillance and monitoring.

(h) Maintaining professional boundaries.

(i) Providing care supportive to or restorative of life and well- being and end of life care.

(j) Conducting and documenting comprehensive and/or focused assessments, to include evaluations of patient care.

(k) Consulting with or referring patients to other healthcare providers to resolve situations beyond the expertise of the licensed nurse.

(l) Collaborating on planning and care of patients to include health maintenance, patient teaching, counseling, collaborative planning, prevention of illness, rehabilitation, and discharge planning.

(m) Delegating to another only those nursing measures for which that person has the necessary skills and competence to accomplish safely.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21). **History:** Filed September 29, 1982. **Repealed and New Rule:** Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Published September 30, 2022; effective November 14, 2022.

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610-X-6-.03 Standards For Conduct And Accountability.

The registered nurse or licensed practical nurse shall:

(1) Have knowledge and understanding of the laws and rules regulating nursing.

(2) Function within the legal scope of nursing practice.

(3) Obtain instruction and supervision as necessary, when implementing new or unfamiliar nursing techniques or practices.

(4) Be responsible and accountable for the quality of nursing care delivered to patients, based on and limited to scope of education, demonstrated competence, and nursing experience.

(5) Be responsible for monitoring and evaluating the quality of patient care delivered by personnel under the individual nurse's supervision.

(6) Be responsible and accountable for the delegation of selected nursing activities in selected situations to unlicensed individuals.

(7) Accept individual responsibility and accountability for judgments, actions, and nursing competency, remaining current with technology and practicing consistent with facility policies and procedures.

(8) Accept individual responsibility and accountability for recognition and appropriate nursing action following a change in the patient's mental or physical status.

(9) Practice in compliance with current CDC Standard Precautions and Infection Control, including aseptic technique.

(10) Practice without discrimination on the basis of age, race, religion, gender, national origin, sexual orientation, patient diagnosis, or disability.

(11) Respect the dignity and rights of patients and their significant others, including, but not limited to:

(a) Privacy.

(b) Safety.

(c) Protection of confidential information, unless disclosure is required by law.

(d) Freedom from exploitation of physical, mental, sexual, or financial boundaries.

(e) Protection of real and personal property.

(f) Behavior that is therapeutic and places the patient's interests before the nurse's interests.

(12) Collaborate with other members of the health care team.

(13) Accept individual responsibility and accountability to avoid personal disruptive behaviors that negatively impact patient care and the nursing profession.

(14) Accept individual responsibility and accountability for timely reporting of illegal, substandard, unethical, unsafe, or incompetent nursing practice directly to the Board of Nursing.

(15) Accept individual responsibility and accountability for accurate, complete, and legible documentation related to:

(a) Patient care records.

(b) Health care employment.

(c) Licensure and other credentials.

(d) Continuing education records.

(16) Accept individual responsibility and accountability for the assignment of tasks to others.

(17) Accept individual responsibility and accountability for proper delegation of nursing care activities to other health care workers.

(18) Assess individual competency when assigning selected components of nursing care to other health care workers, including, but not limited to:

(a) Knowledge, skills, and experience.

(b) Complexity of assigned tasks.

(c) Health status of the patient.

Author: Alabama Board of Nursing.
Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21), 34-21-25(b).
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610-X-6-.04 Practice Of Professional Nursing (Registered Nurse Practice).

(1) The practice of professional nursing includes the performance, for compensation, of any act in the care and counselling of persons or in the promotion and maintenance of health and prevention of illness and injury based upon the nursing process which includes systematic data gathering, assessment, appropriate nursing judgment and evaluation of human responses to actual or potential health problems through such services as case finding, health teaching, and health counselling; and provision of care

supportive to or restorative of life and well-being, and executing medical regimens including administering medications and treatments prescribed by a licensed or otherwise legally authorized physician or dentist. A nursing regimen shall be consistent with and shall not vary any existing medical regimen. Additional acts requiring appropriate education and training designed to maintain access to a level of health care for the consumer may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a registered nurse.

(2) The scope of an individual registered nurse's level of practice includes, but is not limited to:

(a) License status, including Board approval for advanced practice as detailed in Chapters 610-X-5 and 610-X-9 of these rules.

(b) Educational preparation, initial and continued.

(c) State and federal statutes and regulations.

(d) State and national standards appropriate to the scope and the type of practice.

