

Title 30: Professions and Occupations

Part 2840 Advanced Practice

Part 2840 Chapter 1: Clinical Nurse Specialists

Rule 1.1 Use of Title. In order to use the title Clinical Nurse Specialist, the RN must:

- A. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi, and
- B. Hold a master's degree or higher degree in a nursing clinical specialty area.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Part 2840 Chapter 2: Advanced Practice Registered Nurses (APRNs) include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, Certified Nurse Practitioners

Rule 2.1 Certification, Renewal, Reinstatement, Discipline.

A. Initial certification.

Prior to board certification allowing the RN to practice as an APRN, the RN must:

- 1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi;
- 2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19 (1);
- 3) Submit required applications and fees; and
- * 4) Submit official transcript of graduation from:
 - (a) an accredited master's degree or higher program with a major in nursing; or
 - (b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved accrediting body;
 - (c) Submit evidence of graduation from an accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.
- **5) Submit official evidence of graduation from a master's degree or higher program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.
The APRN program must be accredited by a national accreditation organization approved by the board; and
- 6) Hold current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board;
- 7) Submit required practice documentation for approval by the board prior to beginning practice..

- 8) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.
- * APRN applicants who graduated from an APRN program and were nationally certified as an APRN prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses APRNs.
- ** APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.

B. New graduate certification.

Graduates of an APRN program may be issued temporary certification to practice for a maximum of 120 days from the date of completion of an APRN program. Graduates of APRN programs must have monitored practice with either a licensed physician or a certified APRN while practicing with a temporary permit for 720 hours. Prior to practicing as an APRN, the new graduate must:

- 1) Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and
- 2) Comply with criminal background checks and fingerprinting requirements in accordance with Miss. Code Ann. Section 73-15-19(1);
- 3) Submit required applications and fees; and
- *4) Submit official evidence of graduation from:
 - (a) an accredited master's degree or higher program with a major in nursing; or
 - (b) a master's degree or higher nurse anesthesia or midwifery program accredited by a board-approved national accrediting body;
 - (c) Submit evidence of graduation from an accredited educational program for APRNs if applicant graduated from an APRN program and was nationally certified as an APRN prior to December 31, 1993.
- **5) Submit official transcript of graduation from a master's degree or higher program in one of the four recognized advanced practice roles in which clinical experience has occurred. APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program with a concentration in the applicant's respective advanced practice nursing specialty.
- 6) Submit evidence of registration to take the national certification examination within 90 days of completion of an APRN program; and
- 7) Submit evidence that certification examination results will be sent directly to the board from the national certifying body; and
- 8) Submit required practice documentation for approval by the board (approval must be granted prior to practicing as an APRN).
- 9) Complete a board-approved educational program prior to making application and after completion of 720 hours monitored practice, if the APRN applicant is applying for controlled substance prescriptive authority.

- 10) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.
 - * APRN applicants who graduated from an APRN program prior to December 31, 1993, may submit evidence of graduation from an accredited educational program for registered nurses.
 - ** APRN applicants graduating from an APRN program after December 31, 1998, will be required to submit official evidence of graduation from a graduate program or higher with a concentration in the applicant's respective advanced practice nursing specialty.
- C. Renewal of state certification.

APRNs shall renew certification in conjunction with renewal of the RN license online only and shall submit the following:

 - 1) Renewal application and fee; and
 - 2) Documentation of review of protocol/practice guidelines; and
 - 3) Documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period. Two of the forty (40) contact hours must be directly related to the prescribing of controlled substances and approved by the board; and
 - 4) Documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board. In the case of a lapse in certification, the APRN must stop practicing immediately until such time as certification is renewed.
 - 5) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.
- D. Reinstatement of lapsed state certification.

APRNs may reinstate a lapsed state certification online only and must:

 - 1) Submit documentation of a current, active Mississippi RN license; and
 - 2). Comply with criminal background checks and fingerprinting in accordance with Miss. Code Ann. Section 73-15-19 (1); and
 - 3) Submit the APRN reinstatement application and fee; and
 - 4) Submit a protocol/practice guidelines for approval by the board (approval must be granted prior to practicing as an APRN); and
 - 5) Submit documentation of current national certification as an APRN in a designated area of practice by a national certification organization recognized by the board; and
 - 6) Submit documentation of at least forty (40) contact hours (four [4] continuing education units), or equivalency, related to the advanced clinical practice of the APRN which have been obtained within the previous two (2) year period.
 - 7) An individual can obtain an APRN license without having a practice agreement; however, in order to begin practice, the collaborative agreement must be submitted for approval and approved by the board.
- E. Changes in status.
 - 1) Relationship with collaborating physician/dentist.

