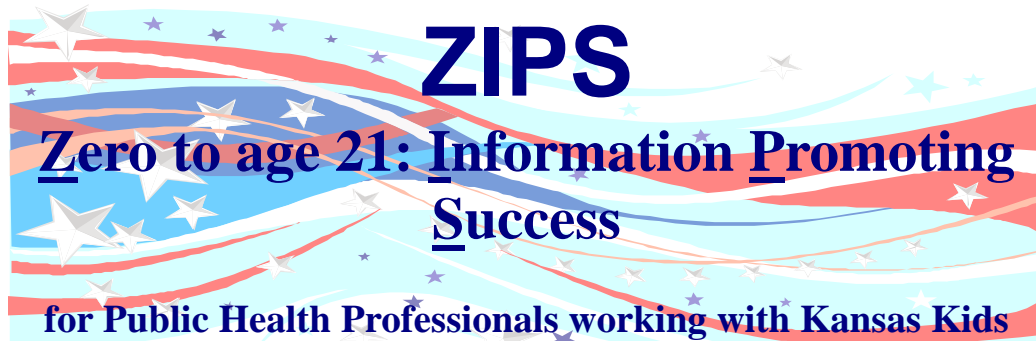


Kansas Department of Health & Environment

Volume 6 Number 7
July 2008



Special Points of Interest:

- * Women's Health Affects Pregnancy Outcomes
- * Petting Zoos Risks
- * Teens and Summer Sun Exposure
- * KSBN rule on stock epinephrine
- * Youth Risk Behavior Survey Data Available
- * Move to Improve Health: Mobile Health Clinic

Inside this issue:

Women's Health - Preconception to Birth	2
Public Health	2
Child Health - Birth to Age 9	3
Ask Ken!	4
Adolescent Health - Age 10 - 21	4
School Health	5
Events & Resources	6
The Back Page	7

LINDA KENNEY EARNS KUNSCHE AWARD

By Ileen Meyer, Director, Children & Families

Linda Kenney, Director of the Bureau of Family Health, received the 2008 Kunsche Award presented by the Perinatal Association of Kansas (PAK) at their annual conference June 20 at Stormont-Vail Regional Health Center, Topeka.

Linda serves as Director of the Bureau of Family Health and Kansas Title V Director at KDHE, a position she has held since 2000. From 1989-2000, she was the Director of the Children and Families Section in the Bureau, primarily responsible for services to pregnant women and infants, children and adolescents, and women's health.

Under Linda's thoughtful and visionary leadership, the health of families in Kansas has been enhanced through breastfeeding and oral health initiatives, expanded newborn screening, coordination and planning for early childhood programs, and increases in maternal child health data capacity and other efforts. Linda continues to provide meritorious service to assure that the health-

care needs of Kansas families are well served.

The Kunsche Award is presented annually by PAK to an individual for their service to mother's and babies. The first Kunsche award was presented in 1988 from the Great Plains Organization (GPO) chapter of the National Perinatal Association (NPA). When GPO dissolved, Minnesota and Kansas decided to continue to honor this tradition.



Linda Kenney, left, with mother, Pearl after receiving the 2008 Kunsche Award.

"Kunsche" in the Sioux language literally translates into "grandmother." In the broader sense it implies caregiver and nurturer- an esteemed and honored nurturing caregiver. The penciled drawing by Mary Growth depicts two prairie mothers and their homes. The montage moves from the right side with the Sioux mother and child surrounded by tall grass and sky, giving way to the white prairie house, fence line and tree. In the doorway is a sleepy baby and loving mother in a flowered cotton dress, repeating the wild flowers in the prairie grass.



WOMEN'S

Joe Kotsch, Perinatal Consultant



Women's Health Affects Pregnancy Outcomes

Studies are increasingly showing that the early weeks after conception are critical for a baby's development starting care before conception matters. Numerous national studies and reports such as the recently published report, "Healthy Women, Healthy Babies" published by the Trust for America's Health, have promoted the basic concept that women who are healthy before they become pregnant more often experience positive birth outcomes than women with pre-existing medical conditions or diseases. In addition, many of the women who give birth to preterm and low birthweight babies come from impoverished backgrounds in rural and urban areas and often lack access to basic primary as well as prenatal medical services.

