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Contact Hours: **2**

Florida Laws and Rules for Nursing

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LEARNING OUTCOME AND OBJECTIVES: Upon completion of this course, you will be prepared to comply with the laws and rules that govern nursing practice in the state of Florida, including those from the Florida Statutes and Administrative Code. Specific objectives to address potential learning gaps include:

- Describe the role of the Florida Board of Nursing.
- Contrast the Florida Board of Nursing with nursing professional organizations and the Florida Nurses Association.
- Discuss the levels of nursing practice in Florida.
- Explain the factors for safe delegation to unlicensed assistive personnel.
- Identify the requirements for renewing a nursing license in Florida.
- Explain how the nursing Code of Ethics guides nursing practice.
- Discuss Florida nursing law violations and subsequent disciplinary/rehabilitation actions.

INTRODUCTION

The establishment of standards for nursing education and practice is the result of efforts by nursing associations that began over 100 years ago. Currently in each state or territory, a law known as the Nurse Practice Act (NPA) designates an authoritative body that defines and regulates the nursing practice of every nurse in every role. This authoritative body, known as a board of nursing, is responsible for ensuring that nurses who practice in the state for which they have responsibility are competent, safe, skilled, and knowledgeable about the standards set forth in that state's scope of practice for nurses (NCSBN, 2018).

This course discusses the standards for the safe practice of nursing in the state of Florida as written by the Florida Board of Nursing in accordance with the Florida Statutes and Administrative Code.

FLORIDA NURSING LAWS AND RULES

Florida Nurse Practice Act

In Florida, nursing standards are codified in the Florida Statutes (F.S.) and Florida Administrative Code (F.A.C.). The Florida Statutes are a permanent collection of state laws organized by subject area into a code made up of titles, chapters, parts, and sections. The Florida Statutes are updated annually by laws that create, amend, transfer, or repeal statutory material (Florida Legislature, 2019a).

The Florida Nurse Practice Act is outlined in the Florida Statutes, Title XXXII, Chapter 464, Regulation of Professions and Occupations (Florida Legislature, 2019b). The sole legislative purpose of the NPA is to “ensure that every nurse practicing in this state meets minimum requirements for safe practice. It is the legislative intent that nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state.”

Florida Board of Nursing

The practice of nursing in Florida is licensed by the **Florida Board of Nursing (FBON)**, which is under the jurisdiction of the Florida Department of Health. The FBON is funded and supported by mandatory licensure fees paid by nurses wishing to practice legally in the state of Florida.

The role of the Department of Health is outlined in F.S. 456, Health Professions and Occupations, which states that:

(Health) professions shall be regulated only for the preservation of the health, safety, and welfare of the public under the police powers of the state. Such professions shall be regulated when:

- Their unregulated practice can harm or endanger the health, safety, and welfare of the public, and when the potential for such harm is recognizable and clearly outweighs any anticompetitive impact that may result from regulation.
- The public is not effectively protected by other means, including, but not limited to, other state statutes, local ordinances, or federal legislation.
- Less restrictive means of regulation are not available.



MEMBERS

The Florida Board of Nursing consists of 13 members. All members must be residents of the state of Florida, and one must be at least 60 years old. The board must consist of:

- Seven registered nurses who represent diverse fields and who have been engaged in the practice of professional nursing for at least four years, including at least:
 - One advanced registered nurse practitioner
 - One nurse educator member of an approved program
 - One nurse executive
- Three licensed practical nurses who have practiced for at least four years prior to their appointment
- Three consumer members who have never been licensed nurses and who are in no way connected with the practice of nursing

The members are appointed by the governor for terms of four years (FBON, 2020a).

RESPONSIBILITIES

The Florida NPA authorizes the Florida Board of Nursing to make and enforce rules and regulations for registered nurses, practical nurses, certified nurse assistants, certified nurse-midwives, nurse practitioners, clinical nurse specialists, registered nurse first assistants, and certified registered nurse anesthetists (Florida Legislature, 2019b).

The FBON “licenses, monitors, disciplines, educates, and, when appropriate, rehabilitates its licensees to assure their fitness and competence in providing healthcare services for the people of Florida” (FBON, 2020b). They are responsible for enacting the rules outlined in the Florida Administrative Code.

Florida Nursing Rules

The Florida Administrative Code is the official compilation of administrative rules for the state of Florida. The Department of State oversees the publishing of the F.A.C. and updates it weekly (FLDOS, 2010a). Chapter 64B9 of the F.A.C. outlines rules related to nursing.

