

STATE OF FLORIDA  
DEPARTMENT OF PROFESSIONAL REGULATION  
BOARD OF NURSING

IN RE:

The Petition for  
Declaratory Statement of

CASE NO. BON-DS87-3

SEXUAL ABUSE TREATMENT CENTER,  
INC. AND PAM SEWELL, R.N.

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FINAL ORDER

This matter came before the Board of Nursing pursuant to Chapter 120.565, Florida Statutes, and Chapter 28-4, Florida Administrative Code, on February 6, 1987, in Miami, Florida, for the purpose of considering the Petition for Declaratory Statement filed by Sexual Abuse Treatment Center, Inc. and Pam Sewell, R.N. (hereinafter "Petitioners"). Petitioners were not present. Having considered the Petition and supporting documentation provided by Petitioners and being otherwise fully advised in the premises, the Board makes the following findings and conclusions:

FINDINGS OF FACT

1. The Sexual Abuse Treatment Center, Inc. (SATC) is a non-profit organization located in Tampa, Florida, that conducts evidence-collecting examinations of female victims of sexual abuse.
2. Petitioner Pam Sewell, R.N., is a nurse examiner with SATC, and is licensed as a registered nurse in the State of Florida.
3. Petitioners are in doubt as to the authority of registered nurses to perform examinations in a non-hospital setting under the standing orders of a licensed physician, but without the physical presence of the physician. Although currently housed in Tampa General Hospital, SATC proposes to move its operations to a non-hospital setting to provide a more emotionally supportive environment for rape victims and to substantially reduce costs of the program.

4. In their Petition for Declaratory Statement filed with the Board, Petitioners requested the Board to answer substantially the following question:

Whether registered nurses will be in compliance with Sections 464.003 and 464.018, Florida Statutes, by performing evidence-collecting examinations of female victims of sexual abuse, at a location where a medical doctor is not on site but available at all times by telephone, and where standing orders have been issued.

5. The Petition was noticed by the Board in the January 23, 1987, issue of the Florida Administrative Weekly. (Vol. 13, No. 4, Page 311)

6. The Sexual Abuse Treatment Center is a non-profit organization that conducts the above-described examinations, which are forensic in nature and are intended to aid Hillsborough County law enforcement. For the last five and one-half years, Hillsborough County has contracted with SATC to provide nurse examiners to perform these examinations and to testify in court if necessary. Petitioner Pam Sewell is one of these nurse examiners.

7. Presently, the examinations are conducted in the emergency room of Tampa General Hospital under the standing orders of the medical director. The medical director and officials of SATC desire to move the examinations from the Tampa General Hospital Emergency Room to a non-hospital setting to provide a more emotionally supportive environment for rape victims and to substantially reduce costs of the program. The proposed move to a non-hospital setting will result in the following changes to the duties outlined in Attachment A, "Sexual Battery Examination" (which is attached hereto and incorporated by reference):

a. Any victim who is in need of immediate medical attention will be taken directly to the hospital and the nurse examiner will meet them there.

b. If a victim comes to the center and needs to be seen by a physician, she will be taken to the hospital.

c. A physician will be available by telephone at all times to provide consultations for the nurse examiners.

d. Only medications offered by mouth as outlined in Attachment A will be administered at SATC.

e. The medical director will continue to provide standing orders to the nurse examiners.

f. No intra-muscular or subcutaneous medications will be given.

g. Any unusual findings will be referred to the emergency room or a private doctor.

h. Petitioners assert that no treatment will be offered at the center, however, as reflected in Attachment A and other supporting documents, medication is to be dispensed, including pregnancy prophylaxis.

8. Eight nurse examiners perform the duties outlined in Attachment A, as modified by the foregoing. Two of the nurses are advanced registered nurse practitioners, and the remainder are registered nurses.

9. Documentation offered by Petitioners indicates that a pelvic examination is performed, including a speculum examination of the vagina for purposes of collection of evidence and inspection of the vagina and cervix for trauma on the victim.

10. Training of nurse examiners involves working under the direct supervision of the physician for the first twenty examinations. After the nurse examiner has been "certified" by a physician as proficient in the examination, she may do the examination without the direct supervision of the physician. Similar training by a physician is provided for a limited anosopic examination.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to Section 120.565, Florida Statutes, and Chapter 28-4, Florida Administrative Code.