The APRN shall notify the board immediately regarding changes in the collaborative/consultative relationship with a licensed physician or dentist. In the event the collaborative physician is unable to continue his/her role as collaborative physician, the APRN may be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a primary collaborative physician. The Mississippi State Board of Medical Licensure or its designee will serve as the APRN's collaborative physician with the agreement of the Mississippi Board of Nursing. The Mississippi State Board of Medical Licensure and the Mississippi Board of Nursing will assist the APRN in his/her attempt to secure a collaborative physician. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the executive committee of the Mississippi Board of Nursing and the executive committee of the Mississippi State Board of Medical Licensure. During this additional 90-day extension, the above described collaborative agreement will continue.

2) Practice site.

Changes or additions regarding practice sites shall be submitted with a fee to the board by the APRN on forms supplied by the board. The APRN may not practice at a site prior to approval by the board.

3) Protocol or practice guidelines.

Revisions of protocols or practice guidelines shall be submitted with a fee to the board prior to implementation. The APRN may not implement revisions prior to board approval.

F. Fees are nonrefundable.

G. Disciplinary action.

Any APRN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board. Such action is of public record and shall be reported by the board to the appropriate national credentialing organization.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 2.2 Advisory Committee.

There may be an advisory committee with representatives from each role including CNMs, CRNAs, CNPs and CNSs. The purpose of this committee shall include functioning in an advisory capacity on matters related to advanced practice nursing.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 2.3 Practice Requirements.

The APRN shall practice:

- A. According to standards and guidelines of the national certification organization for which he/she are certified; and
- B. In a collaborative/consultative relationship with a Mississippi licensed physician whose practice is compatible with that of the APRN. The APRN must be able to

communicate reliably with a collaborating/consulting physician while practicing. CRNAs may also collaborate/consult with licensed dentists; and

C. According to a board-approved protocol or practice guidelines:

- 1) APRNs practicing as nurse anesthetists must practice according to board-approved practice guidelines which address the following: Preanesthesia preparation and evaluation; anesthesia induction, maintenance, and emergence; postanesthesia care; perianesthetic and clinical support functions. There must be an agreement between CRNA, the collaborating/consulting physician/dentist, and the institution in which anesthesia services are being provided which outlines clinical privileges or guidelines for practice.
- 2) APRNs practicing in other specialty areas must practice according to a board-approved protocol which has been mutually agreed upon by the APRN and a Mississippi licensed physician whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order.
- 3) Each collaborative/consultative relationship shall include and implement a formal quality assurance/quality improvement program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi Board of Nursing and Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program criteria shall consist of:
 - (a) Review by collaborative physician of a sample of charts that represent 10% or 20 charts, whichever is less, of patients seen by the advanced practice registered nurse every month. Charts should represent the variety of patient types seen by the advanced practice registered nurse. Patients that the advanced practice registered nurse and collaborating physician have consulted on during the month will count as one chart review.
 - (b) The advanced practice registered nurse shall maintain a log of charts reviewed which includes the identifier for the patients' charts, reviewers' names, and dates of review.
 - (c) Each advanced practice registered nurse shall meet face to face with a collaborating physician once per quarter for the purpose of quality assurance.
- 4) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows or as outlined in Section 2.4.
- 5) APRNs may not write prescriptions for, dispense or order the use of or administration of any schedule of controlled substances except as follows:
 - (a) Certified nurse midwives may determine the need for, order, and administer controlled substances in the practice of nurse midwifery within a licensed health care facility as set forth in the board-approved protocol.
 - (b) Certified nurse anesthetists may determine the need for, order, and administer controlled substances in the practice of nurse anesthesia within a licensed health care facility as set forth in board-approved practice guidelines.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 2.4 Prescribing. Prescribing Controlled Substances and Medications by certified APRNs:

A. Scope.

These regulations apply to all individuals authorized to practice as a APRN in the State of Mississippi. Pursuant to these regulations, authorized certified APRNs may prescribe Schedules II, III, IV, or V. Application for this privilege requires an additional fee.