(e) Nursing experience.

(f) Demonstrated competence.

(g) Facility policy and procedures, Board approved standardized procedures and approved medical protocols.

(3) Practice as an advanced practice nurse (APRN) requires educational preparation, appropriate certification, and Board approval to practice, as outlined in Chapters 610-X-5 and 610-X-9 of these rules. The APRN shall comply with the standards for RNs as specified in these rules. Standards for a specific role and population focus of APRNs supersede standards for RNs where conflict between the standards, if any, exists.

(a) The APRN in collaborative practice may not discontinue treatment of a patient, as long as further treatment is medically indicated, without giving the patient reasonable written notice and sufficient opportunity to make alternative arrangements for care.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-2(a)(21), 34-21-85.
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2018. **Repealed and New Rule:** Published September 30, 2022; effective November 14, 2022.

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610-X-6-.05 Practice Of Practical Nursing (Licensed Practical Nurse Practice).

(1) The practice of practical nursing includes the performance, for compensation, of acts designed to promote and maintain health, prevent illness and injury, and provide care utilizing standardized procedures and the nursing process, including administering medications and treatments, under the direction of a licensed professional nurse or a licensed or otherwise legally authorized physician or dentist. Such practice requires basic knowledge of the biological, physical, and behavioral sciences and of nursing skills but does not require the substantial specialized skill, independent judgment, and knowledge required in the practice of professional nursing. Additional acts requiring appropriate education and training may be performed under emergency or other conditions which are recognized by the nursing and medical professions as proper to be performed by a licensed practical nurse.

(2) The scope of an individual licensed practical nurse's level of practice includes, but is not limited to:

(a) License status.

(b) Educational preparation, initial and continued.

(c) State and federal statutes and regulations.

(d) State and national standards appropriate to the scope and the type of practice.

(e) Nursing experience. Assumption of responsibility for recognizing personal limits of knowledge and experience.

(f) Demonstrated competence.

(g) Facility policy and procedures, Board approved standardized procedures, and approved medical protocols.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).
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610-X-6-.06 Standards For Documentation.

(1) The standards for documentation of nursing care provided to patients by licensed nurses are based on principles of documentation, regardless of the documentation format.

(2) Documentation of nursing care shall be:

(a) Legible.

(b) Accurate.

(c) Complete. Complete documentation includes reporting and documenting on appropriate records a patient's status, including signs and symptoms, responses, treatments, medications, other nursing care rendered, communication of pertinent information to other health team members, and unusual occurrences involving the patient. A signature of the writer, whether electronic or written, is required in order for the documentation to be considered complete.

(d) Timely.

1. Charted at the time or after the care, to include medications. Charting prior to care being provided, including medications, violates principles of documentation.

2. Documentation of patient care that is not in the sequence of the time the care was provided shall be recorded as a "late entry," including a date and time the late entry was made, as well as the date and time the care was provided.

(e) A mistaken entry in the record by a licensed nurse shall be corrected by a method that does not obliterate, white-out, or destroy the entry.

(f) Corrections to a record by a licensed nurse shall include the name or initials of the individual making the correction.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).

History: New Rule: Filed October 29, 2001; effective December 3, 2001. **Amended:** Filed July 21, 2004; effective August 25, 2004. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended (Title Only):** Published September 30, 2022; effective November 14, 2022.

610-X-6-.07 Standards For Medication Administration And Safety.

(1) The registered nurse or licensed practical nurse shall have applied knowledge of medication administration and safety, including but not limited to:

(a) Drug action.

(b) Classifications.

(c) Expected therapeutic benefit of medication.

(d) Expected monitoring.

(e) Indications based on existing patient illness or injury processes.

(f) Contraindications based on presence of additional known patient illnesses, disease processes, or pre-existing conditions.

(g) Possible side effects and interventions for same.

(h) Adverse reactions and interventions for same.

(i) Emergency interventions for anaphylactic reactions.

(j) Safety precautions, including but not limited to:

1. Right patient.

2. Right medication.

3. Right time.

4. Right dose.

5. Right route.

6. Right reason.

7. Right documentation.

(k) Interactions with other drugs, foods, or complementary therapies.

(l) Calculation of drug dosages.

(m) Federal and state legal requirements related to storage of controlled substances.

(n) Healthcare facility policy and procedure on secure storage of all medications.