PROFESSIONAL ORGANIZATIONS

One of the hallmarks of a profession is that its members band together in collegial association to provide a variety of services for its members. These services include such things as continuing education, collective bargaining, legislative advocacy, and information about the profession. These organizations are **not** set up by state laws or through the government.



In Florida, professional associations include the **Florida Nurses Association (FNA)** and state chapters of other specialty associations such as those for nurse practitioners. Typically, associations are run by boards of trustees elected by members who pay voluntary membership dues.

The mission of professional associations is characterized by that of the FNA, which is “advancing the profession of nursing and promoting a healthy Florida” (FNA, n.d.).

The primary difference between the Florida Board of Nursing and professional organizations is that professional organizations have no legal authority, whereas the Florida Board of Nursing has authority because it was established by the Nurse Practice Act with the unambiguous function of promoting and protecting the health of citizens through safe nursing practice.

LEVELS OF NURSING PRACTICE IN FLORIDA AND ASSOCIATED RULES

The practice of nursing is regulated by the state in order to protect members of the public who need nursing care. Safe, competent nursing practice is grounded in the law as written in the state’s Nurse Practice Act and its rules.

Practical Nursing

A **licensed practical nurse (LPN)** means any person licensed in Florida to practice practical nursing. Practical nursing is the performance of selected acts, including the administration of treatments and medications in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness.

Practical nursing must be performed under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. Practical nurses are responsible and accountable for making decisions that are based on their educational preparation and experience in nursing (Florida Legislature, 2019b).

IV THERAPY

[This section is taken from F.A.C. 64B9-12, Administration of intravenous therapy by licensed practical nurses.]

The administration of intravenous therapy is the therapeutic infusion and/or injection of substances through the venous peripheral system, consisting of activity which includes: observing, initiating, monitoring, discontinuing, maintaining, regulating, adjusting, documenting, planning, intervening, and evaluating.



Individuals who have completed a Board-approved prelicensure practical nursing education program, professional nursing students who qualify as graduate practical nurses, or licensed practical nurses who have not completed the specified course under Rule 64B9-12.005, F.A.C., may engage in a limited scope of intravenous therapy under the direction of a registered nurse, physician, or dentist. This scope includes:

- Perform calculation and adjustment of flow rate
- Observe and report subjective and objective signs of adverse reactions to IV administration
- Inspect insertion site, change dressing, and remove intravenous needle or catheter from peripheral veins
- Hang bags or bottles of hydrating fluid

Aspects of intravenous therapy that are outside the scope of practice of the licensed practical nurse unless under the direct supervision of the registered professional nurse or appropriate physician (as outlined above) and which shall **not be performed** or initiated by licensed practical nurses **without direct supervision** include the following:

- Initiation of blood and blood product transfusions
- Initiation or administration of cancer chemotherapy
- Initiation of plasma expanders
- Initiation or administration of investigational drugs
- Mixing intravenous solutions
- IV pushes, except heparin flushes and saline flushes

Although this rule limits the scope of licensed practical nurse practice, it is appropriate for licensed practical nurses, under direct supervision, to care for patients who are receiving the above IV therapy.

“UNDER THE DIRECTION” VS. “UNDER DIRECT SUPERVISION”

It is important to note that “under the direction of a registered professional nurse” means that the registered professional nurse has delegated intravenous therapy functions to a qualified licensed practical nurse. The registered professional nurse does not in all instances have to be on the premises in order for the licensed practical nurse to perform the delegated functions. This must be distinguished from “direct supervision,” which means on the premises and immediately physically available (FLDOS, 2010d).



CASE

Tanya is an LPN with five years' experience who has recently moved from Indiana to Florida. This is her first shift on a surgical floor following orientation, and she is responsible for five patients who are 1- to 4-days post-op. A new order has been written for Mr. Hansen, who is anemic. The order is for 2 units of packed red blood cells (PRBCs).

Tanya is uncertain whether she is allowed to carry out this order in Florida, so she confers with the charge nurse. She is reminded that the task is not within her legal scope of practice in Florida unless she is under direct supervision, so Tanya requests the charge nurse, an RN, to supervise her initiation of the blood. Her charge nurse agrees, and they review the order together and prepare to initiate the transfusion.

At the end of her shift, Tanya decides to review the LPN scope of practice once more. She refreshes her knowledge by visiting the Florida Administrative Code website and reading Division 64B9, Chapter 12, which describes the role of the LPN in intravenous therapy procedures. There she confirms that initiation of blood or blood products by an LPN may be performed only under the direct supervision of an RN.

SUPERVISION IN NURSING HOME FACILITIES

[This section is taken from F.A.C. 64B9-16, LPN supervision in nursing home facilities.]

