PRESCRIPTION DRUG ABUSE SERIES: PART II UNDERSTANDING THE DISEASE OF ADDICTION

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The ASBN Update circulation includes over 52,000 licensed nurses and student nurses in Arkansas.
I just returned from the National Council of State Boards of Nursing’s annual meeting. It was a week packed with meetings and learning opportunities. There were several great speakers during the week, but the presentation by Dr. Leonard Marcus was very timely for me. Dr. Marcus is the director of the Program for Health Care Negotiation and Conflict Resolution and the co-director of the National Preparedness Leadership Initiative. He also teaches at the Harvard School of Public Health and has worked with first responders after major catastrophic events such as 9-11, Hurricane Katrina and the Boston marathon bombing. He spent the morning talking to the attendees about leadership, and it wasn’t the usual boring information we have all heard so many times. There isn’t space in this article to discuss his theory of “Meta-Leadership,” so I suggest you read one of his books or published articles.

One section of his presentation was about our perception of the world. We are all, including myself, so sure the way we see an issue is the correct way and wonder how others can see it differently. Dr. Marcus used the analogy of the cone in the cube to illustrate how we can all look at the same thing and see it completely differently. In the diagram above, a cone is place inside a cube. If you cut a hole in the side of the cube (peep hole A) and looked at the cone, you would see a triangle. If you cut a hole in the top of the cube (peep hole B) and looked at the cone, you would see a circle. This simple concept illustrates how two people can look at the same thing, see it differently and be convinced their perception is the correct one.

There are many issues that we are presented with every day. The big one right now is health care reform. It has caused all of us to relook at how health care services are being delivered and the role of each level of provider. It has changed many aspects of health care and there are still many more to come. In order to create a system that works, it is vital that everyone work together for the common good and see the situation outside of their own little world. Leaders must let go of the notion that they are right and everyone else is wrong. The next time you are having one of those deep discussions, remember the cone in the cube. As George Eliot said, “It is a narrow mind which cannot look at a subject from various points of view.”
I choose to be unstoppable.

“I’m always on the go. I have a to-do list longer than there is time to do it. The UAMS College of Nursing understood this and helped me advance my nursing career while still balancing my family and busy schedule. Now I’m still on the go, but I’m happier and really heading places!” — Brittany Beasley, BSN, RN

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First, I would like to thank the ASBN board members, staff and all the nurses in Arkansas for allowing me to serve as your board president the past two years. It has been rewarding and challenging at times, but I have enjoyed every minute of my service. It is now time to pass the gavel to another great leader. I will continue to serve on the board until my second term has expired, and who knows, you may see me again as your president. For now, I must devote more time to my primary job, which is to lead my staff members as their manager. Also, I hope I am the nurse manager they continue to work for and with.

A nurse manager, formerly called a head nurse, is responsible for the clinical and administrative functions of a particular nursing unit, such as an Orthopedic unit or a Urology unit. A great nurse manager is an acknowledged leader; an advocate for her patients, staff, and hospital; a powerful agent for change; a respected member of the nursing administrative team; and a good fiscal manager. It’s not easy to balance the competing demands of patients, families, visitors, physicians, unit staff, and personnel from other departments, but an effective nurse manager is flexible and organized enough to address everyone’s needs in a systematic way.

Today’s nurse manager has one of the most difficult jobs in health care. Managers need to know how to manage budgets, deliver presentations, and should have sharp communication skills coupled with negotiating abilities. The manager must have clinical expertise and experience in the areas they supervise. As a manager, you might be expected to carry a patient load, either on a regular basis or when the patient census is exceptionally high. You will need to understand how hard it is to take care of patients with different diagnoses. Sometimes, you will have to ask clinical questions or explain to a family member about a procedure when they are unsure.

A good nurse manager must be able to talk with everyone on the unit in the way each person understands. You will need to be able to speak to physicians, administrative staff, PCTs, nurses and even the environmental staff. You must be able to negotiate and communicate with groups of people. As a nurse manager, being able to negotiate between administration and individual nurses will greatly increase your effectiveness. When managers are effective, there is a lot less nurse turnover.