B. Definitions.

- 1) The words “administer”, “controlled substances”, and “ultimate user”, shall have the same meaning as set forth in *Miss. Code Ann.* Section 41-29-105, unless the context otherwise requires.
- 2) The word “board” shall mean the Mississippi Board of Nursing.
- 3) The word “prescribe” shall mean to designate or order by means of either a written or oral prescription, the delivery of a controlled substance or legend drug to an ultimate user.
- 4) The word “distribute” shall mean to deliver a not-for-sale prepackaged device, medication or manufacturer’s starter pack, other than by administration or prescription, to a patient for whom the certified APRN has prescribed such device or medication in accordance with the certified APRN’s Board of Nursing approved protocol.
- 5) The words "prescription drug" or "legend drug" shall mean a drug required under federal law to be labeled with the following statement prior to being dispensed or delivered; Rx Only or Caution: Federal law prohibits dispensing without prescription," or a drug which is required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use only by those authorized to prescribe.
- 6) The words “electronic prescribing” or E-prescribing” shall mean the electronic entry of a prescription by a practitioner, the secure electronic transmission of the prescription to a pharmacy, the receipt of an electronic message by the pharmacy and E-prescription renewal requests sent electronically by the pharmacy to the practitioner. Electronic transmissions may be computer to computer or computer to facsimile.

C. Registration for Controlled Substances Certificate Prescriptive Authority.

- 1) Every certified APRN authorized to practice in Mississippi who prescribes any controlled substance within Mississippi or who proposes to engage in the prescribing of any controlled substance within Mississippi must be registered with the U.S. Drug Enforcement Administration in compliance with Title 21 CFR Part 1301 Food and Drugs.
- 2) Pursuant to authority granted in *Miss. Code Ann.* Section 41-29-125, the Mississippi Board of Nursing hereby adopts, in addition to required regulations with the board, the registration with the U.S. Drug Enforcement Administration as required in Sub-paragraph 2.4 c.(1) above. In the event, however, certified APRN has had limitations or other restrictions placed upon his/her license wherein he/she is prohibited from handling controlled substances in any or all schedules, said APRN shall be prohibited from registering with the U.S. Drug

Enforcement Administration for a Uniform Controlled Substances Registration Certificate without first being expressly authorized to do so by order of the Mississippi Board of Nursing.

- 3) Persons registered to prescribe controlled substances may order, possess, prescribe, administer, distribute or conduct research with those substances to the extent authorized by their registration and in conformity with the other provisions of these regulations and in conformity with provisions of the Mississippi Uniform Controlled Substances Law, Miss. Code Ann. Section 41-29-101 et seq.

D. Maintenance of Patient Records.

- 1) Patient Record. A certified APRN who prescribes a controlled substance shall maintain a complete record of his/her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing controlled substances; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed. The record required by this subsection shall be maintained in the patient's medical records, provided that such medical records are maintained at the practice site of the APRN and are available for inspection by the representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). The Mississippi Board of Nursing has the authority to conduct random audits of patient records at practice sites where those certified APRNs have protocols allowing for prescribing of controlled substances.
- 2) No certified APRN shall prescribe any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a [good faith agreement prior to examination and medical indication](#) thereof.
- 3) A certified APRN shall not sell or trade any medication which he/she receives as prepackaged samples or starter packs, whether or not said samples are controlled substances, legend drugs or other medication.
- 4) The Patient Record required by these regulations shall be maintained in the office of the certified APRN for a period of seven (7) years from the date that the record is completed or the controlled substances, legend drugs or other medications are prescribed and shall be made available for inspection by representatives of the Mississippi Board of Nursing pursuant to authority granted in Miss. Code Ann. Section 41-29-125 (Supp. 1986). Records for other APRNs (CRNAs) shall be maintained in accordance with the institution's policy.

E. Use of Diet Medication.

- 1) As to the prescription of controlled substance anorectics in Schedules III, IV or V, use of said medications in the treatment of obesity or weight loss should be done with caution. A certified APRN may prescribe said medications for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided, that all of the following conditions are met:
 - (a) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the certified APRN determines through review of his/her own

records of prior treatment, or through review of the records of prior treatment which a treating physician or weight-loss program has provided to the certified APRN, that the patient has made a substantial good-faith effort to lose weight in a treatment program utilizing a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise, without the utilization of controlled substances, and that said treatment has been ineffective.