Licensed practical nurses may supervise certified nursing assistants (CNAs) and unlicensed personnel in nursing home facilities pursuant to F.A.C. 64B9-16. The LPN, however, must complete a minimum 30-hour, post-basic supervisory education course (or a supervisory course at a postgraduate level) and demonstrate a work history of no less than six months of full-time clinical nursing experience in a hospital or nursing home. A registered nurse must provide supervision to the LPN.

Unlicensed personnel (UP) are defined as persons who do not hold licensure from the Division of Medical Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.

The **tasks delegated** by the LPN to the CNA or UP in a nursing home facility must be based on the following:

- There shall be a registered nurse providing supervision of the licensed practical nurse.
- The task/activity is within the area of responsibility of the nurse delegating the task.
- The task/activity is within the knowledge, skills, and ability of the nurse delegating the task.
- The task/activity is of a routine, repetitive nature and shall not require the CNA or UP to exercise nursing knowledge, judgment, or skill.



- The CNA or UP can and will perform the task/activity with the degree of care and skill that would be expected of the nurse.

The **tasks not to be delegated** by the LPN include:

- Any activity that is outside the scope of practice of the LPN, or in which the Nurse Practice Act stipulates that the LPN must have direct supervision of a registered nurse in order to perform the procedure
- Those activities for which the licensed practical nurse, CNA, or UP has not demonstrated competence (FLDOS, 2019b)

Professional Nursing

[This section is taken from F.S. 464.003, Definitions.]

A **registered nurse (RN)** means any person licensed in Florida to practice professional nursing. The practice of professional nursing means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

- The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others
- The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments
- The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection

A professional nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

A nursing diagnosis is defined as the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment, and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal. Nursing diagnosis is in the scope of practice of registered nurses and defines their role. A nursing treatment is the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health (Florida Legislature, 2019b).



Specialty Certification

[This section is taken from F.S. 464.003, Definitions; F.S. 464.012, Certification of advanced registered nurse practitioners, fees; F.S. 464.0115, Certification of clinical nurse specialists; and F.S. 464.027, Registered nurse first assistant.]

ADVANCED REGISTERED NURSE PRACTITIONER

An **advanced registered nurse practitioner (ARNP)** means any person licensed in Florida to practice professional nursing and certified in advanced or specialized nursing practice, including certified registered nurse anesthetists, certified nurse midwives, and certified nurse practitioners.

Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation defined by the Board of Nursing and their specialty.

Advanced registered nurse practitioners include certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, psychiatric nurses, and certified nurse practitioners. Within the established framework, an advanced practice registered nurse may:

- Perform acts of nursing diagnosis and nursing treatment of alterations in health status
- Perform acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established supervisory protocol
- Monitor and alter drug therapies
- Initiate appropriate therapies for certain conditions
- Order diagnostic tests and physical and occupational therapy
(Florida Legislature, 2019b)

Certified Registered Nurse Anesthetist

In addition to the above, the **certified registered nurse anesthetist** may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:

- Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of general bodily functions
- Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol
- Order under the protocol preanesthetic medication



- Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures, which include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis
- Order or perform monitoring procedures indicated as pertinent to the anesthetic healthcare management of the patient
- Support life functions during anesthesia healthcare, including induction and intubation procedures; the use of appropriate mechanical supportive devices; and the management of fluid, electrolyte, and blood component balances
- Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy
- Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care
- Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs
- Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate
 (Florida Legislature, 2019d)

Certified Nurse Midwife

The **certified nurse midwife** may, to the extent authorized by an established protocol which has been approved by the medical staff of the healthcare facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:

- Perform superficial minor surgical procedures
- Manage the patient during labor and delivery, to include amniotomy, episiotomy, and repair
- Order, initiate, and perform appropriate anesthetic procedures
- Perform postpartum examination
- Order appropriate medications
- Provide family planning services and well-woman care
- Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient
 (Florida Legislature, 2019d)



Certified Nurse Practitioner

The **certified nurse practitioner** may perform any or all of the following acts within the framework of established protocol:

- Manage selected medical problems
- Order physical and occupational therapy
- Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses
- Monitor and manage patients with stable chronic diseases
- Establish behavioral problems and diagnosis and make treatment recommendations

(Florida Legislature, 2019d)

CLINICAL NURSE SPECIALIST

A **clinical nurse specialist (CNS)** means any person licensed in Florida to practice professional nursing and certified in nurse specialist practice. Clinical nurse specialist practice is the delivery and management of advanced practice nursing care to individuals or groups, including the ability to:

- Assess the health status of individuals and families using methods appropriate to the population and area of practice
- Diagnose human responses to actual or potential health problems
- Plan for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client
- Implement therapeutic interventions based on the nurse specialist's area of expertise and within the scope of advanced nursing practice, including, but not limited to, direct nursing care, counseling, teaching, and collaboration with other licensed healthcare providers
- Coordinate healthcare as necessary and appropriate and evaluate with the patient or client the effectiveness of care

(Florida Legislature, 2019d)

PSYCHIATRIC NURSE

A **psychiatric nurse** who meets the requirements in F.S. 394.455(35), within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders (Florida Legislature, 2019d).