I have been told there are 10 traits you must have to be an effective manager:

10. They inspire their team and lead by example.
9. They still really enjoy working on the floor and caring for patients.
8. They’re flexible about your time off.
7. When the shift gets busy, they’ll jump right in!
6. They’re great listeners. They even pull you aside to work through what’s irritating you, and when you leave their office, you feel ready to get on with the day!
5. They are strong, stable and compassionate.
4. They know how to take charge, and they know how to handle it!
3. They don’t use “medical language” to talk over a person’s head.
2. They meet the needs of the patient just like an RN, LPN or PCT.
1. The patients don’t even know they’re the manager unless they’re told.

I sincerely hope I carry these qualities. I have a wonderful staff, and we work as a team in order to provide the best quality care for our patients.
President Karen Holcomb presided over the hearings held on September 11 and the business meeting held on September 12. Highlights of Board actions are as follows:

- **Granted Continued Full Approval to:**
  - Pulaski Technical College Practical Nurse Program until the year 2019
  - Rich Mountain Community College Practical Nurse Program until the year 2019
  - University of Arkansas Community College at Hope Practical Nurse Program until the year 2019
  - Jefferson Regional Medical Center School of Nursing Diploma in nursing program until the year 2019
  - University of Arkansas for Medical Sciences College of Nursing Baccalaureate degree in nursing program until the year 2019
  - Baptist Health Schools- Little Rock Practical Nursing program until the year 2019
- **Approved the curriculum revision for:**
  - Arkansas State University- Newport Practical Nurse Program effective immediately
  - College of the Ouachitas Practical Nurse Program effective immediately
  - University of Arkansas Cossatot Practical Nurse Program effective immediately
- **Granted Initial Approval to the John Brown University Baccalaureate of Science degree in nursing program**
- **Granted Prerequisite Approval for the Southeast Arkansas College Online LPN to Associate degree in nursing program**
- **Granted Conditional Approval for the Arkansas Northeastern College Online ADN program until two consecutive years of an above 75 percent pass rate is achieved or until the Board withdraws approval status for noncompliance with the Education Standards**
- **Approved changing the Board Composition to the following:**
  - 2- Advanced Practice Registered Nurses (APRN’s), at least one with Prescriptive Authority;
  - 2- Consumer Representatives, one representing the older population;
  - 1- At Large licensed nurse;
  - 3- Licensed Practical Nurses (LPN’s)/Licensed Practical Technical Nurses (LPTN’s), at least one with 3 years of experience in a long term care setting;
  - 5- Registered Nurses (RN’s) with the following educational qualifications:
    - 1 Diploma, 2 Associates Degree, and 2 with a BSN or higher.
    - At least one of the licensed nurses shall be a nursing program educator.
- **Approved updates to Position Statement 94-1, IV Moderate Sedation**
- **Elected the following Board officers for 2014–2015:**
  - President: Shela Upshaw, RN
  - Vice-President: Tammy Mitchell, LPN
  - Secretary: Terri Imus, RN
  - Treasurer: Sandra Priebe, RN
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A percentage of the population has a biogenetic predisposition to chemical and addictive behaviors. Early-life traumatic experiences, such as isolation or abuse, can contribute to the predisposition. A genetic predisposition alone is generally not enough to cause addiction, but when influenced by societal factors (peers/environment/family) and psychological issues (history of trauma, physical/sexual abuse), a dual diagnosis can evolve. A common dual diagnosis for addicts and alcoholics is anxiety disorder. Both diagnoses must be treated fully and equally; however, providers should be cautious when treating a patient with a dual diagnosis of addiction and anxiety – for example, treating anxiety disorder with benzodiazepines could fuel the addiction.

Other interesting research reports that a nurse’s specialty or area of practice can increase the likelihood of substance abuse. For example, prevalence is higher among emergency department and psychiatric nurses. Oncology and administrative nurses were more likely to consume five or more alcoholic drinks per occasion (Anderson, 2004). Because women make up 91.1 percent of RNs (U.S. Dept. of Labor, 2010), it is worth reporting how addiction affects women versus men. Women get sick faster and have a more virulent course of addiction and intense reaction, likely because of their typically smaller size. Women are more likely to associate the onset of substance abuse with a stressful life event or trauma, resulting in anxiety and depression (Blume, 1998; Goldberg, 1995).