- (b) Before initiating treatment utilizing a Schedule III, IV or V controlled substance, the certified APRN obtains a thorough history, performs a thorough physical examination of the patient, and rules out the existence of any recognized contraindications to the use of the controlled substance to be utilized. "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States Food and Drug Administration (hereinafter, "FDA") approved labeling for the drug.
- (c) The certified APRN shall not utilize any Schedule III, IV or V controlled substance when he/she knows or has reason to believe that a recognized contraindication to its use exists.
- (d) The certified APRN shall not utilize any Schedule III, IV or V controlled substance for diet medication in the treatment of a patient whom he/she knows or should know is pregnant.
- (e) As to those controlled substances in Schedules III, IV or V which are classified as amphetamine or amphetamine-like anorectics and/or central nervous system stimulants, hereinafter referred to as "stimulant", the certified APRN shall not initiate or shall discontinue utilizing said controlled substance stimulant immediately upon ascertaining or having reason to believe:
 - (i) That the patient has failed to lose weight while under treatment with said stimulant over a period of thirty (30) days, which determination shall be made by weighing the patient at least every thirtieth (30th) day, except that a patient who has never before received treatment for obesity utilizing a stimulant, and who fails to lose weight during his/her first such treatment attempt may be treated with a different controlled substance for an additional thirty (30) days, or
 - (ii) That the patient has developed tolerance (a decreasing contribution of the drug toward further weight loss) to the anorectic effects of said stimulant being utilized, or
 - (iii) That the patient has a history of or shows a propensity for alcohol or drug abuse, or
 - (iv) That the patient has consumed or disposed of any controlled substance other than in strict compliance with the treating certified APRN's directions.

In addition to the above, the certified APRN shall not issue a prescription for a stimulant for any greater than a thirty-day supply and is to be prescribed for short-term use only as defined by current standards of care

- (f) As to all other legend drugs or controlled substances in Schedules III, IV or V which are not considered stimulants but which have received FDA-

approved indication for long term use for weight loss, the certified APRN shall prescribe said medications in strict compliance with the FDA-approved labeling. In addition to the requirements enumerated in (e) (i) - (iv) above, each prescription shall be issued for no more than a total of three months supply (including refills) and further, before subsequent new prescriptions can be issued the patient shall receive a thorough reevaluation of the effectiveness of the medication, including a physical examination to document any potential harmful side effects.

- 2) A certified APRN shall not utilize Schedules III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

F. Drug Maintenance, Labeling and Distribution Requirements.

- 1) State certified APRNs with controlled substance prescriptive authority may receive samples of controlled substances; however, these must be maintained in a double locked cabinet with an accurate log. A certified APRN may receive and distribute prepackaged medications or samples for which the certified APRN has prescriptive authority.
- 2) A state certified APRN or delegated licensed nurse must distribute the not-for-sale prepackaged medication. For the purpose of this regulation "distribute" shall mean hand the prepackaged medication to the patient or the patient's authorized agent.
- 3) All drug products which are maintained/stored in the office of a certified APRN, shall be maintained/stored in the manufacturer's or repackager's original package. The label of any container in which drugs are maintained must bear the drug name, strength, the manufacturer's control lot number and the expiration date. Drugs which are pre-counted and prepackaged for purposes of distributing shall be identifiable as to expiration date and manufacturer's control lot number. The packages in which drug products are maintained shall not be labeled in any false or misleading manner. The labeling requirements of this Section are in addition to, and not in lieu of, other labeling requirements of the laws of the State of Mississippi, Rules and Regulations of the Mississippi Board of Nursing, and laws of the United States or federal regulations.
- 4) A state certified APRN shall not distribute out-of-date prepackaged samples or store out-of-date prepackaged samples intermixed with the stock of current prepackaged samples. Out-of-date prepackaged samples shall be promptly removed from current stock and stored separately until proper disposal shall be made. When distributing a product in a manufacturer's original package or container, the labeling of which bears an expiration date, a manufacturer's control lot number or other information which may be of value to the patient, the APRN shall distribute the product with this information intact.
- 5) The drug storage area shall be maintained in a sanitary fashion.
- 6) A state certified APRN shall not accept the return for subsequent resale or exchange any drugs after such items have been taken from the premises where sold, distributed and from the control of the certified APRN.