CERTIFIED REGISTERED NURSE FIRST ASSISTANT

Florida Statutes encourage the use of **certified RN first assistants** who meet the qualifications as “assistants at surgery” by physicians and hospitals to provide quality, cost-effective surgical intervention to healthcare recipients in the state.

Registered nurse first assistants meet the qualifications listed in F.S. 464.027:

- RN licensure
- Certification in perioperative nursing
- Certificate from, and successful completion of, a recognized program (a recognized program addresses all content of the Association of periOperative Registered Nurses’ Core Curriculum for the Registered Nurse First Assistant, and includes one academic year, defined as 45 hours of didactic instruction and 120 hours of clinical internship or its equivalent of two college semesters)
 (Florida Legislature, 2019e)

Each healthcare institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges.

Practice of Certified Nursing Assistants

[This section is taken from F.S. 464.201, Definitions; F.S. 464.203, Certified nursing assistants: certification requirement; and F.A.C. 64B9-15.]

A **certified nursing assistant (CNA)** means a person who meets the qualifications specified in the Florida Statutes and who is certified by the FBON as a certified nursing assistant. The practice of a certified nursing assistant means providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with:

- Personal care
- Maintaining mobility
- Nutrition and hydration
- Toileting and elimination
- Assistive devices
- Safety and cleanliness
- Data gathering
- Reporting abnormal signs and symptoms
- Postmortem care
- Patient socialization and reality orientation



- End-of-life care
- Cardiopulmonary resuscitation and emergency care
- Residents' or patients' rights
- Documentation of nursing-assistant services
 (FLDOS, 2010c)

A comprehensive list of authorized duties for the certified nursing assistant is available in the F.A.C. 64B9-15.

DELEGATION TO UNLICENSED ASSISTIVE PERSONNEL

[This section is taken from F.A.C. 64B9-14, Delegation to unlicensed assistive personnel.]

Registered nurses and LPNs must follow the rules from the F.A.C. when delegating tasks to unlicensed assistive personnel (UAPs). UAPs are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient-care services. Examples of UAPs are CNAs, home health aides, patient care technicians, surgical assistants, and patient care assistants (FLDOS, 2010e).

When the RN or LPN is delegating, they must use nursing judgment to consider the suitability of the task or activity to be delegated. Factors to weigh in selecting the task or activity include:

- Potential for patient harm
- Complexity of the task
- Predictability or unpredictability of outcome, including the reasonable potential for a rapid change in the medical status of the patient
- Level of interaction required or communication available with the patient
- Resources (e.g., equipment, personnel) available in the patient setting

Factors to weigh in selecting and delegating to a specific delegatee include:

- Normal assignments of the UAP
- Validation or verification of the education and training of the delegate

The delegation process shall include communication to the UAP that identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring, and supervision.



Initial allocation of the task or activity to the delegatee, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision (FLDOS, 2010d).

Delegation of Tasks Prohibited

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in F.S. 464.003(3)(b), **shall not delegate**:

- Those activities not within the delegating or supervising nurse’s scope of practice
- Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment, or skills of a registered or practical nurse, including:
 - The initial nursing assessment or any subsequent assessments
 - The determination of the nursing diagnosis or interpretations of nursing assessments
 - Establishment of the nursing care goals and development of the plan of care
 - Evaluation of progress in relationship to the plan of care
- Those activities for which the UAP has not demonstrated competence (FLDOS, 2010e)

CASE

Sabrina is an RN in a busy medical-surgical department at a hospital in Miami. She is in the middle of passing morning medications when her new post-op patient, Mr. Winters, rings in complaining of severe pain. When she arrives to Mr. Winters’ room, Sabrina performs a focused assessment of his surgical dressing and finds everything within normal limits. Sabrina consults the electronic medication administration record (eMAR) and sees that Mr. Winters has IV morphine ordered for severe pain. She also recalls the report from the PACU nurse stating that Mr. Winters’ blood pressure was running low.