Substance abuse disorder encompasses a pattern of behaviors that range from misuse to dependency or addiction, whether it is alcohol, prescription drugs, or illegal drugs. Addiction is a complex disease with serious emotional, physical, financial, and legal consequences. Chemical, mind-altering substances result in long-lasting changes to the brain, which is why addiction is a chronic and relapsing brain disease. Reward is the term neuroscience uses to describe experiences that bear repeating, such as pleasure or relief from some discomfort. Neurotransmitters, such as dopamine and beta-endorphins, facili-
tate communication to the reward center. For addicts, the reward pathway has been shifted to the substance (drug/alcohol) instead of the neurotransmitters, which leads the brain to depend on outside chemicals for reward. Addicts are trapped in a system of drug acquisition and consistent reward patterns.

The Human Genome Project is contributing to the understanding of the role of genetics in addiction (especially to alcohol). People with an exaggerated response to alcohol and opiates may have a low beta-endorphin level. The stronger urge for an alcoholic to drink may be related to the G-allele that predisposes people to drug abuse in general (Gianoulakis, Krishnan, & Thavundayil, 1996).

Addicts often report taking their prescribed drugs per provider orders but continue to take them even after their injury or disease process is resolved. Because they were taking the drugs as prescribed and the fact that the drugs are prescription drugs (not “street” drugs), they don’t realize they have a problem stopping the drug until they are already addicted. Prescription drugs can be a miracle for many, but misuse and abuse can have dire consequences.

Drug abuse and dependence is a disease, not a character defect. Many people still view addiction as a moral failure or lack of will power. Many nurses and patients deny they have a problem while others experience shame and guilt. Some choose to remain silent, even when they know they are addicted, which can jeopardize their own safety as well as the safety of their patients and others.

According to the National Center for Health Statistics, 38,329 people died of drug overdoses in the United States in 2010; of this total, 22,000 (57 percent) involved prescription drugs. Three-quarters of the opioids involved included OxyContin and Percocet. Per the DEA, the “circle of addiction” begins with hydrocodone and progresses to oxycodone, then heroin. Last year, the DEA seized 3.3 tons of heroin. According to the Johns Hopkins Center for Injury Research and Policy, 50 Americans die each day from prescription drug overdoses and more than 6 million suffer from prescription drug abuse disorders.

As health care professionals, it is important to recognize the signs of drug-seeking and addictive behavior not only in our patients, but our coworkers as well. Often, addicts do not realize a change in their own behavior or work productivity, so it is left up to their coworkers, friends, and family to pick up on these changes. In the December 2014 issue of the ASBN Update, we will discuss drug-seeking behaviors and tools addicts use to obtain their drugs of choice.
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**INCREASE YOUR OPPORTUNITIES IN THE RN TO BSN NURSING PROGRAM COMING JANUARY 2015**
WHAT TOPPINGS CAN YOU ADD?

I associate new graduates (NG) to an ice cream sundae. Each one is fresh out of nursing school, preparing to take the NCLEX® and ready to begin a career in nursing. All share these same similarities. However, I always anticipate what ‘toppings’ each NG will add to his or her application in an effort to stand out, to be selected for an interview and to hopefully be hired.

Depending upon your location, competition varies not only from state to state but city to city. At the University of Arkansas for Medical Sciences Medical Center (UAMS), Nurse Recruitment received approximately 368 NG applications in the summer of 2013 but only 41 NG were hired. This ratio of 1:9, applicants to NG hires speaks volumes.

I encourage new graduates to take the opportunity to highlight their ‘toppings’ in the resume and cover letter. Education, clinical rotations, work history/skill sets and community involvement are a few examples. Having a BSN is a plus as employers strive to attain the Institute of Medicine’s (IOM) recommendation to have 80 percent of nurses prepared at the BSN level by the year 2020 (IOM, 2010).

NGs get so excited they sometimes forget to read the minimum requirements for each position. NGs should select ‘key words’ from each posting to be highlighted in the application’s work history. NGs need to be cognizant that most interviewers are aware of the number of positions NGs apply for. Focus on your top three choices.

Do not become discouraged if you are not selected; be steadfast and continue to apply until you find the right fit or are willing to gain experience by taking a position that is not your first choice. The goal is for the NG to be employed; to obtain experience; and to continue up the career path to the desired outcome/s. Remember to think about what ‘toppings’ you will add to your ice cream sundae, i.e., hot fudge, whipped cream, nuts or a cherry on top!