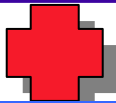
Also, many of these same women are associated with the criminal justice system, live in substandard housing and represent various races and ethnicities facing many dire psychosocial circumstances. "This is about health, everyday health, Hani Atrash, M.D., Associate Director for Program Development, National Center of Birth Defects and Development Disabilities, Centers for Disease Control and Prevention and lead for the CDC Preconception Health and Health Care Initiative. We need a paradigm shift that takes us from anticipation and management during pregnancy to health promotion and prevention before pregnancy. We're not saying: 'You need to get healthy in case you get pregnant.' We're saying: 'You need to get healthy.' If the woman then becomes pregnant,

she and her baby will have a better chance for a good outcome. It's really about women's health."

It is estimated that each year 12 percent of babies are born prematurely and another eight percent are of low birthweight in the United States. Out of the 40,896 live births occurring to Kansas residents in 2006, nine percent of the live births were preterm (less than 37 weeks completed gestation) and seven percent of the live births were of low birthweight (less than 2500 grams). Although slightly better than the national figures for prematurity and low birthweight, there is much needed room for improvement.

In the past, it was recommended to increase access to prenatal care services to help solve this problem. However, Poor nutrition, lack of folic acid vitamins, too much alcohol, diabetes, tobacco smoke, toxic chemicals, and other risks can lead to miscarriage, birth defects, or slow fetal growth. Often, women do not realize that they are pregnant at the outset and the first doctor's visit typically does not occur before 6-12 weeks after conception. Therefore, using a strong approach of improving well woman care that complements prenatal care seems prudent.

For more information on women's health and preconception care go to: www.cdc.gov/ncbddd/preconception/cdc.htm



PUBLIC HEALTH



What Are You Really Drinking?

By Laura Tate, MCH Summer Intern

During the hot summer months, one of the most important things for a child is staying hydrated. However, with recent studies reporting on the dangers of bisphenol A (BPA) which can be found in #7 recyclable such as reusable bottles made of polycarbonate and baby bottles, questions have been raised.

The appeal of #7 recyclable containers are their shatter-proof qualities. Unfortunately, recent studies have shown that these containers can release harmful BPA which then enters into the consumer's body. It is now believed that BPA ingestion can result in a distorted number of chromosomes. So, the question arises, "What is the safest way to keep a child hydrated in the scorching summer heat?"

Consider regular tap water in a glass. While this may not be convenient for children on the go, there are definitely perks for choosing a glass of water. A reusable cup of water is not only a health-conscious choice, but also an environmentally friendly choice. Drinking clean tap water can provide certain vitamins and minerals which may be filtered out in other sources of water. Using reusable cups also decreases the

amount of bottles in landfills significantly. Each year, Americans throw away over 22 billion empty plastic bottles (National Geographic).

If it's portability you're looking for, there are two options – bottled water and reusable containers. Bottled water is the second most popular drink choice among Americans. What many do not realize, however, is that the water contained in these bottles are not subject to the same regulations as tap or municipal water. Recyclable #1 bottles should not be reused because they can release harmful chemicals into the liquids contained inside and are also porous enough to facilitate increased amounts of bacterial growth.

The second option for a portable drink of water is a plastic or stainless steel bottle. Plastic bottles have now come out with BPA free containers and many stainless steel options are now available. This option allows for tap water to become portable and can help to reduce landfill waste however, proper cleaning of these containers is required to prevent bacteria.



Continued on page 4



CHILD HEALTH

Brenda Nickel



Petting Zoo Risks

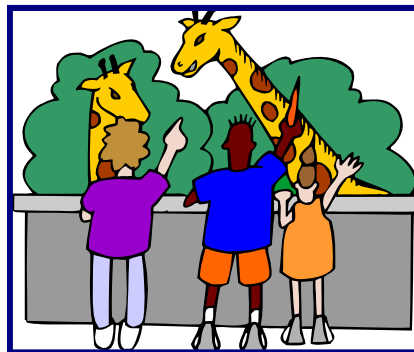
By Jane Stueve, Adolescent and School Health Consultant

Petting zoos can be fun and are a wonderful opportunity to teach children to appreciate animals. Petting zoos or sometimes called children's zoos, encourage and permit children to touch and feel animals. Settings for petting zoos include county or state fairs, circuses, carnivals, meets, tractor bees, businesses and educational exhibits even at regular zoos. Some petting zoos are also mobile and will come to your home for a children's party or event. To stay safe practice these five tips from the CDC on your next visit to the petting zoo:

1. Don't eat or drink near animals.
2. Wash your hands and your child's hands thoroughly with soap and water after touching animals. No sink around? Bring along an alcohol-based sanitizer.
3. Clean muddy shoes as soon as possible, and bring a change of clothes for young children.
4. Leave toys, sippy cups, pacifiers, and other items your child is likely to handle and put in their mouth at home.
5. When you are around the animals, carry young children, especially those who are likely to suck on their own fingers. It should be a 'looking' zoo for them.