(o) Patient education specific to medication.

(2) The licensed nurse shall exercise decision-making skills when administering medications, to include but not limited to:

(a) Whether medications should be administered.

(b) Assessment of patient's health status and complaint prior to and after administering medications, including as needed (PRN) medications.

(c) When to contact the prescriber.

(d) Education of patient, family, and caregiver regarding prescribed medication.

(3) The licensed nurse shall exhibit skills when administering medications, including but not limited to:

(a) Physical ability to open medication packaging and access delivery systems.

(b) Read, write, and comprehend English.

(c) Read, write, and comprehend scientific phrases relevant to administration of medication.

(d) Measuring medication dosages.

(e) Math calculations.

(f) Routes of administration.

(g) Proper usage of technical equipment for medication administration.

(4) Documentation of medication administration shall comply with the principles of documentation and include safety precautions of medication administration, controlled drug records per federal and state law, and facility policy.

(5) Administration of medications by routes beyond basic educational preparation, including but not limited to intrathecal, intracavitary, and intraosseous, require a standardized procedure.

(6) The topical, intradermal, subcutaneous, or intramuscular administration of a local anesthetic agent in a specified amount designated by order of a licensed physician or dentist and in compliance with the Food and Drug Administration regulations may be performed by a licensed nurse when they meet the requirements of Rule 610-X-6-.04 or 610-X-6-.05 respectively.

(7) The monitoring and adjustment of local anesthetic agent(s) and analgesic agent(s) infusing via an epidural, brachial plexus, intrathecal or femoral catheter placed by a qualified certified registered nurse anesthetist or qualified licensed physician may be performed by a registered nurse, with the use of an electronic pump or infusion reservoir, as ordered by a legally authorized prescriber.

(a) The registered nurse is authorized to replace and refill reservoirs with a solution prepared by a licensed registered pharmacist. The registered nurse is authorized to adjust infusion rates at the direction of a physician licensed to practice medicine or a certified registered nurse anesthetist.

(b) A standardized procedure is required for monitoring and adjustment of epidural, intrathecal, brachial plexus, and femoral catheter infusions of local anesthetics and analgesics.

(c) The organized program of study shall include:

1. Advanced cardiac life support or other comparable certification.

2. Review of pertinent anatomy, physiology, and pathophysiology.

3. Electronic pump/reservoir management.

4. Theory of epidural analgesia.

5. Neurological assessment.

6. Recognition and management of complications.

7. Pharmacokinetics and pharmacodynamics

8. Annual review and competency evaluation.

(d) The registered nurse is not authorized to administer bolus dosages via an epidural, intrathecal, or brachial plexus catheter.

(8) Intravenous chemotherapeutic agents may be administered by a registered nurse, following participation in:

(a) An organized program of study.

(b) Supervised clinical practice.

(c) Demonstrated clinical competence.

(d) Annual evaluation of competence.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-2(c)(21).
History: **New Rule:** Filed October 29, 2001; effective December 3, 2001. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended (Title Only):** Published September 30, 2022; effective November 14, 2022.

610-X-6-.08 Standards For Moderate Sedation.

(1) After a patient assessment and verification of the physical presence of a physician, dentist, or certified registered nurse anesthetist and licensed or unlicensed assistive personnel in the procedural area, the registered nurse may administer ordered medications for the purpose of inducing moderate sedation that allows the patient to be aroused and to retain reflexes for short-term therapeutic or diagnostic procedures, pursuant to facility policies and procedures.

(2) The minimum requirements for a registered nurse to perform moderate sedation and associated monitoring includes; successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence.

(3) The minimum training for the registered nurse managing the care of patients receiving moderate sedation shall include:

(a) Anatomy, physiology, pharmacology, cardiac arrhythmia recognition, and complications related to sedation and medications.

(b) Total patient care requirements to be assessed during moderate sedation and recovery, including but not limited to the following physiologic measurements:

1. Respiratory rate.

2. Oxygen saturation.

3. Blood pressure.

4. Cardiac rate and rhythm.

5. Level of consciousness.

(c) Principles of oxygen delivery, respiratory physiology, transport, uptake and demonstration of the ability to use oxygen delivery devices.

(d) Anticipation and recognition of potential complications of sedation in relation to the type of medication being administered.