In reviewing the tasks at hand, Sabrina knows she needs to continue with medications for her other patients, to get a new set of vitals on Mr. Winters to be sure his blood pressure won’t drop with a new dose of IV morphine, and then to administer the pain medication to Mr. Winters. In order to accomplish her tasks in a timely manner, Sabrina determines that it is necessary to delegate a task to the appropriate assistive personnel. She remembers that Martha, a CNA, has also been assigned to her patients.

Sabrina contacts Martha to see if she is available to take Mr. Winters’ blood pressure, knowing that taking patients’ vitals is within Martha’s education and training and is part of her normal assignment as a CNA. Sabrina indicates to Martha that she will continue passing medications while Martha gets the patient’s vitals, which she should carry out right away.



Sabrina informs Martha that she will be with the patient in the next room by the time Martha has the vital signs. Martha agrees and begins to take Mr. Winters' blood pressure.

Martha finds Sabrina as she is coming out of the room next door and reports that Mr. Winters' blood pressure is 118/58, which presents no contraindication to administering the IV morphine. Sabrina goes to the department's med room to obtain the pain medication and administers the morphine, relieving Mr. Winters' pain. She thanks Martha for her help and then returns to her other patients.

LICENSURE RENEWAL REQUIREMENTS

[This section is taken from F.A.C. 64B9-1, Organization; F.A.C. 64B9-5, Continuing education requirements; F.A.C. 64B9-6, Inactive status and reactivation of inactive license; and F.A.C. 64B9-7, Fees.]

Florida nursing licenses are monitored by the Florida Board of Nursing and required to be renewed every two years (biennium) (FBON, 2020c).

Continuing Education

During each biennium, one contact hour of continuing education must be earned for each calendar month of the licensure cycle. Those persons licensed by examination within a biennium are exempt from the continuing education requirement for that biennium. A registered nurse who also holds a current license as a licensed practical nurse may satisfy the continuing education requirement for renewal of both licenses by completing appropriate continuing education for a registered nurse.

Licensees must report all CE course completions before license renewal. **CE Broker** is the official CE tracking system for all Florida healthcare professionals. The Florida BON encourages logging CE into the tracking system before applying for renewal to ensure information is both accurate and complete (FBON, 2020c).

All licensees must complete the following continuing education courses as a part of the 24 hours required for online renewal:

- 2-hour course on human trafficking
 - 1-hour course on HIV/AIDS for the first renewal only
 - 2-hour course in prevention of medical errors each renewal
 - 2-hour course in Florida laws and rules each renewal
 - 2-hour course in recognizing impairment in the workplace every renewal
 - 2-hour course in domestic violence every third renewal
- (FBON, 2020d)



EXEMPTIONS FOR ARMED FORCES MEMBERS

Armed Forces members are exempt from some licensure requirements when certain conditions are met, including:

- Being an active-duty member of the U.S. Armed Forces
- Holding a Florida license as a healthcare practitioner in good standing
- Working as a healthcare practitioner prior to joining the Armed Forces

If exempt, the member of the Armed Forces would not be required to renew a license, pay license renewal fees, update address, or perform any other licensure maintenance act (FBON, 2020e).

Status

Each person holding a license issued pursuant to F.S. 464 must maintain on file with the FBON the current address at which any notice required by law may be served by the Board or its agent. Within 60 days of changing this address, whether or not within this state, the licensee shall notify the Board in writing of the new address at which the licensee may be served with notices or other documents. Each person holding a license issued pursuant to F.S. 464 must maintain on file with the Board of Nursing the current place of practice.

DELINQUENT STATUS

A license to practice nursing which is not renewed at the end of the prescribed biennium shall automatically revert to delinquent status. To renew the license, the licensee must demonstrate completion of all continuing education required by F.A.C. 64B9-5 and must pay the delinquency fee prescribed in F.A.C. 64B9-7.001. A delinquent license not renewed in the first delinquent licensure cycle is rendered null, and any subsequent licensure can only be obtained by applying for and meeting all requirements imposed on an applicant for new licensure (FS 456.036).

INACTIVE STATUS

A licensee may apply to the Department to place their license on inactive status. The application shall be made on forms provided by the FBON and shall be accompanied by an application fee for inactive status in the amount specified in F.A.C. 64B9-7.001. Applications for inactive status will be considered by the Department only during the biennium license renewal period. Inactive status must also be renewed each biennium (FBON, 2020f).

Pursuant to F.S. 464.016(1)(a), it is unlawful to practice nursing with an inactive or delinquent license.