2. The Petition filed by Petitioners is in substantial compliance with the provisions of Chapter 120.565, Florida Statutes, and Rule 28-4.001, Florida Administrative Code, and Petitioners have the requisite interests to maintain this proceeding.

3. Section 464.003(3), Florida Statutes, provides, in pertinent part:

"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:

1. 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.

2. 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.

3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

\* \* \*

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

4. Issues of the scope of practice most often fall within the terms of Section 464.018(1)(f), Florida Statutes, which provides:

(1) The following acts shall be grounds for disciplinary actions set forth in this section:

\* \* \*

(f) Unprofessional conduct, which shall include, but not be limited to, any departure

from, or the failure to conform to, the minimal standards of acceptable and prevailing nursing practice, in which case actual injury need not be established.

5. The examinations performed and medication dispensed as proposed by Petitioners, in the absence of a licensed physician, go beyond the "observation, assessment, nursing diagnosis, ... and evaluation of care" normally considered to be the practice of professional nursing. The proposed practice setting appears to contemplate a form of advanced practice, but without the benefit of the advanced education, training, and formal protocol arrangement anticipated by the statutory scheme for certification of advanced registered nurse practitioners. See Section 464.012, Florida Statutes. The training provided by a physician is not sufficient to authorize the proposed advanced practice by registered nurses who are not advanced registered nurse practitioners.

6. Regardless of training provided to the R.N. nurse examiners, and the "standing orders" provided, the arrangement proposed by Petitioners does not lawfully fall within the scope of practice for a professional nurse. The Board does not reach the question of whether the proposed arrangement could be cured by the on-site presence of a licensed physician.

WHEREFORE, it is ORDERED and ADJUDGED that the practice proposed by Petitioners of performing evidence-collecting examinations on victims of sexual battery, at a location where a medical doctor is not on-site, and where such examinations are performed by registered nurses, is beyond the scope of practice of a registered professional nurse, and is not in compliance with Section 464.003(3)(a) and 464.018(1)(f), Florida Statutes.

Petitioners are hereby notified that they may appeal this Order by filing one copy of a notice of appeal with the clerk of the agency and by filing a filing fee and one copy of a notice of appeal with the District Court of Appeal within thirty days of the date this Order is filed.

DONE and ORDERED this 6 day of July, 1987.

Jessie Trice, R.N., M.P.H.  
Jessie Trice, Chairman  
Florida Board of Nursing

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Order has been furnished to SEXUAL ABUSE TREATMENT CENTER, INC. and PAM SEWELL, 2214 East Henry Avenue, Tampa, Florida 33610 this 6 day of July, 1987.

Judith K. Ritter  
Judge Ritter

*gkr*  
**FILED**  
JUL 06 1987  
FLORIDA STATE  
BOARD OF NURSING

PART III

SEXUAL BATTERY EXAM

SEXUAL ABUSE TREATMENT CENTER

NURSE EXAMINER PROGRAM

SEXUAL BATTERY EXAMINATION

- I. Call must originate from the Sexual Abuse Treatment Center.
  - A. By Phone:
    1. Note time of call. Your response is to be no longer than 45 minutes.
    2. Get name of patient, if possible.
  - B. By Beeper:
    1. Call the Sexual Abuse Treatment Center, (228-7273/238-8411).
      - a. Your pay is calculated from records at the Center.
      - b. Volunteer counselors are dispatched from the Center at the same time the Nurse Examiner is dispatched.
- II. Go to hospital.
  - A. Get patient's chart and triage sheet.
  - B. Notify physician of ME Case (until Certified).
  - C. Notify law enforcement officer. Ask to speak to him/her in PRIVATE, out of patient's or family's hearing.
    1. Information to be obtained from officer, if possible.
      - a. Brief history of incident
      - b. Specific evidence required in addition to routine specimens
      - c. Nurses examiner/law enforcement contact sheet should be have been filled by him/her

D. Greet patient.

1. Identify yourself.
2. Give patient booklet "Understanding the System".
3. Explain what you will be doing.
4. Have patient's parents or guardian sign consent.
5. Tell patient approximately how long it will be before you are ready to examine her.

E. Collect all blank forms and equipment required for exam.

1. Lab.
2. Medications.
3. Acid Phosphatase Testing Kit.
4. Evidence kit.
5. Three white envelopes.
6. Referral sheet.
7. GC culture plates.