(e) Requisite knowledge and skills to assess and intervene in the event of complications or undesired outcomes and to institute nursing interventions, in compliance with orders or institutional protocols or guidelines.

(f) Demonstration of skill in airway management resuscitation.

(4) The registered nurse managing and monitoring the patient receiving moderate sedation shall have no other responsibilities during the procedure that would leave the patient unattended or compromise continuous monitoring.

(5) The registered nurse shall ensure safety considerations, including but not limited to continuous monitoring of:

(a) Blood pressure

(b) Cardiac rate and rhythm

(c) Continuous intravenous access

(d) Level of consciousness

(e) Oxygen saturation

(f) Respiratory rate

(6) The registered nurse shall have advanced cardiac life support (ACLS) or comparable certification.

(7) The registered nurse may not administer medications for moderate sedation if the following are not available:

(a) Physical presence of a physician, dentist, or certified registered nurse anesthetist and licensed or unlicensed assistive personnel.

(b) Immediate availability of monitors, defibrillator, airway devices including suction, and emergency medications.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).
History: New Rule: Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-6-.09 Standards For Patient Assessment.

(1) Patient assessment shall be provided in accordance with the definitions of professional nursing and practical nursing, as defined in the Alabama Nurse Practice Act, Section 34-21-1.

(2) The registered nurse shall conduct and document comprehensive and focused nursing assessments of the health status of patients by:

(a) Collecting objective and subjective data from observations, physical examinations, interviews, and written records in an accurate and timely manner, as appropriate to the patient's health care needs.

(b) Analysis and reporting of data collected.

(c) Developing a plan of care based upon the patient assessment.

(d) Modifying the plan of care based upon the evaluation of patient responses to the plan of care, including:

1. Anticipating and recognizing changes or potential changes in patient status.

2. Identifying signs and symptoms of deviation from current health status.

3. Implementing changes in interventions.

(3) The licensed practical nurse practicing under the supervision of an RN, APRN, physician, or other authorized health care provider shall deliver and participate in nursing care, to include:

(a) Completing independent or comprehensive patient assessments of the health status of the patient under approved standardized procedures.

(b) Collecting objective and subjective data from observations, nursing examinations, interviews, and written records in an accurate and timely manner, as appropriate to the patient's health care needs.

(c) Distinguishing abnormal from normal data.

(d) Recording and reporting the data.

(e) Anticipating and recognizing changes or potential changes in patient status; identifying signs and symptoms of deviation from current health status.

(f) Reporting findings of the focused nursing assessment to the registered nurse, licensed physician, advanced practice nurse, or dentist.

(g) Participating and contributing to the development, modification, and implementation of a patient centered healthcare plan for unstable, unpredictable, or emergent patients to include the evaluation of patient responses, and identification of patient needs and goals.

(h) The licensed practical nurse may plan the nursing care for a patient whose condition is stable or predictable consistent with state and federal regulations.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).
History: **New Rule:** Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed January 22, 2019; effective March 8, 2019. **Amended:** Published September 30, 2022; effective November 14, 2022.

610-X-6-.10 Patient Care Orders.

(1) The licensed nurse may receive handwritten, verbal, or electronic medical orders from the legally authorized prescriber relayed by another licensed or registered health care professional, or registered or certified medical assistant.

(2) The licensed nurse may implement approved medical protocols and standing orders at the direction of a legally authorized prescriber.

(3) The licensed nurse shall follow the facility policy and procedures on verifying and implementing electronic orders.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1 (3), 34-21-2(c)(21).
History: **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed July 20, 2018; effective September 3, 2018.

610-X-6-.11 Assignment, Delegation And Supervision.

(1) The registered nurse shall be accountable and responsible for the assignment of nursing activities and tasks to other health care workers based on, but not limited to:

(a) Knowledge, skills, and experience.

(b) Complexity of assigned tasks.

(c) Health status of the patient.

(2) Assignments may not exceed the scope of an individual licensed nurse's scope of practice, including, but not limited to:

(a) Educational preparation, initial and continued.

(b) License status.

(c) State and federal statutes and regulations.

(d) State and national standards appropriate to the type of practice.

(e) Nursing experience.

(f) Demonstrated competence.

(g) Consideration for patient safety.

(h) Knowledge, skills, and ability to manage risks and potential complications.

(3) The licensed nurse shall delegate only after considering various factors, including but not limited to:

(a) Knowledge, skills, and experience of the person receiving the delegation.