ETHICS AND NURSING PRACTICE

The terms *laws* and *ethics* are distinct from one another, although some individuals mistakenly assume they mean the same thing. In the United States, *law* refers to any rule that, if broken, “subjects the person(s) who break the rule to criminal punishment or civil liability” (The Free Dictionary, n.d.a). Nurses must practice according to the laws that govern their society as well as their nursing practice.

Ethics refers to a system or set of moral principles that govern behavior, including job performance. Ethics includes beliefs about the “rightness” and “wrongness” of actions as well as the “goodness” and “badness” of motives and outcomes (The Free Dictionary, n.d.b). Nurses must practice according to the ethical principles of their profession.

Code of Ethics for Nurses

In addition to abiding by the laws established in the Nurse Practice Act, every member of a profession is expected to read, understand, and abide by the ethical standards of its occupation. In the case of nursing, the American Nurses Association (2015) publishes the *Code of Ethics for Nurses with Interpretive Statements* to guide nurses’ professional practice. The following provisions of the code broadly describe the ethical obligations of nurses:

Provision 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person.

Provision 2. The nurse’s primary commitment is to the patient, whether an individual, family, group, community, or population.

Provision 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient.

Provision 4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care.

Provision 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth.

Provision 6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

Provision 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.



Provision 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

Provision 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

Nursing Ethical Principles

Ethical principles are fundamental concepts by which people make decisions. Four ethical principles mark the practice of professional nursing and are inherent in the Code of Ethics for Nurses (Haddad & Geiger, 2020):

Autonomy is the belief that patients have the right to make their own decisions based on their own beliefs and values. For example, patients have the right to refuse treatment regardless of what benefit may come from it. Nurses must support autonomy.

Beneficence refers to a particular type of treatment. Nurses have a duty to abstain from maltreatment, minimize harm, and promote the good of the patient. This describes beneficence. For example, nurses have the responsibility to administer medications accurately, safely, and in a timely manner.

Justice means that all patients have the right to be treated fairly and equally. For example, patients who live in areas that do not have adequate healthcare services are not treated equally compared to those who are able to access (and afford) adequate treatment.

Nonmaleficence mandates that nurses do not cause harm to patients. This particular principle may be the most challenging to adhere to. For example, patients may refuse medication that is essential to their health and well-being. The patient has a right to refuse this medication, but the nurse is concerned that without the medication the patient may become dangerously ill, and even die. Nurses must ensure that patients have all of the information they need to make an informed decision. Even with such information, the patient may decide to refuse the medication, and the nurse must support the patient's decision (autonomy).

Ethical Dilemmas

An ethical dilemma is a conflict between choices that, no matter what choice is made, some ethical principle will be compromised. Resolution of ethical dilemmas requires careful evaluation of all the facts of a case, including applicable laws, consultation with all concerned parties, and appraisal of the decision makers' ethical philosophies (Hegde, 2019).

In order to resolve an ethical dilemma in the best possible way, several steps should be taken. These include:

1. Gather all relevant data; include all options and opinions.



2. Identify the existence of an ethical issue. Such issues typically occur when dealing with right versus wrong and good versus bad concepts.
3. Identify the person(s) involved in the dilemma, their concerns, conflicts, and how they will be affected by decisions made.
4. Identify all options for the resolution of the ethical dilemma.
5. Analyze options and determine what solutions best facilitate resolution.
6. Determine a course of action.
7. Review how the involved persons feel about the proposed course of action.
8. Take action.
 (Mintz, 2019)

ADVANCE CARE PLANNING

To reduce the number and complexity of ethical dilemmas, and in support of the ethical principle of autonomy, the Joint Commission (2015) recommends that all adults discuss their wishes regarding extraordinary treatment measures with their families, sign a legal document called an *advance directive*, and appoint someone to make healthcare decisions in their stead if they should become incapacitated (i.e., healthcare proxy).

CASE

A patient with metastatic breast cancer has decided to stop chemotherapy and wants simply to be made “as comfortable as possible.” She tells her healthcare team that the side effects of treatment are unbearable and that it is time to take back control of her life. The patient is 79 years old.

The patient’s family members, however, are adamant that she continue her treatment. They explain to the patient’s healthcare provider that she has been showing signs of dementia and “doesn’t really know what she wants.” The patient does not have a living will and has given one of her children power of attorney.

This situation can cause a significant ethical dilemma. Questions to ask include:

- Is the patient legally competent?
- What rights do family members have regarding their loved one’s care?
- What are the potential consequences of stopping treatment?
- What are the consequences of continuing treatment?



Laws and Rules

Laws flow from ethical principles and are limited to specific situations and codified by detailed language. Laws establish rules of conduct and are formulated by an authority with power to enforce them. As such, laws change with time and circumstances.