Here are a few other tips from Arkansas recruiters:

- “Be truthful. Most employers will conduct a thorough background check including criminal activities. If the NG lied on the application, the NG will not be considered for any position for up to a year.” Kristy Fritz, HR Coordinator, St. Vincent Health System
- “Presentation is everything – from your first phone call with a recruiter to the application, resume, interview attire, eye contact, etc. Be sure you present yourself professionally and put your best foot forward!” Michelle Odom, Director of Recruitment/Retention, Arkansas Children’s Hospital
- “Someone is always observing. Whether you work “P” shift on Saturday or “D” shift during clinical rotations, staff notices and shares observations. Take every opportunity to impress and network.”

References:
1. Institute of Medicine. (October 5, 2010). The future of nursing: Leading change, advancing health.
The Arkansas State Board of Health recently mandated new immunization requirements for all public and private students for the 2014-2015 school year. The new requirements follow recommendations of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

As crucial members of the health care profession, nurses play an important role in educating patients and their families, and administering necessary immunizations. With regard to major changes in Arkansas law, it is imperative that nursing professionals be aware of those changes to ensure patients are offered and receive required immunizations.

The Arkansas law went into effect September 1, 2014, and parents and guardians have until October 1, 2014, to show proof to the school that his or her child has obtained the required vaccines. If documentation is not provided by October 1, the student will be excluded from school and not allowed to re-enter until documentation is provided.

The most significant change to the requirements was made to better protect Arkansas school children in the age groups with the highest rates of pertussis (whooping cough). Pertussis cases in Arkansas have increased substantially from 80 cases in 2011 to 466 in 2013. Pertussis is a potentially life-threatening, highly contagious, bacterial disease. It can cause uncontrollable, violent coughing attacks, making it laborious to breathe.

The new state requirements also include changes in meningococcal (MCV4), Hepatitis A, polio and varicella vaccines. A child may not be required to have the varicella vaccine if a physician (not a parent) verifies that the child had chickenpox.

Parents registering children who are new to Arkansas public or private schools must provide his or her vaccine record prior to completing school registration and enrollment. Returning students whose current immunizations are deficient (based on the vaccine requirements in place before additional state requirements were added) will be excluded from school on September 17, 2014.

In addition to the previous requirements (that include measles, mumps and rubella, and Hepatitis B vaccines) the new immunization requirements for public and private school students are listed below:

- Kindergarten and Grade 1: one Hepatitis A shot must be given on or after first birthday
- Kindergarten through Grade 12: a series of three polio shots; one shot must have been given on or after the fourth birthday
- Kindergarten through Grade 12: two varicella (chickenpox) shots; first dose after the first birthday (history of disease can be provided in lieu of getting the shot, but only if it is reported by a medical professional)
- Grades 1 through 12: at least three or four doses of:
  - Diphtheria/Tetanus/Acellular Pertussis (DTaP)
  - Diphtheria/Tetanus/Pertussis (DTP)
  - Diphtheria/Tetanus (DT-pediatric)
  - Tetanus/Diphtheria (Td-adult)
  - Tetanus/Diphtheria/Acellular Pertussis (Tdap)

One dose of Tdap for age 11 years and older (as of September 1) or three doses for unvaccinated persons age 7 years and older (including persons who cannot provide documentation of prior vaccination)

- Grade 7: one meningococcal (MCV4) vaccine
- Age 16: students turning age 16 on or before September 1 regardless of their grade will also need a meningococcal vaccine if they have not already had one. If they had one prior to turning 16, they will need a second one. Students turning age 16 years on or before September 1 will have until October 1 to meet this new requirement
- Pre-kindergarten, daycare and childcare facility attendees: In addition to the above requirements, children in childcare must have one or two Hepatitis A shots, depending on their age and one to four polio doses, depending on their age

Vaccines are also available at local health department offices. If the child does not have health insurance or the insurance does not pay for vaccines, the local health unit will immunize the child at no cost to parents.

The complete immunization requirements can be found on the Arkansas Department of Health’s Rules & Regulations website at www.healthy.arkansas.gov/aboutADH/RulesRegs/ImmunizationRequirements.pdf

Changes in Arkansas law were also made in the immunization exemption requirements. Exemptions are granted for medical, philosophical or religious reasons. A parent or
guarantor choosing not to have his or her child immunized must contact the Arkansas Department of Health’s (ADH) Immunization Section (at 501-661-2169 or by email immunization. section@arkansas.gov) for an exemption application. Proof of exemption or exemption application is required before school starts. This is an annual requirement and the process is lengthy. The application must be reviewed and approved by the ADH before an exemption is granted. Previously, medical professionals could approve an exemption.