- 7) All drug products shall be maintained, stored and distributed in such a manner as to maintain the integrity of the product.
- G. Prescription Regulation - Controlled Substances.
- 1) It is the ultimate responsibility of the certified APRN who is authorized to prescribe controlled substances to determine the type, dosage form, frequency of application and number of refills of controlled substances prescribed to a patient. This responsibility must never be delegated to any other personnel.
 - 2) The following requirements apply to all prescriptions for controlled substances:
 - (a) All prescriptions for controlled substances must be written in strict compliance with Miss. Code Ann. Sections 41-29-101 through 41-29-311 as amended and Title 21 of U.S. Code of Federal Regulations, Part 1306.
 - (b) On all prescriptions of controlled substances, Schedules II, III, IV or V wherein refills are permitted, certified APRNs shall indicate the appropriate refills, not to exceed five (5), or mark "none."
 - (c) Each certified APRN shall insure that the complete name and address of the patient to whom the certified APRN is prescribing the controlled substance appears on the prescription.
 - (d) A certified APRN shall not permit any prescription for controlled substances to be signed by any other person in the place of or on behalf of the APRN.
 - (e) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.
 - (f) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or controlled substance prescribed has been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any controlled substance prescription. Electronic transcription that complies with federal DEA language is allowed.
 - (g) No more than one (1) controlled substance shall be issued on a single prescription blank.
- H. Prescription Guidelines - All Medications.
- 1) In addition to any other requirements set forth in these regulations pertaining to the issuance of prescriptions of controlled substances, the following additional requirements apply to all prescriptions of controlled substances, whether or not said prescriptions are for controlled substances, legend drugs or any other medication:
 - (a) Every written prescription delivered to a patient, or delivered to any other person on behalf of a patient, must be manually signed on the date of issuance by certified APRN. Electronic prescription transmissions are allowed using standards established and approved by the United States Department of Health and Human Services - Agency for Healthcare Research and Quality (HHS-AHRQ). This does not prohibit, however, the transmission of electronic prescriptions and telefaxed (but not emailed) prescriptions for noncontrolled drugs to the pharmacy of the patient's choice. . Electronic transcription that complies with federal DEA language is allowed.

- (b) All prescriptions shall be on forms containing two lines for the certified APRN's signature. There shall be a signature line in the lower right hand corner of the prescription form beneath which shall be clearly imprinted the words "substitution permissible." There shall be a signature line in the lower left corner of the prescription form beneath which shall be clearly imprinted the words "dispense as written." The certified APRN signature on either signature line shall validate the prescription and designate approval or disapproval of product selection.
- (c) If the certified APRN uses a prescription form which does not contain two signature lines required above, he/she shall write in his/her own handwriting the words "dispense as written" thereupon to prevent product selection.
- (d) Every written prescription issued by certified APRN for a legend drug should clearly state whether or not the prescription should be refilled, and if so, the number of authorized refills and/or the duration of therapy. Certified APRNs should avoid issuing prescriptions refillable on "prn" basis. If a certified APRN chooses to issue a prescription refillable "prn", the life of the prescription or time limitation must clearly be set forth on the prescription. In no case shall a prescription which is refillable on a "prn" basis be refilled after the expiration of one (1) year. Regardless of whether a prescription is refillable on a "prn" basis or the prescription expressly states the number of authorized refills, the use of said medication should be re-evaluated on at least an annual basis. Upon the expiration of one (1) year, a prescription becomes invalid, regardless of the number of refills indicated or "prn" designation. Thereafter, a new prescription, if indicated, must be issued.
- (e) Every written prescription issued by certified APRN, bearing more than one noncontrolled medication, shall clearly indicate the intended refill instructions for each medication. Lack of clearly indicated refill instructions prohibit the refilling of the medications. All unused lines on a multi-line prescription blank shall be clearly voided by the issuing certified APRN.
- (f) A prescription shall no longer be valid after the occurrence of any one of the following events:
 - (i) Thirty (30) days after the death of the issuing certified APRN;
 - (ii) Thirty (30) days after the issuing certified APRN has moved or otherwise changed the location of his/her practice so as to terminate the certified APRN/patient relationship. Termination of the certified APRN/patient relationship results when a patient is no longer able to seek personal consultation or treatment from the issuing certified APRN;
 - (iii) Insofar as controlled substances are concerned, immediately after loss of DEA Controlled Substances Privilege by the issuing certified APRN; or
 - (iv) Immediately after revocation, suspension or surrender of the certified APRN's authorization to practice.