(b) Complexity of the delegated tasks.

(c) Health status of the patient.

(4) Tasks delegated to unlicensed assistive personnel may not include tasks that require:

(a) The exercise of independent nursing judgment or intervention.

(b) Invasive or sterile procedures.

1. Finger sticks are not an invasive or sterile procedure within the meaning of these rules.

2. Peripheral venous phlebotomy for laboratory analysis is not an invasive or sterile procedure within the meaning of these rules.

(c) Assistance with medications, except as provided in Chapter 610-X-7.

(5) Supervision shall be provided to individuals to whom nursing functions or responsibilities are delegated or assigned.

(6) The practice of licensed practical nursing shall be directed by a registered nurse, physician, or dentist.

(7) A licensed practical nurse or unlicensed individual may not supervise, direct, or evaluate the nursing care provided by the registered nurse.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(21).
History: **New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-6-.12 Practice Beyond Basic Nursing Education: Standardized Procedures.

(1) For practice beyond basic education that has not been previously approved by the Board, a standardized procedure is required for the licensed nurse in any practice setting.

(a) Approval is not required for an acute care hospital prior to implementation, except for standardized procedures related to rapid sequence intubation (RSI), provided that the facility submits a standardized procedure application for each standardized procedure within sixty (60) days of implementation.

(b) Practice beyond basic education in home health, hospice, physician offices, and other locations outside a licensed hospital requires approval by the Board prior to implementation.

(2) A complete Standardized Procedure Application shall be submitted to the Board for practice beyond basic education preparation required in rule, practice not previously approved by the Board, and shall include:

(a) Approval from the submitting facility, as evidenced by signatures on the application form of:

1. The chief nursing officer or, if no such position exists within a facility, an Alabama-licensed registered nurse who has oversight responsibility for the procedure.

2. The Alabama-licensed chief medical officer or an Alabama-licensed physician.

3. The chief executive officer for the Alabama organization.

(b) The policy and procedure.

(c) The organized program of study by a qualified instructor with the method of evaluation of learning specified.

(d) The plan for supervised clinical practice.

(e) The plan for demonstration of competence, initially and at periodic intervals, during which the nurse demonstrates the knowledge, skills, and ability to perform the procedure safely and to manage any complications.

(3) Any licensed nurse providing patient care in a licensed hospital shall comply with the standardized procedure(s) of that licensed hospital.

(a) Any licensed nurse who has completed training and demonstrated competency validation in a standardized procedure in a healthcare facility may perform the standardized procedure in a new facility, provided that:

1. The licensed nurse demonstrates initial training, through educational records.

2. The new facility validates the licensed nurse’s competency, based on the new facility’s policy and procedure and assesses the licensed nurse’s knowledge, skills, and ability to perform the procedure safely and to manage patient complications.

(4) Board action on a proposed standardized procedure may include, but is not limited to:

(a) Approval.

(b) Approval as a pilot project for a period of time not to exceed twelve months, with reports to the Board at intervals specified by the Board.

(c) Denial of the request.

(5) The Board may decline to consider a proposed standardized procedure, if the subject of the proposed standardized procedure is the same or similar to the proposed standardized procedure presented in another request that has been considered by the Board within the previous twelve months.

(6) The chief nursing officer or, if no such position exists within a facility, an Alabama-licensed registered nurse with oversight responsibility for facility that employs licensed nurses in clinical areas, with the exception of K-12 public schools, shall review the facility's standardized procedure report and acknowledge the review, as specified by the Board.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(a), 34-21-1(3)(b), 34-21-2(c)(21).
History: **New Rule:** Filed February 3, 2004; refilled February 25, 2004; effective March 9, 2004. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed January 22, 2019; effective March 8, 2019.

610-X-6-.13 Standards For Wound Assessment And Care.

(1) It is within the scope of a licensed nurse practice to perform wound assessments, including but not limited to staging of a wound and making determinations as to whether wounds are present on admission to a healthcare facility, pursuant to an approved standardized procedure, outlined in Rule 610-X-6-.12, Standardized Procedures, including supervised clinical practice and demonstrated clinical competence, initially and at periodic intervals.

(2) The minimum training for the licensed nurse who performs selected tasks associated with wound assessment and care shall include:

(a) Anatomy, physiology, and pathophysiology.