If there are reported cases of a vaccine-preventable communicable disease, students with an exemption may be excluded from school for up to 21 days, or until the ADH deems it is safe for the exempted student to return to school.

These requirements do not include all vaccines recommended by ACIP for children. For more information about recommended vaccines from the Centers for Disease Control and Prevention go to www.cdc.gov/vaccines/schedules/index.html

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Update www.arsbn.org
SCHEDULE

8:30 a.m.  ASBN 101
9:00 a.m.  Navigating Safely Through Social Media
10:00 a.m.  Break
10:15 a.m.  Swimming with the Sharks: Creating a Healthy Work Environment
11:00 a.m.  View From the Lighthouse: ASBN Perspective
12:00 noon  Lunch
12:45 p.m.  Avoiding the Rocky Shores: Issues of Liability
1:30 p.m.  “I’m Allergic to Tylenol, but Percocet Works Great!” Drug Diversion & Tools to Combat Drug Abuse
2:30 p.m.  Break
2:45 p.m.  Zapping Your Fear of NCLEX®

This continuing education sponsored by the Arkansas State Board of Nursing is awarded 6.0 contact hours. Participants who leave immediately prior to the NCLEX presentation will receive 5.0 contact hours. Email info@arsbn.org if you have questions.

Registration fee
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Register online at www.arsbn.org

This activity has been submitted to Arkansas Nurses Association for approval to award contact hours. Arkansas Nurses Association is accredited as an approver of continuing education by the American Nurses Credential Center’s Commission on Accreditation.

2014 Date & Location

November 13
Northwest Arkansas Community College,
Shewmaker Center For Workforce Technologies,
Room B102, 1000 S.E. Eagle Way, Bentonville

Registration Form

Mail completed registration form and $45.00 registration fee (in-state check or money order) to ASBN, 1123 S. University, #800, Little Rock, AR 72204. Registration must be received one week prior to workshop.

Check date you plan to attend:  [ ] November 13

NAME ______________________________________________________ LICENSE NUMBER __________________
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### REGISTERED NURSE PROGRAMS
**July 1, 2013 - June 30, 2014**

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### PRACTICAL NURSE PROGRAMS
**July 1, 2013 - June 30, 2014**

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<td>49</td>
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</table>
Arkansas nursing programs did well on the NCLEX® exams during 2013-2014. Overall, the Arkansas RN programs averaged 82.8 percent, as compared to the national average for all RN programs of 82.5 percent. Arkansas PN programs averaged 93.8 percent, as compared to the national average for all PN programs of 84.1 percent. Congratulations to all Arkansas approved nursing programs for averaging above the national NCLEX® passing rate!
The Arkansas State Board of Nursing is a state agency. For this reason, there are many laws and regulations with which we must comply regarding the finances of the ASBN. The financial cycle consists of several parts:

1. The Strategic Plan – This is the first step in the financial cycle. Board members determine the direction of the ASBN. Since the state operates on a Biennial budget, the board members must be forward thinking. The ASBN must determine what needs to be accomplished in the next two years.

2. Budgeting – This step requires looking at the priorities set by the board members and determining how much money it will take to make it happen. This is similar to what we might do at home when we are trying to decide if we have enough to eat at the steakhouse in town this week, or should we stick to the burger place down the street. However, this is where the budgeting similarities end. Once we decide what we “can” do at home, we do it. But in state government, there are additional steps. The ASBN must submit the budget to the state Office of Budget. It must then be approved by the governor’s office and the legislature and ultimately become an ACT before any money can be spent. The budget of the state as a whole is considered at this level, so everything requested is not necessarily granted.

3. Implementation – The next part of the cycle is to implement the Board’s directives while staying within the
Come Grow with US

Sparks is expanding and has immediate needs in Clinical Decision, Intermediate Care, Cardio/Pulmonary and Family Center. We are looking for experienced as well as new graduate nurses and encourage all to apply.

We have new pay incentives, a clinical ladder and new weekend option program.