- (g) A certified APRN shall not permit any prescription to be signed by any other person in the place of or on behalf of the APRN.
 - (h) A certified APRN shall not pre-sign blank prescription pads or order forms under any circumstances.
 - (i) A certified APRN shall not utilize blank prescription pads or order forms upon which the signature of the certified APRN or medication prescribed have been mechanically or photostatically reproduced. This prohibition includes the telefaxing or emailing of any prescription.
- I. Freedom of Choice.
 - 1) A certified APRN shall not be influenced in the prescribing of drugs, devices or appliances by a direct or indirect financial interest in a pharmaceutical firm, pharmacy or other supplier. Whether the firm is a manufacturer, distributor, wholesaler, or re-packer of the product involved is immaterial. Reputable firms rely on quality and efficacy to sell their products under competitive circumstances and do not appeal to certified APRNs to have financial involvements with the firm in order to influence their prescribing, administering or distributing.
 - 2) A certified APRN may own or operate a pharmacy if there is no resulting exploitation of patients. A certified APRN shall not give a patient prescriptions in code or enter into agreements with pharmacies or other suppliers regarding the filling of prescriptions by code. Patients are entitled to the same freedom of choice in selecting who will fill their prescription needs as they are in the choice of a certified APRN. The prescription is a written direction for a therapeutic or corrective agent. A patient is entitled to a copy of the certified APRN's prescription for drugs or other devices as required by the principles of medical ethics. The patient has a right to have the prescription filled wherever the patient wishes. Where medication is to be distributed or a prescription, excluding refills, called in to a pharmacist for medication, a certified APRN shall inform each patient of that patient's right to a written prescription and the right to have the prescription filled wherever the patient wishes.
 - 3) Patients have an ethically and legally recognized right to prompt access to the information contained in their individual medical records. The prescription is an essential part of the patient's medical record. If a patient requests a written prescription in lieu of an oral prescription, this request shall be honored. Certified APRNs shall not discourage patients from requesting a written prescription or urge, suggest or direct in any manner that a patient fill a prescription at an establishment which has a direct telephone line or which has entered into a business or other preferential arrangement with the certified APRN with respect to the filling of the certified APRN's prescriptions.
- J. Other Drugs Having Addiction-Forming Liability.

All certified APRN shall maintain patient records in the same format as that required by Section 2.4d. when administering or distributing the drug Nalbuphine Hydrochloride (Nubain) or its generic equivalent.
- K. Violation of Regulations.

- 1) The prescribing of any controlled substance in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1)(f),(k) and (l) and shall be grounds for disciplinary action.
 - 2) The prescribing, administering or distributing of any legend drug or other medication in violation of the above rules and regulations shall constitute a violation of Miss. Code Ann. Section 73-15-29(1) (f), (k) and (l), and shall be grounds for disciplinary action.
- L. Effective Date of Regulations.
The above rules and regulations pertaining to prescribing, administering and distributing of medication became effective July 1, 2002.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Part 2840 Chapter 3: Expanded Role for the Licensed Practical Nurse in IV Therapy

Rule 3.1 Certification, Renewal, Reinstatement, Discipline.

A. Initial certification.

Prior to board certification allowing the LPN to practice in the expanded role, the LPN must:

- 1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi, or a graduate of a state approved practical nursing program that included an IV integrated curriculum after the year 2008;
- 2) Submit a completed board application and pay the required nonrefundable fee to the board;
- 3) Submit an official transcript of graduation from a board-approved state practical nursing program with an integrated IV curriculum, or submit official written evidence of completion of a board-approved IV therapy curriculum program.
- 4) Licensed LPNs that have not graduated from an IV therapy integrated nursing program, must have one (1) year of clinical experience as a LPN within the past three (3) years if the approved IV certification educational program is completed after graduation from an approved practical nursing program.
- 5) Graduates of state approved practical nursing programs that included an IV integrated curriculum after the year 2008 must submit an application for the IV therapy expanded role within one (1) year of completion of the educational program. If the application is not received in the board's office within one year of completion of the licensed practical nurse educational program the applicant must complete a board-approved IV therapy certification educational program.

B. Renewal of certification.

Expanded role LPNs shall renew IV certification in conjunction with renewal of the LPN license and shall submit the following:

- 1) Renewal application and fee; and
- 2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or in service education in IV therapy within the previous two (2) year period.

- C. Reinstatement of lapsed certification.
Expanded role LPNs may reinstate a lapsed certification upon:
 - 1) Documentation of a current, active LPN license; and
 - 2) Submission of the LPN expanded role reinstatement application and fee; and
 - 3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in IV therapy within the previous two (2) year period if lapsed for less than two (2) years; or
 - 4) Submission of evidence of successful completion of a board-approved IV therapy update if lapsed for more than two (2) years. This update must include both theory and clinical components.
- D. Fees are nonrefundable.
- E. Disciplinary action.
Any expanded role LPN who is in violation of the *Mississippi Nursing Practice Law and/or Rules and Regulations* shall be subject to disciplinary action by the board.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 3.2 Advisory Committee.