The state of Florida has the power to create and enforce laws governing the profession of nursing, including licensure. In the states, the division of power mirrors that of the federal government:

- The legislative branch makes laws on behalf of the people.
- The judicial branch interprets these laws and adjudicates disputes, fulfilling its purpose to administer justice without partiality.
- The executive branch administers and enforces the laws, using the police power of the state.

SOURCES OF FLORIDA NURSING LAWS		
	Statutory	Administrative
Source	Laws passed by legislative bodies of federal, state, and local governments	Executive powers, delegated by the legislative branch
Functions	Protects and provides for the general welfare of society	Carries out special duties of various agencies
Example	The Florida legislature passed the Nurse Practice Act, which is outlined in the Florida Statutes, Title XXXII, Chapter 464, Regulation of Professions and Occupations	The Florida Department of State maintains statewide rules for nurses, which are outlined in the Florida Administrative Code, Division 64B9, Board of Nursing

DISCIPLINE RELATED TO NURSING PRACTICE

[This section is taken from F.A.C. 64B9-8, Hearings, proceedings, conferences, discipline (2010a), and F.S. 456.072, Disciplinary actions.]

Violations of nursing laws and rules can result in citations, denial of licenses, or disciplinary action.

The Florida Board of Nursing protects the public’s health and welfare by overseeing and ensuring the safe practice of nursing. It regulates and oversees nursing practice by enforcing the nursing laws of Florida. Violations of the Florida law related to nursing (F.A.C. 64B9 and F.S. 456 and 464) are serious and may result in complaints being filed and in discipline by the Board of Nursing. . . .



The BON utilizes its authority to decide whether misconduct or unsafe practice has occurred and what action should be taken. Violations are taken very seriously, since they can put patients at risk. This is why every nurse is responsible for understanding his/her scope of practice and other requirements outlined in the law (NCSBN, 2018).

Citations

Violations of Florida law that may result in citations include, but are not limited to:

- False, deceptive, or misleading advertising
- Improper use of a nursing title
- Unprofessional conduct (see below)
- Issuance of a worthless bank check to the Department or to the Board
- Failure to report address change
- Failure to pay a Board-ordered administrative fine by the time ordered
- Failure to complete a Board-ordered continuing education course by the time ordered
- Failure when requested to document full compliance with the continuing education requirements
- Failure to submit updates of required information in practitioner profile within 15 days after the final activity that renders such information a fact
- Providing to another individual a confidential password, access code, keys, or other entry mechanisms, which results in a violation of, or threatens, the integrity of a medication administration system or an information technology system

Citations result in monetary penalties as outlined in F.A.C. 64B9-8.

UNPROFESSIONAL CONDUCT

Unprofessional conduct by nurses shall include:

- Inaccurate recording
- Misappropriating drugs, supplies, or equipment
- Leaving a nursing assignment without advising licensed nursing personnel
- Stealing from a patient
- Violating the integrity of a medication administration system or an information technology system



- Falsifying or altering of patient records or nursing progress records, employment applications, or time records
 - Violating the confidentiality of information or knowledge concerning a patient
 - Discriminating on the basis of race, creed, religion, sex, age, or national origin in the rendering of nursing services as it relates to human rights and dignity of the individuals
 - Engaging in fraud, misrepresentation, or deceit in taking the licensing examination
 - Impersonating another licensed practitioner or permitting another person to use his certificate for the purpose of practicing nursing
 - Providing false or incorrect information to the employer regarding the status of the license
 - Practicing beyond the scope of the licensee's license, educational preparation, or nursing experience
 - Using force against a patient, striking a patient, or throwing objects at a patient
 - Using abusive, threatening, or foul language in front of a patient or directing such language toward a patient
- (FLDOS, 2017)

Denial of a License or Disciplinary Action

According to Florida Statute 464.018, the following partial list of acts constitute grounds for denial of a license or disciplinary action for all health professions as outlined in the aforementioned statute:

- Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the Department or the Board
- Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country
- Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing
- Being found guilty, regardless of adjudication, of any of the following offenses:
 - Forcible felony
 - Theft, robbery, and related crimes
 - Fraudulent practices



- Lewdness and indecent exposure
- Assault, battery, and culpable negligence
- Child abuse, abandonment, neglect, and exploitation
- Domestic violence
- Making or filing a false report or record that the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so
- False, misleading, or deceptive advertising
- Unprofessional conduct, as defined by Board rule
- Engaging or attempting to engage in the possession, sale, or distribution of controlled substances
- Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition
- Failing to report to the department any person who the licensee knows is in violation of this or any part of the rules of the Department or the Board
- Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience

Disciplinary action may take the form of citations, fines, probation, suspension, or revocation of licenses. (For more information, see F.A.C. 64B9-8.)