Ask about our on campus housing

If you would like more information please contact one of our recruiters: Carolann Love at 479-441-5457 and Theresa Phillips at 479-441-5458

Sparks Health System is a substance-free work place, Equal Opportunity Employer

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Fort Smith, Arkansas

Applications accepted online.

Who says Continuing Education can’t be fun?

Join ThinkNurse and Poe Travel for our 9th Annual CE Cruise. Cruise the Caribbean on Carnival's Dream while you earn your annual CE credits and write the trip off on your taxes! Prices for this cruise and conference are based on double occupancy (bring your spouse, significant other, or friend) and start at only $838 per person (not including airfare to New Orleans) A $250 non-refundable per-person deposit is required to secure your reservations. Please ask about our Cruise LayAway Plan!

HOLIDAY OPEN HOUSE
Thursday, November 13
10 a.m. – 6:30 p.m.

SPECIAL EVENT-ONLY PRICING
AND HOURLY DOOR PRIZES:
Botox®, Obagi®, Thermage®, CoolSculpting®... and more!

For an updated list of our fabulous door prizes, like us on Facebook, follow us on Twitter and InstaGram, or visit drsuzanneneyee.com

Benefiting the Arkansas Food Bank
Canned food, non-perishable items and monetary donations will be collected at the door.

Event RSVP 501.224.1044

For more information about the cruise and the curriculum call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

POETRAVEL
www.arsbn.org

April 12-19, 2015

Ninth Annual
NURSING CONTINUING EDUCATION
Cruise

Carnival
The Fun Ships

Day Port Arrive Depart
Sun New Orleans, LA 4:00 PM
Mon Fun Day At Sea
Tue Cozumel, Mexico 8:00 AM 6:00 PM
Wed Belize 8:00 AM 5:00 PM
Thu Mahogany Bay, Isla Roatan 9:00 AM 5:00 PM
Fri Fun Day At Sea
Sat Fun Day At Sea
Sun New Orleans, LA 8:00 AM

Tis the Season to Sparkle

Join us for holiday cheer and learn about the latest procedures, treatments and products to help you shine just in time for the holidays!

Thursday, November 13
10 a.m. – 6:30 p.m.

SOUTH CENTRAL ACCREDITATION PROGRAM (SCAP) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

For more information about the cruise and the curriculum call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

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www.arsbn.org

For more information about the cruise and the curriculum call Teresa Grace at Poe Travel Toll-free at 800.727.1960.

POETRAVEL
www.arsbn.org
budget. Again, like at home there are always going to be unexpected things. This is especially true since we are on a two year cycle. However, unlike at home, we can not “splurge” every once in a while. Staying within the budget is the law.

4. Reporting – The financial status of the ASBN is monitored on a daily basis by the ASBN, and monthly reports are reviewed by the Board. The fiscal year for the ASBN ends on June 30. At this point, the books are examined for year end reporting, closed, and compiled into annual financials. Financial information is included in the annual report of the ASBN. It is also combined with other governmental entities in the state to prepare the statewide financials.

5. Auditing – The financials of the ASBN are audited on a regular basis by Legislative Audit to ensure the accuracy of the information presented.

The financial goal of the ASBN is to use the funds available to the agency in the most effective and efficient manner possible and to report the financial status accurately. This process allows the board to have the funds necessary to issue licenses, discipline when necessary, and implement other related programs like continuing education and nursing student loans. The process described above is the simplified version of our financial cycle, but hopefully, it is enough to give you an idea of how the process works. The regulations we follow help to ensure that funds are available to fulfill the Board’s mission of protecting the public.

DEA MOVES HYDROCODONE-COMBINATION CONTROLLED SUBSTANCES TO SCHEDULE II

As of October 6, 2014, the DEA will officially move hydrocodone-combination controlled substances from the Schedule III class to the Schedule II class. Arkansas APRNs (with Prescriptive Authority and a DEA number) will no longer be able to prescribe these medications due to the restriction of only being able to prescribe Schedules III – V.

The DEA is permitting hydrocodone-combination prescriptions issued before October 6, 2014, to be refilled until April 8, 2015, if the prescription authorizes refills.
Leading the Way in Award Winning Quality Care!

Arkansas’ only TRICARE-certified residential program. “TRICARE” is a registered trademark of the TRICARE Management Activity. All rights reserved.