The board may appoint an advisory committee consisting of at least one LPN educator and one expanded role LPN to advise the board on issues related to LPNs certified in the expanded role of IV therapy.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 3.3 Scope of Practice.

- A. In addition to IV-related activities within the scope of any LPN, the LPN certified in IV therapy may perform the following advanced acts of IV therapy:
 - 1) Initiate the administration of board-approved IV fluids and medications via a peripheral route;
 - (a) The peripheral route does not include midline or midclavicular catheters.
 - (b) Approved IV fluids and medications include electrolyte solutions with vitamins and/or potassium, IVPB antibiotics, IVPB anti-fungals H2 blockers and proton pump inhibitors (PPIs) provided such fluids and medications are appropriate for IV administration;
 - (c) IV fluids and medications must be commercially prepared or premixed and labeled by a RN or registered pharmacist;
 - 2) Maintain patency of a peripheral intermittent vascular access device using a nontherapeutic dose of a flush solution;
 - 3) Assist the RN in the administration of midline, midclavicular or central venous infusion of approved IV fluids by checking the flow rate and changing the site dressing.
- B. The LPN certified in IV therapy may NOT:
 - 1) Initiate, regulate, add or administer medications to or discontinue a midline, midclavicular or central venous line;
 - 2) Administer or add the following to a peripheral venous line:
 - (a) IV push or bolus medications;

- (b) IV medications other than those in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)*;
 - (c) Parenteral nutritional agents other than vitamins;
 - (d) Blood, blood components, plasma, plasma expanders;
 - (e) Chemotherapeutic agents.
- 3) Perform any advanced acts of IV therapy listed in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)* with patients under two (2) years of age;
- 4) Perform any advanced acts of IV therapy listed in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)* with pediatric patients age two (2) years and older unless:
 - (a) The patient is on a unit solely and specifically for pediatric patients; and
 - (b) The LPN certified in IV therapy is experienced and competent in the provision of care to pediatric patients; and
 - (c) A registered nurse is physically present on the pediatric patient care unit where IV therapy is being administered and is readily available to respond as needed.
- C. Advanced acts, as defined in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)* may be delegated to the LPN certified in IV therapy by a RN, licensed physician or licensed dentist.
- D. Unless otherwise specified in these regulations, the LPN certified in IV therapy may perform advanced acts of IV therapy if the supervisor is physically on the premises where the patient is having nursing care provided. The physician or dentist may provide supervision in the medical or dental office. In all other settings, supervision and delegation must be by a registered nurse.
- E. Advanced acts of IV therapy as listed in *Part 2840, Chapter 3, Rule 3.3 A.* may not be performed by the LPN in the home setting.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Rule 3.4 Minimum Program Requirements. The IV therapy program must utilize the board-approved standardized IV therapy curriculum or its equivalent as approved by the board.

Source: *Miss. Code Ann. § 73-15-17* (1972, as amended).

Part 2840 Chapter 4: Expanded Role for the Licensed Practical Nurse in Hemodialysis

Rule 4.1 Certification, Renewal, Reinstatement, Discipline.

- A. Initial certification
 - Prior to board certification allowing the LPN to practice in the expanded role of hemodialysis, the LPN must:
 - 1) Be currently licensed as a LPN in Mississippi or hold a temporary permit to practice as a LPN in Mississippi; and
 - 2) Submit required application and fees; and
 - 3) Have graduated from an state approved practical nurse educational program or an equivalent state approved program; and
 - 4) Have one (1) year of clinical experience as a LPN within the past three (3) years;