F. Fill out all forms and evidence containers. Be careful not to place one set of carbon forms on top of another when writing. LEAVE NO ITEM BLANK. Write clearly.

G. Initiate Sexual Battery Examination sheet.

H. Bring patient to examination room.

I. Have the patient give consent for the examination by signing on the line marked "Person examined" at the bottom of the form, if not done at interview.

III. Examination

A. Have patient change into hospital gown.

1. Collect panties.
2. Allow to void IF ABSOLUTELY NECESSARY. Pat. dry, do not wipe.

- a. Collect and save specimen for testing as indicated.
  - (1) Gravindex
  - (2) Hemistix
  - (3) Routine urinalysis
- B. Get brief history of incident and medical history.
- C. Check vital signs.
  1. Transcribe vital signs from the chart to sexual battery examination sheet if the patient is stable and there is no history of loss of consciousness.
  2. Recheck vital signs if there is history of loss of consciousness or condition is not stable.
  3. Repeat prn. Chart on Flow Sheet (back of Triage sheet).
- D. Inspect body for evidence of trauma.
  1. Note all trauma on the APPROPRIATE diagrams. Use the neuter form for children.
  2. Note all complaints of pain on appropriate diagrams.
    - a. Describe pain.
    - b. What helps to relieve pain?
    - c. What makes pain worse?
- E. Collect known head hair, if she plans to treat hair or change character of her hair.
- F. Collect saliva specimen.
  1. If oral penetration has occurred:
    - a. Check mouth with Woods Lamp.
    - b. Collect specimens from around teeth, at gum line, in buckle folds, under tongue, and pharynx.
      - (1) Collect at time of interview and then allow patient to rinse mouth out with water and collect saliva specimen at the end of exam.

(2) Make slides with swab.

- c. Collect pharyngeal culture for gonorrhea.
  
- G. Comb pubic hair.
- H. Collect known pubic hair, if she plans to treat hair or change character of her hair.
- I. Inspect external genitalia for trauma.
- J. Do speculum exam.
  1. Inspect for vaginal or cervical trauma.
    - a. Note trauma on diagrams.
  2. Collect specimens from vaginal pool with swabs.
    - a. Make slides from swabs.
  3. Collect culture from cervical os for gonorrhea.
  
- K. Inspect anus for trauma if anal penetration has occurred.
  1. Note trauma on diagrams.
  2. Collect culture from anus for gonorrhea.
  3. Inspect anus and lower rectum with anoscope.
    - a. Collect specimens.
      - (1) Make slides from swabs.
    - b. Do digital exam.
      - (1) Check tone of anal sphincter.
  
- L. Collect saliva specimen if not collected at beginning of the exam.
- M. Administer medications.
- N. Draw blood for VDRL.
- O. Discuss follow-up instructions.
  1. Venereal disease.
  2. Vaginal infections.

3. Vaginal trauma.

- a. Refer any vaginal trauma resulting from sexual battery to one of the volunteer gynecologists.

4. Indications:

(1) Patients with normal menstrual cycle.

- (a) Determine expected date of contraception (subtract 14 days from when next menstrual period is due).
- (b) Subtract 5 days from EDC; add 5 days to EDC, and treat if exposure is during that 10 day period.

(2) Patients with irregular cycle.

- (a) Test after 10 days from LMP.
- (b) "Morning after" pills are not available at Tampa General Emergency Room. If the patient desires prophylaxis, and it is indicated, ask ER physician to give the patient a prescription for the medication.

5. Soft tissue trauma.

6. Refer to Sexual Abuse Treatment Center.

P. Do acid phosphatase testing.

1. Record as positive, inconclusive, or negative.
- a. Use only these terms to record results on record or when discussing the results with law enforcement officer.
2. Dispose of test tubes in container for needles and syringes.

Q. Complete Sexual Battery Examination form and diagrams.

1. Diagrams must be included if there has been any trauma or complaints of pain.

V. Clean exam room.

1. Dirty linen hamper is in the lavatory.
2. Needles, syringes, and acid phosphatase test tubes are disposed of in the appropriate container, not the trash cans.