Intervention Project for Nurses (IPN)

A nurse’s ability to practice safely can be impaired by physical conditions, psychological problems, or substance abuse and dependence. This impairment results in reduced cognition, memory, and alertness. Motor skills may be altered and an impaired nurse’s decision-making compromised (IPN, 2019).

Florida’s Intervention Project for Nurses was established in 1984. As part of a disciplinary process or separate from it, the mission of IPN is to provide “state-wide education, support, and monitoring to nurses with impairing conditions such as substance use disorders, psychiatric, and physical conditions. Nurses are most often referred to IPN by nursing employers due to potential safety to practice concerns” (IPN, n.d.).



The program's objectives are as follows:

- To protect the health, safety, and welfare of the public, as risks to patients increase when a nurse providing care has an active impairing condition
- To offer consultation and educational programs to encourage earlier identification and action when fitness to practice concerns are present
- To provide support and monitoring to nurses appropriate for IPN while assisting each to maintain professional licensure
- To supply a cost-effective avenue to help nurses as an alternative to the traditional disciplinary process
- To retain nurses in the nursing profession
(IPN, n.d.)

CONCLUSION

The Florida laws related to nursing are in place to define the Board of Nursing, which then, along with the law itself, sets the standards of competent nursing practice and standards for promoting patient safety. By so doing, the mission of the Board of Nursing to promote and protect the health of citizens through safe nursing practice is achieved.



RESOURCES

CE Broker (Official CE tracking system for Florida)
<http://www.cebroker.com>

Florida Administrative Code, Division 64B9, Board of Nursing
<https://www.flrules.org/gateway/organization.asp?id=332>

Florida Board of Nursing
<http://floridasnursing.gov/>

Florida Nurses Association
<http://www.floridanurse.org>

Florida Statutes, Chapter 464, Nursing
<https://www.flsenate.gov/Laws/Statutes/2016/Chapter464>



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TEST

[[Take the test online at wildirismedicaleducation.com](http://wildirismedicaleducation.com)]

1. Which is a **true** statement about the Florida Board of Nursing?
 - a. It oversees and enforces safe nursing practice.
 - b. It has no legal authority under the Florida Nurse Practice Act.
 - c. It is exempt from regulating certified nursing assistants.
 - d. It is funded by all Florida taxpayers.

2. While the purpose of the Florida Nurses Association is to advance professional nursing practice in the state, the purpose of the Florida Board of Nursing is to:
 - a. Provide continuing nursing education.
 - b. Recommend solutions for Florida's nursing shortage.
 - c. Recruit new candidates into the nursing profession.
 - d. Ensure that nurses meet state requirements for safe practice.

3. An LPN works at a Florida nursing facility under the direction of an RN. Which nursing action can the LPN legally perform with an order from a physician when the RN is not directly present?
 - a. Administering blood to a patient
 - b. Infusing a patient with 5% dextrose in water
 - c. Mixing a cefazolin infusion for a patient
 - d. Administering lorazepam in a slow IV push

4. In the state of Florida, the practice of professional nursing includes:
 - a. Making decisions based on the nurse's education and experience.
 - b. Prescribing a medical regimen for the care of individuals.
 - c. Diagnosing illnesses and injuries.
 - d. Taking medical histories and interpreting laboratory tests.

5. Which task is **unlawful** for an RN to delegate to unlicensed assistive personnel (UAP) in Florida?
 - a. Performing subsequent nursing assessment after the nurse performs the initial assessment
 - b. Taking the vital signs of a patient with mental illness and reporting abnormalities
 - c. Bathing a recently deceased patient
 - d. Toileting a frail, older adult patient



- 6.** A nurse who did not renew a Florida RN license when it was due and who wishes to renew it during the first delinquent licensure cycle must complete all required continuing education before renewing the license and:
- Submit an inactive status application with the inactive status fee.
 - Apply for new licensure, including meeting all applicant requirements.
 - Submit a renewal application with the delinquency fee.
 - Continue practicing nursing while reapplying for licensure.
- 7.** When a nurse accepts a patient's decision to refuse a medication, the nurse is honoring the ethical principle of:
- Beneficence.
 - Justice
 - Autonomy.
 - Nonmaleficence.
- 8.** Which is an objective of Florida's Intervention Project for Nurses (IPN)?
- To protect the health, safety, and welfare of the public
 - To provide professional continuing education that meets renewal requirements
 - To discipline nurses who violate the Nurse Practice Act
 - To evaluate university nursing programs