Although multiple benefits of petting zoos exist, infectious diseases, rabies exposures, injuries, and other human health problems associated with these settings are of concern. The most common infectious disease outbreaks from petting zoos reported during the previous decade have been from Es-

cherichia coli (e-coli), Salmonella, coxiella burnetti, mycobacterium tuberculosis, and ringworm.



All petting zoos should be licensed, insured, and USDA certified in the United States. This has been so much of a concern in some states that they have enacted hand washing laws to protect the patrons of the petting zoo. Hand

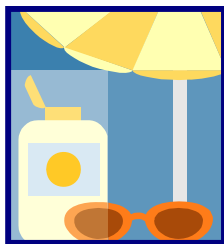
washing is the best prevention for reducing the risk for disease transmission.

The bacteria is found in animal droppings and can cause bloody diarrhea or even kidney failure. All your child has to do is touch a contaminated surface and then put their hand into their mouth. The droppings can be on the fences, fur, straw and ground and be easily transported to hands, clothes or shoes.

For more information about animals in a public setting, visit the KDHE Office of Surveillance and Epidemiology website at www.kdheks.gov/epi/regulations.htm.

MAKE THE MOST OF SUMMERTIME

By Ileen Meyer, Director, Children & Families



Summertime – the word says it all! In the summer, the long-lasting sunlight stretches into evening and the days seem almost endless. And neighborhood young people, many of them out of school for several months, have time on their hands.

Summertime provides many opportunities for promoting asset development in kids and teens. Take advantage of these opportunities to connect with young people!

- Take time to talk to young people in your neighborhood. Ask them how their school year went, what they're doing over the summer, etc. Find out about their hobbies, passions, and dreams.
- Spend time outdoors enjoying and encouraging the laughter and play of children. Welcome them in your yard.
- Fill a niche that no else has filled. If you see a child or

teen that seems alone, upset, or lost, take time to talk to encourage and support them. Pursue help if needed.

- If a child or teen seems bored, encourage him/her to get involved in volunteer, social or recreational activities. Assist them in searching out such opportunities.
- Take time to participate in some activity with them (play ball, a game, etc). Ask them to teach you something.
- Smile and say hello to kids and teens as you pass them.
- Plan neighborhood parties and get-togethers.
- Be an advocate in your community for safe places for youth to go and constructive things to do!
- Keep any eye out for the safety of young people in your community.
- If young people are behaving inappropriately, discuss that with them. If need be, report to their parent or a person in charge of the area.



ADOLESCENT

Jane Stueve, Adolescent and School Health



Teens and Summer Sun Exposure

Many teens find summer jobs where they can receive an abundance of exposure to the sun. With jobs from summer road construction crews to lifeguard at the pool or lake, it is important to teach your teen to protect their health by avoiding Ultraviolet (UV) rays. UV rays are a part of sunlight that is an invisible form of radiation. UV rays can penetrate the skin's protective top layer and change the structure of skin cells. Scientists believe that UV rays cause damage to connective tissue, and increase the risk for developing skin cancer, lip cancer, cataracts and premature skin aging.

When UV rays penetrate the skin's inner layers, the body produces melanin. Melanin eventually moves toward the outer layers of the skin and becomes visible as a tan. In years past, a suntan was thought to be an indicator of good health – this is not true today. Physicians consider tanning a response to injury to skin cells.

Whether a person burns or tans depends on the skin type, time of year, and amount of sun exposure. Individuals that burn easily are more prone to cell damage than someone that rarely burns and is deeply pigmented. Teens of color are capable of making large amounts of melanin. Among teens of color, the amount of melanin varies as does the protection melanin offers from the damaging affect of the sun. However, teens of color can suffer sunburn under certain circumstances (www.e-facial-skin-care.com/african-american-skin-care.html), and they can also develop a sensitivity that results in a rash, scratch, pimple, inflammation or excess production of melanin, resulting in dark marks or patches on the skin.

There are a variety of sun screens to protect teens' skin from UV rays. Sunscreens should be selected that block UVA and UVB rays and offer at least sun protection factor (SPF) 15. The screen works by absorbing, reflecting, or

scattering the sun's rays. Since the sunscreens contain chemicals that interact with the skin to protect it, it is important to follow the manufacturers.

Clothing that covers skin protects against the sun's UV rays. Loose-fitting, long-sleeved shirts and long pants made from tightly woven fabric offer the best protection. A wet t-shirt offers much less UV protection than does a dry t-shirt. A t-shirt actually has an SPF rating substantially lower than SPF 15. Hats can help shield skin from UV rays. For the most protection, wear a hat with a brim all the way around that shades your face, ears, and neck. If your teen wears a baseball cap, encourage them to use a sunscreen on their ears and neck. Wrap-around sunglasses with both UVA and UVB ratings offer the best protection for your eyes.

Teach teens to avoid the sun when it is the strongest between 10 a.m. and 4 p.m., use sunscreen, wear protective clothing, wear sunglasses, and most importantly check their skin regularly for skin cancer by noting any changes in moles, birthmarks and spots. Then, report any changes to a physician to rule out skin cancer. For more information, go to www.cdc.gov.

Continued from page 2

So, what's the best solution for keeping kids hydrated this summer? At the moment, there is no clear answer. It appears that each option is beneficial for certain situations. A bottle of water is always better than a bottle of pop, bottled water may be the only option when a clean source of water is not available; tap water costs only cents while bottled water costs dollars.

For more information on the impact of bottled water on the environment, as well as where to purchase safe, BPA-free containers, visit: www.thegreenguide.com/doc/121/bottle.



Ask Ken!

ELECTRONIC SUBMISSION
OF DATA & CVR'S

- Q.** KIPHS: Why is it important to report to Ken when I send data and get an error log? Why does he need to know the ID numbers and error message when I have already corrected the data before I sent it?
- A.** I am finding out that errors are not always corrected properly and do not get counted as expected. With the ID number reported to me I can look and see if the encounter was counted. I have had several instances that the encounter did not come in as ex-

pected. Any time you get an error log it has to be addressed and corrected, then checked to assure it is being counted property.

- Q.** M & I: Is the first visit ever to the M & I program always a new intake (program 6)?
- A.** YES, all other visits to this program will be reported as some type of a follow-up visit, even subsequent pregnancies.



SCHOOL HEALTH

Brenda Nickel & Jane Stueve



Nursing: Care of Undiagnosed Anaphylaxis in the School Setting Conflicting With Kansas Nurse Practice Act

By Brenda Nickel, Child and School Health Consultant

The School Nurse Taskforce requested a ruling to clarify this practice. This past spring, the Kansas State Board of Nursing (KSBN) convened a School Nurse Taskforce to review the regulations in the Kansas Nurse Practice Act (NPA) that pertain to school nursing. During this work, it came to the attention of the KSBN that some school nurses have maintained stock epinephrine ordered by local physicians to be used if a child exhibits symptoms of a severe allergic reaction. The Kansas Nurse Practice Act (NPA) does not allow using stock epinephrine, yet school nurses have reported that they have saved lives by having this medication available to treat anaphylaxis. Diane Glynn, Practice Specialist at the KSBN wrote, "K.S.A. 65-1113 authorizes the nurse to make a nursing diagnosis (distinct from a medical diagnosis) and to execute a medical regimen as prescribed by someone licensed to practice medicine and surgery (carry out a physician's order). Identifying and labeling anaphylaxis requires medical judgment and a medical diagnosis to be made."



The KSBN Practice Committee reviewed this issue at their mid-June board meeting and concurs that this practice is not allowed. A letter signed by the President of the KSBN is attached to this issue and will be available at the KSBN website at www.ksbn.org.

In Kansas, there is not a mandate for professional registered nurses to be available on school campuses. The Kansas State Department of Education (KSDE) reports that in 2007-2008, 486,335 students in 3-year old preschools to grade 12 were in attendance in Kansas' 2,036 schools. In school districts that have school nurses, the nurses are treating diagnosed severe allergy symptoms with epinephrine using a physician order, parent permission, supplied epinephrine and an individualized care plan for the student.