W. Release evidence to the law enforcement officer.

1. Sign and date the envelope at the time it is given to the officer.
2. If the law enforcement officer has left, call the law enforcement agency to notify them that the evidence is ready to pick up. Make it clear that you will wait 30 mins. for the officer. If he does not return in 30 mins., call back and leave your address for pick-up at your home.
3. EVIDENCE MUST BE PLACED INTO THE LAW ENFORCEMENT OFFICER'S HANDS.  
The case could be lost if this isn't done.
4. DO NOT BREAK THE CHAIN OF CUSTODY!!!!!!!

IV. Distribution of Forms

- A. Original copy of Sexual Battery Examination form, all diagrams, and the green sheets from the patient's chart are placed into a white TGH envelope.
  1. Label "M.E. Case", patient's name and date.
  2. Place envelope in M.E. locker.
- B. The yellow copy of the Sexual Battery Examinations form, all diagrams and xeroxed copy of the patient's chart are placed in a white TGH envelope and put into the distribution envelope for the Sexual Abuse Treatment Center in the M.E. locker.
- C. The pink copy of the Sexual Battery Examination form and diagrams go into the Sexual Battery Evidence kit.
  1. If no evidence is collected, these copies are placed in a long white envelope and given to the law enforcement officer.
    - a. Label with patient's name and date.

SEXUAL ABUSE TREATMENT CENTER

NURSE EXAMINER PROGRAM

STANDING ORDERS FOR SEXUAL BATTERY VICTIMS

I. EXAMINATION

- A. A speculum examination of the vagina will be done for the purpose of collection of evidence and inspection of the vagina and cervix for trauma on the sexually battered victim. It may be performed by a nurse examiner who has been trained to do this examination. She will work under the direct supervision of a physician for the first twenty (20) examinations. After she has been certified by a physician as proficient in this examination, she may do the examination without the direct supervision of a physician. However, if there is any trauma or any unusual findings in the examination the nurse examiner will consult the attending Emergency Room Department physician.
- B. When anal penetration has occurred, a limited anosopic examination should be done to determine injuries, collect specimens, and gonorrhea cultures. A digital examination is indicated to determine the tone of the anal sphincter and to test for bleeding with a hemacult slide. The nurse or ARNP will be taught by a physician to do this examination and will be supervised while doing the examination until she is proficient. Then she will do this examination without the direct supervision of a physician. However, if there is trauma or any unusual findings, the nurse examiner will consult the attending Emergency Room Department physician.

II. LABORATORY

- A. Gonorrhea cultures will be taken from each orifice that has been penetrated by a penis.
- B. A serology for syphilis should be taken on all sexually battered patients.
- C. A urinalysis for blood should be performed on any patient with a history of blows to the abdomen or the flank area.
- D. A urinary Beta HCG should be performed on any patient whose menstrual period is late or if the last menstrual period was abnormal by date, flow, or other symptomatic criteria.

- E. A quantitative serum Beta HCG level should be performed for any patient whose urine Beta HCG test is negative but whose history suggests pregnancy.

### III. VENEREAL DISEASE PROPHYLAXIS

A. If the patient is NOT allergic to penicillin:

1. Benemid, 1 gm p.o. give as a single dose
2. Ampicillin, 3.5 gm p.o.

OR

If the patient IS allergic to penicillin:

1. Spectinomycin (Trobicin), 2 gm i.m.

OR

B. Tetracycline (TCN), 500 mg q.i.d. for 7 days or Doxycycline 100 mg b.id. for 7 days.

1. The patient must purchase tetracycline or doxycycline. The Emergency Room Department physician will provide a prescription for the medication.
  - b. Tetracycline is contraindicated in pregnancy. Consult with the attending Emergency Room Department physician.

### V. POST COITAL CONTRACEPTION

A. Criteria for post coital contraception.

1. Regular periods.
  - a. Medication is offered during the period five days before and after the expected date of ovulation.
  - b. Since ovulation occurs two weeks before the onset of menses, the periods must be regular to determine the date of ovulation. For example: If the last normal menstrual period was on 5 October and she has a regular cycle of once a month or every 30 days her next period would be about 4 November.  
  
4 November minus 14 days is 21 October.  
5 days before 21 October is 16 October,  
5 days after 21 October is 26 October,

thus the patient would be offered post coital contraception during the ten days from 16 to 26 October.