(b) Fluid and electrolyte balance.

(c) Equipment and procedures used in wound assessment and care.

(d) Chronic wound differentiation.

(e) Risk identification.

(f) Measurement of wound.

(g) Stage of wound.

(h) Condition of the wound bed, including:

(i) Tissues.

(ii) Exudate.

(iii) Edges.

(iv) Infection.

(i) Skin surrounding the wound.

(j) Pain.

(k) Complications, prevention, and nursing intervention.

(l) Identification of any contributing factors, including but not limited to:

1. Perfusion/oxygenation.

2. Nutritional status.

3. Infection.

4. Medications.

5 Diabetes.

(m) Photographing wounds.

(3) The licensed nurse may provide wound care beyond their basic education, in accordance with an order from an authorized prescriber and after successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals.

(4) The minimum training for the licensed nurse performing selected tasks associated with wound care shall include:

(a) Dressing changes, including authorized prescriber ordered medication or topical treatment or topical dressing, including:

1. Chemical debridement.

2. Enzymatic debridement.

3. Autolytic debridement.

4. Application and maintenance of wound vac therapy.

(b) Systemic support, including but not limited to

1. Adequate diet.

2. Hydration.

3. Turning and repositioning.

4. Reducing shear and friction with movement.

5. Incontinence care.

(5) Sharp debridement is reserved for registered nurses with national certification that included didactic instruction, supervised clinical practice, and demonstration of competency, initially and at periodic intervals.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§34-21-1(3)(b), 34-21-2(a)(21), 34-21-2(c)(6).
History: New Rule: Filed May 21, 2004; effective June 25, 2004. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-6-.14 Intravenous (IV) Therapy By Licensed Practical Nurses.

(1) A licensed facility may develop a standardized procedure, as defined in Rule 610-X-6-.12, for intravenous (IV) therapy by a licensed practical nurse.

(2) The minimum requirements for a licensed practical nurse to perform IV therapy includes successful completion of an organized program of study, supervised clinical practice, and demonstrated clinical competence, initially and at periodic intervals, according to the requirements of Rule 610-X-6-.12.

(3) The minimum training for the licensed practical nurse who performs selected tasks associated with IV therapy shall include:

(a) Anatomy and physiology.

(b) Fluid and electrolyte balance.

(c) Equipment and procedures utilized in intravenous therapy.

(d) Complications, prevention, and nursing intervention.

(e) Introducing a peripheral intravenous device on an adult patient.

(f) Set-up, replacement, and removal of intravenous tubing for gravity flow and/or pump infusion.

(g) Intravenous fluid infusion calculations and adjustment of flow rates on intravenous fluids and administration of intravenous medications by piggyback.

(h) Procedures for reconstituting and administering intravenous medications via piggyback, including but not limited to pharmacology, compatibilities, and flow rates.

(4) Medications may be administered by licensed practical nurses through a peripheral intravenous catheter by intravenous push, provided the following criteria are met:

(a) A complete standardized procedure application is submitted and approved by the Board prior to implementation.

(b) The medication(s) does not require the substantial skill, judgment, and knowledge of a registered nurse.

(c) On-site supervision by a registered nurse any time an IV push medication therapy is performed by a licensed practical nurse.

1. The registered nurse is required to be physically present and immediately available in the facility.

2. Heparin (10 units: 1 ml) flush or saline flush via a peripheral IV line is not a medication within the meaning of these rules.

(d) Medications that may be administered by peripheral IV push by a licensed practical nurse, if identified in the licensed hospital's standardized procedure include, but are not limited to the following:

1. H2 blockers.

2. Analgesics.

3. Antiemetics.

4. Antibiotics.

5. Fifty percent (50%) dextrose in an emergency situation.

(5) The minimum training for the licensed practical nurse who performs selected tasks associated with IV push therapy shall include:

(a) Pharmacology of specific drugs and reversal agents, if applicable, including but not limited to:

1. Classification.

2. Indications.

3. Usual IV dosage.

4. Dilution.

5. Contraindications and precautions.

6. Side effects.

7. Antidote, if applicable.

8. Nursing considerations and implications.

(b) Procedure for reconstituting medications including compatibilities.

(c) Technique of medication administration by IV push.

(6) Tasks that shall not be performed by a licensed practical nurse include:

(a) Initiation of intravenous therapy in a neonate.

(b) Administration of:

1. Solutions requiring titration. Solutions, such as heparin drips, that require changes based on lab results subject to written orders or protocol, are not solutions requiring titration for purposes of these rules.

2. Plasma volume expanders.

3. Fibrinolytic or thrombolytic agents.

4. GP-II-B-III-A inhibitors, also known as platelet-aggregate inhibitors.

5. Hyperalimentation administered by routes other than peripheral intravenous catheter.

6. IV medications for the purposes of moderate sedation or anesthesia.

7. IV medications via push or bolus through a central line including a peripherally inserted central catheter (PICC). This prohibition shall not apply to stable patients with a PICC or midline catheter in a home health setting, long term care, skilled nursing facility, acute care facility, hospice, or a Hospital At Home Program with an approved standardized procedure, as provided in §610-X-6-.12. Not withstanding any other provision of this rule, indirect supervision by a registered nurse

shall be sufficient for LPNs practicing as provided in this subsection.

8. IV push insulin or chemotherapeutic agents. This does not preclude hanging a pre-mixed bag of fluids containing additives, except for insulin and chemotherapeutic agents.

9. Any other drugs deemed to be inappropriate by the licensed hospital's standardized procedure.

(c) Accessing or programming an implanted IV infusion pump.

(d) Performance of the repair of a central venous route access device.

(e) Performance of therapeutic phlebotomy.

(f) Direct access of a central venous route access device, including but not limited to:

1. Implanted ports for intravenous therapy.

2. Lines used for hemodynamic monitoring.

3. Central venous catheters and devices, including Groshong catheters, Hickman catheters, and peripherally inserted central catheters (PICC). These rules do not prohibit licensed practical nurses from administering medications via piggyback or in secondary solutions via central lines.

(7) Each facility in which licensed practical nurses will perform selected tasks associated with administration of blood and blood components shall have an approved standardized procedure on file with the Board, prior to implementation. The minimum training for those licensed practical nurses who perform selected tasks associated with administration of blood and blood components shall include:

(a) Anatomy and physiology.

(b) Fluid and electrolyte balance.

(c) Equipment and procedures utilized in blood and blood components administration therapy.

(d) Complications, prevention, and nursing intervention.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).
History: **New Rule:** Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed September 25, 2006; effective October 30, 2006. **Amended:** Filed March 12, 2007; effective April

16, 2007. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Filed January 22, 2019; effective March 8, 2019. **Amended:** Published July 31, 2023; effective November 13, 2023.

Ed. Note: Rule .11 was renumbered .14 as per certification filed November 23, 2009; effective December 28, 2009.

610-X-6-.15 Telecommunication For Pronouncement Of Patient Death.

(1) The licensed nurse may receive pronouncement of a patient's death from a physician via telecommunication without a physical examination of the patient by that physician.

(2) The facility policy shall specify the permissible patient conditions for which the licensed nurse in a specific health care facility or agency may receive the pronouncement of a patient's death by telecommunication.
Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§22-31-2, 34-21-2(c)(21).
History: **New Rule:** Filed March 20, 2003; effective April 24, 2003. **Repealed and New Rule:** Filed November 23, 2009; effective December 28, 2009. **Repealed and New Rule:** Filed July 25, 2016; effective September 8, 2016.

610-X-6-.16 Telehealth Nursing.

(1) The licensed nurse must hold an active Alabama license or multistate license issued by a party state other than Alabama, as defined in Chapter 4 of these rules, in order to practice telenursing in the State of Alabama. The licensed nurse shall adhere to the existing Alabama Nurse Practice Act and Alabama Administrative Code.

(2) Telenursing practice can take place in varied practice settings. The individual nurse is responsible for:

(a) Having knowledge and understanding of the laws and rules regulating telenursing.

(b) Functioning within the legal scope of nursing practice for Alabama licensed nurses.

(c) Maintaining competency in the area of practice.

1. Competency should include how to use telehealth technologies and medical devices in the practice of nursing at a distance.

(d) The licensed nurse shall follow the facility specific policy of the permissible activities of telenursing.

Author: Alabama Board of Nursing
Statutory Authority: Code of Ala. 1975, §§22-31-2, 34-21-2(c)(21).
History: **New Rule:** Filed July 25, 2016; effective September 8, 2016. **Amended:** Published November 30, 2020; effective January 14, 2021.