According to the American Academy of Allergy Asthma and Immunology, approximately two million children who attend school in the United States have a food allergy, with one in every 17 children under the age of three afflicted. In a Massachusetts school study regarding the use of epinephrine to treat life-threatening allergic reactions, 24 percent of students that had been treated for anaphylaxis had not been identified as having a potential life-threatening allergy and as such, did not have any care plan or prescription for epinephrine. Children who had been treated for anaphylaxis using available epinephrine typically were treated by the school nurse. (McIntyre, Sheetz, Carroll, & Young, 2005).

The ruling will be of concern for school nurses due to the potential harm to a child who has an undiagnosed anaphylactic reaction and is not promptly treated with epinephrine while waiting for more advanced medical care. To remedy this practice issue, the Kansas NPA would require statutory and regulatory changes to expand the health services under the supervision of a registered nurse in the school setting and support from the Board of Healing Arts and the Pharmacy Board. This issue is of concern for the safety of children in school settings and a practice issue for the nurses charged with their care. If you have questions regarding the content of this article, please contact Brenda Nickel at bnickel@kdhe.state.ks.us.

References:

American Academy of Allergy Asthma and Immunology. Allergy Statistics. <www.aaaai.org/media/resources/media_kit/allergy_statistics.stm>. Accessed 2008 June 16.

McIntyre, C.L. Sheetz, A.H. Carroll, C.R. & Young, M.C. Administration of epinephrine for life-threatening allergic reactions in school settings. *Pediatrics*. 225:116(5): 1134-1140.

Kansas State Department of Education State Reports. <www3.ksde.org/k12/state_reports.html>. Retrieved 10 June 2008.

Image source:

http://ktuu.images.worldnow.com/images/7794373_BG4.jpgSchool

Youth Risk Behavior Survey Data Available

By Jane Stueve, Adolescent and School Health Consultant

New data from the Centers for Disease Control and Prevention (CDC) show that positive changes in high school teens' sexual behavior and contraceptive use have stalled. At present, nearly half of all teens have ever had sex and more than one-third are sexually active (that is, they have had sex in the past three months). Less than two-thirds of sexually active teens report using a condom the last time they had sex. The 2007

Youth Risk Behavior Survey (YRBS) also notes that 15 percent of high school students report they have had four or more sexual partners, essentially unchanged from 2005. To read the full YRBS survey from the CDC go to: <http://cdc.gov/HealthyYouth/yrbs/index.htm>. For fast facts go to: www.thenationalcampaign.org/resources/YRBS_2007.aspx

EVENTS



RESOURCES

The **19th Annual Kansas School Nurse Conference** theme this year is "All Children Healthy and Learning: School Success Through Health Promotion and Management of Chronic Health Conditions." It will be July 14-18, at the Hyatt Regency Wichita. The New Nurse Sessions: July 14 - 15; General Sessions: July 15 - 17, and Post Session July 17-18. An added bonus to the post sessions this year is the opportunity to attend vision screening training and also to attend School Nurse Emergency Services for Children (SNEMS-C) training. We are able to provide this workshop for \$30 (at the University of Connecticut, the SMCMS-C training cost is \$445) because of a grant from KDHE Emergency Medical Services for Children in the Bureau of Health Promotion. For complete information and registration go to <http://webs.wichita.edu/?u=conted&p=/ksn/>

The **Kansas Basic Home Visitation Training** is intended for home visitors, family service workers, nurses, service coordinators and social workers in Head Start/Early Head Start, Parents As Teachers, Health Start and other agencies delivering home visitation. This is a five-day session, adapted from the Nebraska Home Visitation Training Curriculum.

Basic Home Visitation Training will be held on Aug. 4 - 8, from 9 a.m. until 4 p.m. at the Heartland Programs, 700 Jupiter Ave., Salina. The trainers will be Connie McMullin and Terry Wilson. The cost of registration is \$300. The registration fee covers the cost of materials, lunch, refreshments and other expenses. You may register at www.ksheadstart.org or contact Becky Drews at Kansas Head Start Association, (785) 856-3132. The next Basic Home Visitation Training will be held on Jan. 26-30, 2009 in Wichita.

The Kansas Home Visitation Training curriculum meets the training requirements for Healthy Start and Early Head Start home visitors. It is a requirement of the MCH grant to complete this training. Healthy Start Home Visitors are also asked to register on <https://KS.TRAIN.ORG> and the course will also appear on their transcript.

The **University of Kansas 10th Annual Conference on the Prevention and Treatment of Overweight and Obese Individuals** will be held at the Marriott Downtown, Kansas City, MO., Thursday Sept. 4 through Saturday Sept. 6. Some discussion topics will be: differences in popular dietary approaches to weight management; impact of weight bias; role of brain imaging for control of food intake, role of the family; food insecurities and obesity; and intervention strategies for Hispanic youth. For more information go to www.ebl.ku.edu/conference/conf2008/Intro2008.htm

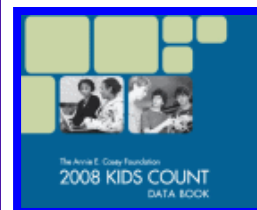
Group B Streptococcus International (www.groupbstrepinternational.org/) is sponsoring an awareness month in July via the United States National Health Observances Calendar to bring awareness to group B Strep (GBS) in babies worldwide. Group B strep is a leading cause of blood infection and meningitis and one of the leading causes of death in newborns worldwide. In regions where awareness and prevention efforts have been implemented, infant deaths from GBS have decreased by as much as 70 percent. For more information on the prevention of GBS go to: www.cdc.gov/women/gderecom/gbstrep.htm

A **free School Wellness Guide** is available for schools wanting to implement such a program.



Health Schools, National Association of School Nurses, and School Health, with support from The OrganWise Guys Inc., and Parents for Public Schools, has created "Quick and Easy Guide to School Wellness," which includes printed material and a CD with information, guidelines, resources and tools to help implement a wellness program within a school. For additional information and other resources for healthy schools, visit www.healthyschoolscampaign.org or call (888) HSC-1810 (888-472-1810).

KIDS COUNT Data Book Available On-Line The 2008 data book is now available for communities to see how they rate in meeting the needs of children and families. Data for Kansas ranks the state as 18th overall in socioeconomic, health, education and other factors. To access the data book and find out how your community fares in addressing the needs of children and families, visit the Anne E. Casey Foundations website at www.kidscount.org/datacenter/databook.jsp. For other resources and information specific to Kansas, visit the Kansas Action for Children (KAC) Web site at www.kac.org/.



Conscience is the perfect interpreter of life.

- Karl Barth



**The State of Kansas
Department of Health and Environment**

Bureau of Family Health

Children and Families Section

1000 SW Jackson, Suite 220

Topeka, KS 66612-1274

Phone: 800-332-6262 (Make a Difference)
785-296-1307 (Administration)

“Providing leadership to enhance the health of Kansas women and children through partnerships with families and communities.”

We hope this newsletter continues to be a useful resource for you. We encourage you to give us your comments, feedback and suggestions. Previous editions of ZIPS can be found at:

www.kdheks.gov/c-f/zips/

For program information, contact:

Carrie Akin cakin@kdhe.state.ks.us
Admin Specialist/ZIPS Technical Editor (785)-296-1300

Jamie Klenklen, BPA jklenklen@kdhe.state.ks.us
MCH Admin Consultant (785)-296-1234

Joseph Kotsch, RN, BSN, MS jkotsch@kdhe.state.ks.us
Perinatal Consultant (785)-296-1306

Ileen Meyer, RN, MS imeyer@kdhe.state.ks.us
Director, Children & Families (785)-296-1303

Ken Miller kmiller@kdhe.state.ks.us
Data Specialist (785)-296-1305

Brenda Nickel, RN, BSN bnickel@kdhe.state.ks.us
Child and School Health Consultant (785)-296-7433

Jane Stueve, RN, BSN jstueve@kdhe.state.ks.us
Adolescent and School Health Consultant (785)-296-1308

Visit our Web site at www.kdheks.gov/c-f

On the Move to Improve Health: Mobile Health Clinic Offers Screening Opportunities for School Personnel and Learning for Washburn Nursing Students

By Jane Brown, ARNP, Professor, Washburn University School of Nursing

The Washburn University School of Nursing Mobile Health Clinic is a joint venture with the Sun Flower Foundation, a Topeka-based philanthropic organization with the mission to serve as a catalyst for improving the health of Kansans. (Photo by Peggy Clark, Washburn University Photographer)

The mobile clinic is staffed with junior, senior and master's nursing students under the supervision of a nurse practitioner. The focus is to provide educational and screening services to the community providing services that include: blood pressure screening, glucose and foot sensation screening for diabetics, lipid/cholesterol panel for heart disease, mood and depression survey and breast abnormality screening. The Mobile Clinic can provide school faculty and staff with a mini health fair in coordination with an in-service day.



The Washburn University School of Nursing faculty is scheduling learning opportunities for the fall 2008 and spring 2009 semester nursing students. If interested in hosting the Mobile Health Clinic for school staff, please contact: Jane Brown, ARNP, Washburn University School of Nursing via e-mail at jane.brown@washburn.edu or

(785) 670-3257. This is an opportunity to provide screening for a healthier school staff and a valuable learning experience for nursing students!

To read in more detail about the Washburn University School of Nursing Mobile Health Clinic and services provided, visit the Topeka Capitol Journal's in-depth on-line article written by Ann Marie Bush, March 2008 at www.cjonline.com/stories/033108/hea_263444605.shtml

June 13, 2008

Attention: Kansas School Nurses

Re: The use of Epinephrine to treat life threatening emergencies in children that have not been previously diagnosed.

In reviewing school nurse regulations, a question was posed that embodies a recent and proactive change in school nursing practice across the nation. It was asked whether school nurses in Kansas can keep a stock of epinephrine pens that are not prescribed for any particular student and whether a nurse may identify an anaphylactic reaction in students that have not been previously diagnosed with the same and use the stock epinephrine to treat that student without receiving a physician's order prior. The School Nurse Task Force, Practice Committee and the Board reviewed the Kansas Nurse Practice Act and find that the current language of the statute does not allow this practice in Kansas.

KSA 65-1113 authorizes the nurse to make a nursing diagnosis (distinct from a medical diagnosis) and to execute a medical regimen as prescribed by someone licensed to practice medicine and surgery (carry out a physician's order). Identifying and labeling anaphylaxis requires medical judgment and a medical diagnosis to be made. Nurses are not authorized to make a medical diagnosis. Prescribing and administering a prescription drug (epinephrine) is at its root the practice of medicine. A physician can assign or delegate that medical act of administration to someone qualified by licensure, a nurse, and a nurse can carry out that order. A nurse on their own may not make those choices as the statutory authorization limits this.

Currently in Kansas the law is not broad enough to allow a nurse to stock epinephrine, diagnose anaphylaxis and prescribe and use the stock epinephrine independently of a physician.

For the Kansas State Board of Nursing,



President of the Board

Attachment

65-1113. Definitions. When used in this act and the act of which this section is amendatory:

(a) "Board" means the board of nursing.

(b) "Diagnosis" in the context of nursing practice means that identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen and shall be construed as distinct from a medical diagnosis.

(c) "Treatment" means the selection and performance of those therapeutic measures essential to effective execution and management of the nursing regimen, and any prescribed medical regimen.

(d) Practice of nursing. (1) The practice of professional nursing as performed by a registered professional nurse for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and amendments thereto, means the process in which substantial specialized knowledge derived from the biological, physical, and behavioral sciences is applied to: the care, diagnosis, treatment, counsel and health teaching of persons who are experiencing changes in the normal health processes or who require assistance in the maintenance of health or the prevention or management of illness, injury or infirmity; administration, supervision or teaching of the process as defined in this section; and the execution of the medical regimen as prescribed by a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(2) The practice of nursing as a licensed practical nurse means the performance for compensation or gratuitously, except as permitted by K.S.A. 65-1124 and any amendments thereto, of tasks and responsibilities defined in part (1) of this subsection (d) which tasks and responsibilities are based on acceptable educational preparation within the framework of supportive and restorative care under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

(e) A "professional nurse" means a person who is licensed to practice professional nursing as defined in part (1) of subsection (d) of this section.

(f) A "practical nurse" means a person who is licensed to practice practical nursing as defined in part (2) of subsection (d) of this section.

(g) "Advanced registered nurse practitioner" or "ARNP" means a professional nurse who holds a certificate of qualification from the board to function as a professional nurse in an expanded role, and this expanded role shall be defined by rules and regulations adopted by the board in accordance with K.S.A. 65-1130.

History: L. 1949, ch. 331, § 1; L. 1963, ch. 314, § 1; L. 1975, ch. 316, § 1; L. 1978, ch. 240, § 1; L. 1980, ch. 186, § 1; L. 1983, ch. 206, § 6; April 28.