- 5) Submit official evidence of completion of an educational program of study and clinical experience in hemodialysis approved by the board; and
 - 6) Be certified in the Expanded Role of IV Therapy. However, any licensed practical nurse certified in expanded role of hemodialysis on or before April 1, 2007, will not be required to be certified in expanded role of IV therapy, provided that said licensed practical nurse who is certified in expanded role of hemodialysis on or before April 1, 2007, is educated and competent in all applicable procedures, and that said education and competence is documented initially, and also documented on a continuing basis.
- B. Renewal of certification.
Expanded role LPNs shall renew hemodialysis certification in conjunction with renewal of the LPN license and shall submit the following:
- 1) Renewal application and fee; and
 - 2) Documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period.
- C. Reinstatement of lapsed certification.
Expanded role LPNs may reinstate lapsed hemodialysis certification upon:
- 1) Documentation of a current, active LPN license; and
 - 2) Submission of the LPN expanded role reinstatement application and fee; and
 - 3) Submission of documentation of completion of a minimum of ten (10) contact hours of continuing education and/or inservice education in hemodialysis within the previous two (2) year period if lapsed for less than two (2) years; or
 - 4) Submission of evidence of successful completion of a board-approved hemodialysis update if lapsed for more than two (2) years. This update must include both theory and clinical components.
- D. Fees are nonrefundable.
- E. Disciplinary action.
Any expanded role LPN who is in violation of the Mississippi Nursing Practice Law and/or Rules and Regulations shall be subject to disciplinary action by the board.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 4.2 Advisory Committee. The board may appoint an advisory committee consisting of at least one RN in hemodialysis and one LPN in the expanded role of hemodialysis to advise the board on issues related to LPNs certified in the expanded role of hemodialysis.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 4.3 Scope of Practice.

- A. The LPN certified in hemodialysis may:
- 1) Initiate and discontinue hemodialysis via fistula needles in the peripheral fistula or graft;
 - 2) Inject intradermal lidocaine in preparation for dialysis and access;
 - 3) Initiate and discontinue hemodialysis via catheter;
 - 4) Administer heparin intravenously, including:

- (a) Draw up and administer heparin (1:1000 strength) for initial and continued administration; and
 - (b) Loading and activating the constant infusion pump and/or intermittently injecting the prescribed dose.
- 5) Administer saline intravenously, including:
- (a) Administration of a saline bolus during a hypotensive episode (this must be in accordance with an agency protocol and with RN supervision and consultation); and
 - (b) Administration and regulation of a normal saline solution for purpose of maintaining the fluid plan that is established by the RN.
- 6) Draw up and administer erythropoietins intravenously.
- 7) Draw up and administer synthetic vitamin Ds intravenously.
- 8) If dually certified in IV therapy the expanded role hemodialysis LPN may administer approved IV fluids and medications as indicated in *Part 2840, Chapter 3, Rule 3.3 A. 1) (b)*.
- B. The LPN certified in hemodialysis may function in this role and scope of practice only under the direct supervision of a registered nurse.
- C. The LPN certified in hemodialysis may function in this role only in hemodialysis facilities which are certified by the Mississippi State Department of Health, Division of Licensure and Certification, or its successor agency.
- D. The LPN certified in hemodialysis may NOT:
- 1) Administer or add the following except as specified in 4.3a:
 - (a) IV medications; or
 - (b) Blood, blood components, plasma, plasma expanders; or
 - (c) Hypertonic solutions; or
 - 2) Determine or regulate the dosage of heparin; or
 - 3) Perform hemodialysis in the home setting.

Source: *Miss. Code Ann. § 73-15-17 (1972, as amended)*.

Rule 4.4 Minimum Program Requirements. The Hemodialysis Education Program for Expanded Role LPNs must utilize the board-approved standardized curriculum or its equivalent as approved by the board.

Source: *Miss. Code Ann. § 73-15-17 (1972, as amended)*.

Part 2840 Chapter 5: Registered Nurse First Assistant (RNFA)

Rule 5.1 Functions of RNFA. The RN may function in the role of Registered Nurse First Assistant (RNFA) according to the position statement adopted by the Association of Peri-operative Registered Nurses (AORN).

Source: *Miss. Code Ann. § 73-15-17 (1972, as amended)*.

Rule 5.2 Use of Title. The title RNFA shall only be used by persons prepared and educated according to the AORN's requirements for RNFAs.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 5.3 RNFA program requirements.

- A. The RNFA program should be equivalent to one academic year of formal, post-basic nursing study; consist of curricula that address all of the modules in the *Core Curriculum for the RN First Assistant*; and award college credits and degrees or certificates of RNFA status upon satisfactory completion of all requirements.
- B. The RNFA program should be associated with a school of nursing at universities or colleges that are accredited for higher education by an accrediting agency that is nationally recognized by the Secretary of the US Department of Education.

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).

Rule 5.4 Licensure Requirements. In order to function as a RNFA, the RN must:

- A. Be currently licensed as a RN in Mississippi or hold a temporary permit to practice as a RN in Mississippi; and
- B. Submit official written evidence of additional preparation acquired through completion of an RNFA program that meets the "AORN standards for RN first assistant education programs" and is accepted by Competency and Credentialing Institute (CCI).

Source: *Miss. Code Ann.* § 73-15-17 (1972, as amended).