2. Irregular periods

1. Post coital contraception should be offered to any patient with irregular periods ten days after her last normal menstrual period if a urine Beta HCG assay is negative.

B. Contraindications for post coital contraception.

1. History of clotting disorder
2. History of cancer of the breasts or reproductive organs.
3. History of abnormal vaginal bleeding.
4. History of cerebral vascular accident.
5. History of a heart attack.
6. History of angina pectoris.
7. Hypertension.
8. Migraine headaches.
9. Possible pregnancy.

C. If there are no contraindications and the criteria for post coital contraception have been met, give Ovral #4, 2 stat and repeat in 12 hours.

1. A supply of ovral has been donated to the Sexual Abuse Treatment Center for our patients. It will be kept in the M.E. Locker at the hospital. When it is dispensed, give the patient the first two tablets and put the remaining two into the envelopes provided. Fill in all the information required.
  - a. Patient's name.
  - b. Name of the medication.
  - c. Time that the next two tablets are to be taken.
  - d. Date.
2. Prior to dispensing the medication the nurse examiner will review the INFORMED CONSENT with the patient to be sure that she understands all the possible side effects of the medications. The INFORMED CONSENT must be signed prior to dispensing the medication.
3. All patients taking post coital contraception must be examined six weeks after taking the medication to insure that no pregnancy occurred and that there has been a normal menstrual period. A referral to one of the on call physicians will insure this.
4. Give the patient an information sheet.

V. TETANUS PROPHYLAXIS

1. Minor clean wounds, less than 8 hours old showing no clinical signs of infection should be prophylaxed by giving Tetanus Toxoid 0.5 cc I.M. if:

a. The patient has NOT had a booster within the last ten years.

AND

b. The patient HAS HAD a booster or the initial series within the past twenty years.

c. If these criteria have not been met, consult with the attending Emergency Room Department Physician.

VI. These orders expire one year after signed and must be reviewed annually.

J. PAUL MICHLIN  
Medical Director  
Nurse Examiner Program

Date Signed

SEXUAL ABUSE TREATMENT CENTER

NURSE EXAMINER PROGRAM

PATIENT INSTRUCTIONS FOR THE MORNING-AFTER PILL

I. PATIENT INSTRUCTIONS FOR USE OF OVRAL

- A. Take two Ovral pills immediately (within 24 to 72 hours after intercourse). Then take two more Ovral pills 12 hours after your first dose of Pills.
- B. You may have nausea from the Pills. The nausea is usually mild and should stop within a day or so after treatment. If you vomit within an hour after taking your two pills, call your clinician. You may need to take additional pills to make up for the ones lost in vomiting, and your clinician may prescribe anti-nausea medication.
- C. Your next menstrual period should begin sometime within the next two or three weeks. If your period has not started in three weeks, see your clinician for an exam and pregnancy test.
- D. Watch for pill danger signals:
  1. Abdominal pain (severe)
  2. Chest pain (severe), or shortness of breath
  3. Headaches (severe)
  4. Eye problems such as blurred vision or loss of vision
  5. Severe leg pain (calf or thigh)

Complications are not likely with the short morning-after hormone treatment; but if you have any of the danger signs, you should either see your clinician right away or go to a hospital emergency room.

- E. Get started immediately afterwards with an acceptable ongoing method of birth control. Morning-after treatment is meant only for one-time protection.
- F. Ovral is approved by the U.S. Food and Drug Administration as an oral contraceptive but is not approved for this morning-after approach to pregnancy prevention.

DEPARTMENT OF PROFESSIONAL REGULATION

BOARD OF NURSING

NOTICE OF PETITION FOR DECLARATORY STATEMENT

NOTICE IS HEREBY GIVEN, pursuant to Section 120.565, Florida Statutes, that the Board of Nursing, within the Department of Professional Regulation, has received and may consider a petition for declaratory statement from the Sexual Abuse Treatment Center, Inc., Tampa, Florida, on substantially the following question: May sexual battery examinations lawfully be performed by registered nurses and/or advanced nurse practitioners in a non-hospital setting without a medical doctor on site?

The petition has been assigned case number BON-DS87-3. A copy of the petition may be obtained by writing to: Ms. Judie Ritter, Executive Director, Board of Nursing, 111 Coastline Drive East, Suite 504, Jacksonville, Florida 32202.

RECEIVED  
JAN 15 1978  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA