

PRACTICE QUESTION: Nursing care provided while traveling through Maryland

Question:

I am planning a school sponsored field trip from A NON-COMPACT STATE to Washington DC. The Middle School students and staff will be staying in Maryland during the trip and a licensed RN will be traveling with them. My home STATE does not participate in the Nurse Licensure Compact. We have been instructed by the STATE Department of Health, School Health Advisors that nurses must request and receive permission from the respective state's board of nursing, to practice in another state (NCSBN, 2012). The nurse must also know the nursing laws/regulations of that state and practice accordingly. This includes the laws regarding delegation of tasks to a non-nurse school staff member and performing the necessary health services (NCSBN, 2012). How do the nurses receive this permission from your state? Where can I locate Maryland's laws and regulations for school nurses? Thank you for your assistance.

Response:

Thank you for your inquiry. Based on your representation that an actively licensed RN from the STATE will be accompanying the students while they stay in Maryland, please refer to Md. Code Ann., Health Occupations Article, section 8-301(c)(3)(i), which governs the practice of actively licensed RNs who are in Maryland temporarily. It states as follows:

8-301

(a) Except as otherwise provided in this title, an individual shall be licensed by the Board before the individual may practice registered nursing in this State.

...

(c) This section does not apply to:

...

(3) An individual permitted to practice registered nursing or licensed practical nursing under rules and regulations adopted by the Board, if the individual:

(i) Otherwise has qualified to practice registered nursing or licensed practical nursing in any other state or country and is in this State temporarily;

Further, under the Code of Maryland Regulations, the Board has set out rules that govern temporary practice in this State. The relevant provision states as follows:

COMAR 10.27.01.03A. Registered nurses or licensed practical nurses who hold a current active license in any other state or jurisdiction may render nursing care:

(1) For not more than 30 days, to an individual who is visiting the State for medical or personal reasons;

Under these two provisions, an actively licensed RN from STATE would be permitted to render nursing care to students while in Maryland temporarily, so long as the period of care does not exceed 30 days.

You can reference the laws governing nurses in Maryland by accessing the Nurse Practice Act at: [https://govt.westlaw.com/mdc/Index?transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/mdc/Index?transitionType=Default&contextData=(sc.Default)). You will find the Act under the Health Occupations Article, Title 8. Nurses.

You can reference the regulations governing nurses in Maryland by accessing the Code of Maryland Regulations at: <http://www.dsd.state.md.us/COMAR/ComarHome.html>. The relevant regulations are found under Title 10, Subtitle 27.

There are no provisions in the Maryland Nurse Practice Act or the regulations that require a licensed RN who is in Maryland temporarily to seek permission before practicing under the provisions cited above. published 3/2016

PRACTICE QUESTION - Chemotherapy

Question:

I am a compact state RN.

Can you please inform me at your earliest convenience whether specific advanced credentialing is required in the state of MD. for RNs to administer high risk chemotherapy agents via central lines in a clinic setting ?

Thank you in advance for your time.

Response:

Thank you for contacting the Maryland Board of Nursing with a question about chemotherapy.

Please see this excerpt from the Annotated Code of Maryland (regulations):

10.27.20.06 Infusion Therapy Acts-RN

....

B. The RN, upon completion of a second specialized educational program in infusion therapy which includes didactic content and a clinical practicum consistent with the standards established by the ONS or other bodies approved by the Board and with documented evidence of clinical competency, may perform the following additional infusion therapy activities:

(1) Administer antineoplastic agents;

(2) Aspirate fluid from an intraventricular reservoir;

(3) Administer fluids and medications via an intraventricular reservoir;

(4) Manage implantable pumps by programming and filling with fluids and medications;

(5) Insert, repair, and remove PICC and midclavicular catheters;

- (6) Insert and remove midline catheters;
- (7) Manage specialized catheters for analgesia;
- (8) Remove nonsurgically placed central and arterial catheters;
- (9) Administer pharmacological agents to de-clot or restore blood return; and
- (10) Repair a catheter.

Thank you for your interest in supporting our mission: to advance safe quality care in Maryland through licensure, certification, education and accountability for public protection.

PRACTICE QUESTION: Scope of Practice

Question:

Is it within the RN's scope of practice in Maryland to perform physical examinations and assess for side effects in clinical research? I reviewed the Nurse Practice Act but it was not helpful to me on answering the question, and I need MBON's guidance. Please advise if it is within the RN's scope of practice in Maryland to perform physical examinations and assess for side effects in clinical research.

Response:

Please understand that MBON staff do not provide practice opinions or approvals, nor do we provide legal interpretation. Our consultation is limited to directing customers to applicable statutes, regulations, and possibly other evidence-based guidelines. There is nothing specifically that addresses the "clinical research" setting in the statute or regulations, however, the practice of nursing as defined below is not limited to a setting. I would point out, however, that in your query you refer to "physical examination" and the terms used in our statute/regs (below) do not use those words, rather "assessment" and "evaluation." Nurses participate in research in multiple ways, as principal investigators and assistants, as well as enacting research protocols, so it isn't clear if the concern is a nurse participating in research or conducting an assessment that is only required due to a research protocol. Nonetheless, the excerpts below speak to the scope of practice. Also included is the scope of practice for an advanced practice registered nurse to show that the language is the same for "assessment" rather than "physical examination."

If this response is insufficient for your needs, I would suggest you consult with your own agency leadership and legal team to decide what meets your own objectives and still serves patient safety and public protection.

The relevant portion of the Nurse Practice Act is copied below for your reference:

Practice registered nursing

(n)(1) “Practice registered nursing” means the performance of acts requiring substantial specialized knowledge, judgment, and skill based on the biological, physiological, behavioral, or sociological sciences as the basis for assessment, nursing diagnosis, planning, implementation, and evaluation of the practice of nursing in order to:

- (i) Maintain health;
 - (ii) Prevent illness; or
 - (iii) Care for or rehabilitate the ill, injured, or infirm.
- (2) For these purposes, “practice registered nursing” includes:

- (i) Administration;
- (ii) Teaching;
- (iii) Counseling;
- (iv) Supervision, delegation, and evaluation of nursing practice;
- (v) Execution of therapeutic regimen, including the administration of medication and treatment;
- (vi) Independent nursing functions and delegated medical functions; and
- (vii) Performance of additional acts authorized by the Board under § 8-205 of this title.

Registered nurse

(o) “Registered nurse” means, unless the context requires otherwise, an individual who is licensed by the Board to practice registered nursing.

Practice as a nurse practitioner

- (1) “Practice as a nurse practitioner” means to independently:
- (1) Perform an act under subsection (n) of this section;
 - (2) Conduct a comprehensive physical assessment of an individual;
 - (3) Establish a medical diagnosis for common chronic stable or short-term health problems;
 - (4) Order, perform, and interpret laboratory tests;
 - (5) Prescribe drugs as provided under § 8-508 of this title;
 - (6) Perform diagnostic, therapeutic, or corrective measures;
 - (7) Consult and collaborate with, or refer an individual to, an appropriate licensed physician or any other health care provider as needed; and
 - (8) Provide emergency care.

PRACTICE QUESTION: Impaired Practice

Question:

I am in the process of evaluating a nurse with a history of chronic pain who uses large doses of narcotics in combination with prescribed Methadone for pain.

Please let me know if the Board has specific regulations regarding oxycodone and methadone in clinically practicing nurses.

Because this evaluation is for possible reasonable suspicion/fitness for duty, I need to relay to this nurse if there are any Board issues she needs to consider in determining fitness for practice.

Response:

There is no statute or regulation addressing specific medications in nursing practice (i.e., oxycodone, methadone, etc). However the following (potential violations) may be relevant:

NPA 8-316 (a) (7)(ii) Provides professional services while under the influence of alcohol or using and narcotic or controlled dangerous substance (CDS) as defined in 5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication

NPA 8-316 (a) (19) is addicted to or habitually abuses narcotic or controlled dangerous substance (CDS) as defined in 5-101 of the Criminal Law Article

Code of Ethics COMAR 10.27.19.02 C (8) using, possessing, supplying, administering prescription drugs or controlled dangerous substance (CDS) without valid medical indication

C (9) reporting for employment under the influence of alcohol or a CDS

C (10) reporting for employment under influence of an illicit drug

Any practicing nurse needs to consider what the Nurse Practice Act and COMAR states when consuming alcohol, taking medications or substances that could be considered controlled dangerous substances, using illicit or any substance that affects mood, attention, alertness, judgment, decision-making etc. The nurse who is being treated for chronic pain or substance use disorder and is taking any such substances (methadone, buprenorphine, etc) alone or in combination with other substances, may be at additional risk due to interaction and cumulative effects. A frank and open discussion with a provider experienced in treating individuals requiring these medications, and an honest appraisal of their effect on fitness for duty is essential for the safety of both the nurse and any clients under his or her care.