Positions Available

POSITION: RN   SHIFT: Full-time 3p-11p, PRN
The Staff Nurse (RN) is a registered professional nurse who prescribes, coordinates, and evaluates patient care through collaborative efforts with health team members in accordance with the nursing process and the standards of care and practices. Education: Graduate from an accredited program of professional nursing required; Bachelor's Degree preferred. Experience: A minimum of three (3) years experience in a psychiatric health-care facility preferred.

POSITION: LPN   SHIFT: Full-time 7a-3p, WEO
Education: Graduate from an accredited vocational school of nursing. Experience: Minimum one (1) year as an LPN/LVN/LPTN in psychiatric nursing preferred. Must pass a medication administration exam before administering medications. CPR certification and successful completion of HWC including restraint and seclusion policies, within 30 days of employment and prior to assisting in restraining procedures.

POSITION: Intake Clinician   SHIFT: PT (WEO), PRN
This position will provide administrative support for the assessment team and will be responsible for scheduling assessments and documenting inquiries. This position works closely with the Nursing Services Department and external clinicians to facilitate the admission process for clinically appropriate patients. Education: Registered Nurse. Experience: A minimum of two (2) years direct clinical experience in a psychiatric or mental health setting, with direct experience in patient assessment, family motivation, treatment planning, and communication with external review organizations.

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www.pinnaclepointehospital.com
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Care Management Positions

QualChoice Health Insurance, a part of the newly formed health plan division of Catholic Health Initiatives (CHI), has an exciting opportunity for a motivated, career oriented nurse, to be a Supervisor in our Care Management department (Acute Case Management, Utilization Management, Disease Management and Health Coaching) in our Little Rock Office. Our Care Managers work with clients, families, physicians, and other health care providers to facilitate, educate and coordinate the provision of health care services for clients. We identify clients who would benefit from our services, assess client needs, identify treatment alternatives, develop individualized care plans, facilitate communication among providers and clients/families, and implement and monitor care plans to promote positive, high quality outcomes.

Qualifications: Must be a Registered Nurse with an active Arkansas license and have a minimum of five years of broad-based nursing experience and two years’ supervisory experience. Must have experience with Microsoft Word, Excel and PowerPoint.

For more detailed information about the positions and to apply online go to our website at www.qualchoice.com/careers. QualChoice offers a competitive salary and an excellent benefits package. QualChoice is an Equal Opportunity Employer to include women, minorities, veterans and persons with disabilities.

Wound, Ostomy, Cont. RN Home Health in North Little Rock Full-time - 8 am to 4:30 pm

RN with current Arkansas License and one year of clinical experience. Must be certified as an Enterostomal Therapy Registered Nurse by Wound, Ostomy, and Contenience Nurse’s Society. Integrates his/her expertise as clinician, educator, consultant, and researcher in provision of care for patients with select disorders of GI, GU, and Integumentary systems.

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Conway - Hot Springs !!!
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(one coupon per customer)
(excludes Littmann products)

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the LARGEST retailer of SCRUBS & MEDICAL UNIFORMS in Central AR

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501.758.7608 501.525.1007

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Disciplinary Actions

The full statutory citations for disciplinary actions can be found at www.arsbn.org under Nurse Practice Act, Sub Chapter 3, §17-87-309. Frequent violations are A.C.A. §17-87-309 (a)(1) “Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing or engaged in the practice of nursing without a valid license;” (a)(2) “Is guilty of a crime or gross immorality;” (a)(4) “Is habitually intemperate or is addicted to the use of habit-forming drugs;” (a)(6) “Is guilty of unprofessional conduct;” and (a)(9) “Has willfully or repeatedly violated any of the provisions of this chapter.” Other orders by the Board include civil penalties (CP), specific education courses (ED), and research papers (RP). Probation periods vary and may include an employee monitored nurse contract and/or drug monitoring and treatment programs.

Each individual nurse is responsible for reporting any actual or suspected violations of the Nurse Practice Act. To submit a report use the online complaint form at www.arsbn.org, or to receive additional information, contact the Nursing Practice Section at 501.686.2700 or Arkansas State Board of Nursing, 1123 South University, Suite 800, Little Rock, Arkansas 72204.

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<thead>
<tr>
<th>Name</th>
<th>License #</th>
<th>City</th>
<th>Action</th>
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<th>Stipulations</th>
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<td>R040977</td>
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### Disciplinary Actions September 2014 continued from page 27

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